Biblical Pastoral Counseling: An Integrative Approach to Healing

Submitted to Dr. Jeffrey L. Cockrell

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Biblical Studies Faculty

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Sonya Cook
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Jeffery L. Cockrell, Ph.D.
Biblical Studies Faculty

Mentor Name & Title

Dr. Mark Plaza
Rawlings School of Divinity
Instructor

Reader Name & Title
Biblical Pastoral Counseling: An Integrative Approach to Healing, seeks to address the gap in the current biblical counseling service offered at Calvary Baptist Church. The problem with the current biblical counseling service is the lack of a holistic approach to the congregates presenting problem. This current approach takes a strictly biblical approach excluding the mental/behavioral health component from the therapeutic process.

The purpose of this study is to provide justification and support of an integrative approach in bridging the gap between biblical counseling and pastoral counseling. This integrative approach would serve to broaden the scope of the current counseling service, resulting in an understanding of how mental/behavioral health can be a beneficial component in addressing the various needs of the African American/Black church and community.¹

The research method used in this study was a multi-method approach in analyzing and the collection of data, with the use of triangulation as a multi-data collection tool. Purposive sampling, snowballing, and identifying key informants were utilized as recruitment tools for the study.

¹ This study will use the terms African American and Black interchangeably. African American relates to ethnicity, an American of Black African descent. Black is defined as a race relating to African American people of their culture, who live in America but are from other parts of the world other than Africa who may not identify as African American.
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### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>AAPC</td>
<td>American Association of Pastoral Counselors</td>
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<tr>
<td>ADC</td>
<td>Alcohol and Drug Counselor</td>
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<td>ACPE</td>
<td>Association Clinical Pastoral Education</td>
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<td>APA</td>
<td>American Psychiatric Association</td>
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<td>CDC</td>
<td>Center of Disease Control</td>
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<td>CSAC</td>
<td>Certified Substance Abuse Counselor</td>
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<td>DMIN</td>
<td>Doctor of Ministry</td>
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<td>LUSOD</td>
<td>Liberty University School of Divinity</td>
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<td>NAACP</td>
<td>National Association for the Advancement of Colored People</td>
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<td>NAMH</td>
<td>National Alliance on Mental Health</td>
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<td>MBCT</td>
<td>Mindfulness-Based Cognitive Therapy</td>
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<td>MFT</td>
<td>Marriage and Family Therapist</td>
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CHAPTER 1: INTRODUCTION

Introduction

The African American Church is one of the oldest resources and outlets of spiritual and emotional support for people of color presenting with emotional and spiritual concerns. The African American/Black Church continues to occupy a prominent role, serving as a refuge and haven, for most African American/Black families. It is through the Church’s pastoral care ministry that an individual receives spiritual guidance through biblical counseling to address spiritual, and emotional concerns. Historically, the goal of pastoral care was to encourage and foster spiritual growth among the congregates. Pastoral care is the help and assistance provided by ministers, priest, or others with a designated religious role. “Pastoral care most often was wise counsel to support an inner life of obedience. One grew spiritually by learning to subject bodily life to the rule of the spirit and by obeying God, the highest of all authorities.”

Biblical counseling, as the primary tool of pastoral care, is an essential part of any pastoral care ministry, offering sound biblical theology and scriptures pointing individuals toward hope, healing and change through the word of God. Biblical counseling specifically incorporates the spiritual dimension, biblical truths and seeking God’s will in the client’s life. If an individual presents with an emotional or psychological issue, biblical counseling provides the scriptural and theological foundation, which supports the need to seek the will of God in one’s life and supports the healing and restoration which comes through and by the word of God.

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Throughout the coming centuries the care of the Church shifted from concern over salvation to personal counseling. By the late 19th century congregations required more from their pastors relative to pastoral care. Congregations required pastors to be well versed in human nature and psychology.

“Pastoral counseling in this period helped church members develop conscience, form character, balance emotion…. exhibit good moral behavior and find ways to move beyond despair.”

This forged the way for pastors to become concerned with dynamics that influenced one’s feelings and behaviors rather than balancing one’s emotions. During this period psychotherapy began to attract the attention of counseling clergy, which became a central part of pastoral care. This attraction warranted a call for a specialized training, “Clinical Pastoral Training”. “This movement set the stage for pastoral counseling to develop as a ministry specialty.”

This strategy in developing a ministry specialty provided a framework that focused on mental health needs, clinical training for leaders, provided an interdisciplinary approach of theology and psychotherapeutic theories. This ministry specialty provided an integrated form of ministry for the pastoral counselor. By the 20th century multiple understandings of pastoral counseling was emerging with a clear distinction drawn between pastoral care and pastoral counseling.

Specialized pastoral care, often expressed by chaplains, required specific training to help individuals and families find emotional support, manage life tasks, and provide religious guidance in times of need. Pastoral counseling was targeted to individual problems and later family problems through psychotherapy. (Maynard, Snodgrass, 2015, pg. 25)

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4 Ibid., 26

5 Ibid., 25
During the 20th century, pastoral training spread quickly sparking a rapid growth of pastoral counseling. This growth prompted a push for AAPC (American Association of Pastoral Counseling) to regulate pastoral counseling as a clergy specialty.

“The former sought to bring people closer to the church and to sustain an institution, the latter engaged the inner lives of the individual.”

Although this multi-disciplined approach was gaining ground among many clergy and Churches, for the African American/Black Church this multi-discipline approach to treatment was not readily accepted. The response of most African American/Blacks to mental health therapy is one of resistance, which is a common reaction of African American/Black families to this type of therapeutic interventions. Any therapeutic intervention geared toward mental health carries with it a stigma among African Americans/Blacks. Most African Americans/Blacks avoid seeking help from outside sources for fear of be ostracized and labeled as crazy, especially within the African American Church. “In the minds of some, one who seeks counseling from professionally trained therapists is often perceived to be “crazy” or “emotionally weak”. This stigma has been buried within the Black Church and the African American culture for centuries.

Spirituality and religion are the key methods of survival for African Americans. Due to centuries of oppression and the ongoing presence of systemic racism, African Americans and the Black Church continue to be apprehensive in seeking mental health assistance or collaborating with other mental health agencies. “A history of racism, misdiagnosis, and a lack of culturally


sensitive services has caused this population to seek solace from clergy in the Black Church rather than consider professional mental health services.”

For some African Americans/Blacks there is a strong reliance on one’s belief system rather than outside resources. For the African American Church/Blacks ailments, sickness, emotional and medical issues can be remedied by faith, and if one continued to struggle with an issue it is because one’s lack of faith in Jesus Christ. Mental health issues such as anxiety and depression were thought to be some sort of demonic force in which deliverance was the only method to rid one of this issue. Negative attitudes towards individuals with mental health is pervasively strong within the African American community and in the African American Church. “One study showed that 63% of Black people believe that a mental health condition is a sign of personal weakness.”

The core of African American/Black history is plagued with mistrust, extreme privacy and bound with secrecy. Issues and problems remained behind closed doors; great care was taken not to air “dirty laundry” in the streets for fear how one may be perceived. Most of these stigma’s remain in the hearts of African American/Black families today. An article posted by Psychology Today, notes a qualitative study by Alvidrezet, regarding those consumers who seek mental health. “A quarter of those consumers felt that discussions about mental illness would not be appropriate, even among family.” It is this apprehension that moves the African

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American/Black families to look to the Church for help and avoid seeking outside help for their mental health issues. This theology and philosophy only served and continue to serve in silencing the individual for fear of shame, and hide their mental health issue, thereby suffering in silence.

When African American/Blacks seek out the Church for issues of mental health, the African American/Black clergy assist their congregants largely through the application of biblical counseling. Biblical counseling is the process of sanctification, applying the truth of God’s word, while bearing with the suffering of others.

The African American/Black Church serves as a corner stone for the African American/Black community. As part of a pastoral care ministry, a biblical counseling ministry that incorporates the principles of pastoral counseling, provides a sound biblical theology, and theoretical principles; addressing issues of addiction, trauma, and anxiety disorders to mention a few. This integration serves to be advantageous as pastoral counseling has evolved beyond the traditional seminary and has taken its place among allied mental health professionals in promoting restoration, hope and emotional and psychological health for their clients.

The incorporation of the principles of pastoral counseling would be an added benefit to the current biblical counseling process that is practiced at Calvary Baptist Church. The integration of pastoral counseling can be an essential part of the pastoral care ministry as pastoral counseling is beneficial in meeting not only the spiritual needs of an individual but the emotional and psychological needs as well. Pastoral counselors are said to “speak the languages of spirituality/religion, theology and psychology and they are formed in two related but distinctive cultures.”11 As most African American families continue to seek the solace of the African
American Church, it is the integration of the principles of pastoral counseling with biblical counseling that will serve to broaden the scope of services provided by the pastoral care ministry with the added benefit of a systemic, holistic approach to the presenting problem.

**Ministry Context**

Calvary Baptist Church celebrated its 109-year anniversary on April 12, 2021. The celebration of the longevity of the church has a rich history within the community. C. Eric Lincoln and Lawrence H. Mamiya, the authors of *The Black Church in the African American Experience*, expressed that the church is one of the most influential institutions in the life of African Americans. Historically the church has been a haven for the African American/Black community. The authors also note that it was the church that aided African American/Blacks to navigate the centuries of change and build community through hope. Calvary Baptist Church still maintains some elements of the traditional African American Baptist Church. Celebrations, acknowledgements, and recognitions of milestones are events that are central to the culture of the Calvary Baptist Church. As a predominant African American/Black congregation, it is a culture that encourages diversity, spiritual growth, and maturity in God’s word. It’s a culture that thrives on the concept of fellowship, communion, community, sharing, family and being one with Christ.

Some of the predictable rituals is the standard Christian greeting one will receive as they enter the vestibule. Hymn books line the back of each pew but are used on occasion from the hymn book are song collectively, hymn books are placed in pocket of the pew along with a Bible and during the summer fans. Another predictable ritual is greeting those that are sitting next to

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you or behind you, all to create an atmosphere of welcomeness as part of the church family.

Other rituals are that of prayer prior to the service and closing prayer and benediction at the close of service. At the close of service, no one rushes out the sanctuary, congregates gather fellowshipping one with another, continuing to foster that sense of community and connectedness.

Music is an essential part of Calvary Baptist Church services. Historically the African American Church thrives on good music, singing and good preaching, with each having their roots in Africa. “The spiritual was the expression of the full range of life experiences garnered by the slave.”¹² These spirituals became religious songs sung by the African American Church during revivals and camp meetings. After the emancipation, most African Americans refused to sing spirituals in the Church because it reminded the congregates of the degradation of slavery therefore setting the stage for a modernization of spirituals. The African American religious traditions are said to be maintained through the modernization of spirituals. Authors C. Eric Lincoln and Lawrence H. Mamiya further note this modernization on the other hand resulted in the arranged spiritual ceasing to be authentic and becoming more like an anthem. Congregational songs shifted from clapping, moving to the music, and singing along, to congregational concerts.

A tour of the downstairs of Calvary Baptist Church, reveal pictures of the past aligning the downstairs hallways, depicting years of change. Auxiliaries, dressed in formal “church attire” men in suits and ties, women in dresses and fancy hats. Ushers downed in white nursing uniforms. No longer are the congregates or guest greeted by women downed in a white nursing uniform, congregates and guest are greeted by ushers not downed in the traditional nursing

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uniform. Choir pews now stand empty just as choir robes has become a thing of the past. Formal Choirs “Praise Teams” or praise and worship leaders now sing songs as part of the worship experience. It is now not only the organ, piano or tambourine that guides the worship experience but the guitar and drums as well serving as instrumentals in guiding the worship experience, providing an atmosphere of praise and worship ushering in the spirit of God. Each congregate participates in the worship experience, whether swaying to the song, or eyes closed hands clasped in prayer allowing the song to minister to them. You can hear some of the senior saints responding to the song with an amen or speaking Jesus’ name. The worship experience fosters an atmosphere as entering the presence of God.

Preaching is instrumental in shaping the congregants as children of God, faithful servants, heirs, and joint heirs of Christ. Preaching God’s word provides the spiritual growth and development needed to foster hope and self-worth through Jesus Christ. Preaching focused on glorifying God, theological education comes by way of Sunday School and Bible Study classes. During the preaching, congregants do not sit passively but are engaged in the service, you can hear “amen”, “preach” “alright now.” Sunday morning sermons have served a wide variety of functions and purposes with a purpose of glorify God, but it also serves as theological education, encouragement and therapy all rolled into one.

The women’s and men’s ministries encourage and foster engagement in activities for the building of the kingdom of God. These ministries continue to promote connectedness and community among the women and the men of the congregation. The symbols within the Church that best describe the ideals of the congregants can be seen on the stained glassed windows dedicated to the saints that have passed on who had a significant influence in building the ministries for the work of the Kingdom of God. Depiction of the dove and crosses link the
congregation to the principles of their faith and belief in the work that Jesus did on the cross, and the sign of the dove representing the Holy Spirit, the truth and innocence of Jesus. In the New Testament the dove image represents the baptismal narratives, “where the Spirit of God descends from heaven “like a dove” seemingly means that Jesus brings a new creation.”  

The communion table is the focal point of the sanctuary, with the cross serving as a backdrop. The communion table is centered in front of the pulpit, representing the holiness of Christ, it offers the sense of humility and the sacrifice that Jesus did for all. The clergy order represents a standard of bringing structure and order in the house of God.

Congregates present secure in their relationship with Christ, as seen in their commitment to Christ and the work of the ministry. Congregants are actively engaged with the ministries offered at Calvary Baptist Church, women’s ministry, men’s ministry, children’s church, with each ministry providing supportive fellowship through prayer, mentorship, bible study, and seminars on health and well-being. Participation in these types of religious services and being a part of the Church community can be a source of emotional and psychological support. “Several studies have indicated that at least 30-40% of church goers use the church as their first source of emotional and psychological help. (McMinn et. el., 1998, weaver et el 2003)” What this congregation values most is family, community, and social justice. This congregation values the service of meeting the needs of its members as well as community outreach. It is a regular practice of the congregation in meeting the various needs of the community. Community crisis is

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quickly met with support through prayer and distribution of supplies. The Calvary Baptist Church played an active role in the distribution of supplies during the COVID-19 pandemic.

It is a routine practice of Calvary Baptist Church in reaching out to their senior members with weekly check-ins and home visits. Calvary Baptist Church speaks out against injustices and upholds justice.

The décor of the church shows elements of a traditional Baptist Church, with its choir stands, stain glassed windows dedicated to the saints of the past and wooden padded pews. Calvary Baptist Church endured two major transitional periods; one was the construction to correct a faulty wall which resulted in the closure of the church for over a year. Following this transition, the church experienced the installation of a new pastor. Since this time the church has been transitioning from what was deemed traditional to what is now in line with is considered today’s contemporary church. With the use of modern technology, the church now provides live streaming services for the sick and shut-in, the use of technology provides remote ways of giving monetary donations through web-based donation management sites. Choir robes are a thing of the past, traditional church attire has move from formal church attire to causal dress, clergy robes or white attire are worn only on special occasion.

Calvary Baptist Church congregates are ones of good conscience with a life grounded in the word of God, exemplifying the teachings of Jesus Christ. There is an unspoken notion that there is to be a respect and reverence for God’s house, so members govern themselves accordingly, conducting oneself appropriately as the Apostle Paul instructs the early church.

“These things write I unto thee, hoping to come unto thee shortly; But if I tarry long, that thou
mayest know how thou oughtest to behave thyself in the house of God, which is the church of the living God, the pillar and ground of the truth” (1 Timothy 3:14-15).

Calvary Baptist Church is located within the town of Haverstraw, New York, off Main Street near the Hudson River. The town of Haverstraw is well known for being the brick making capital of the world. Many of the brownstones and brick structures of New York City during the 1890 early 1900 were constructed with bricks from Haverstraw. The population of Haverstraw is 36,882 residents as per the 2020 census with Hispanic being the largest ethnic group. 67.8% are Hispanic, 7.78% Black/African American, white non-Hispanic 21.2%. Data from 2019 shows 13.8%, 1.64k out of 11.9k, live below the poverty level. The Calvary Baptist church bought the building from a Presbyterian church in 1912 for 500.00 dollars, the building was brought 170 years ago. It closed for 1 ½ years to address a structural issue. The church re-opened in 2015 with a repair cost of 500,000 thousand dollars, which not only caused a financial burden but during the 1 ½ year closure, the loss of long time congregates. After being displaced for over a year, Calvary Baptist Church was re-opened with a huge celebration, members opened the celebration with a march from Main Street to Calvary Baptist Church, ending with a celebratory service. It was not long after the celebration, that the congregation incurred another loss, not only the loss of members but the retirement of the senior pastor. These issues, as well as the transition of leadership caused a sense of loss among some of the congregates, which resulted in a form of grief.

15 Unless otherwise noted, all biblical passages referenced are in the King James Version.


Change does not come easy, but it is necessary for continued growth and development. These were very significant changes and deeply emotional for Calvary Baptist Church congregates as their security and safety that they found in Calvary Baptist Church was threatened. “Grief is the conflicting feelings caused by the end of or change in a familiar pattern of behavior”.18

The congregation of Calvary Baptist consist of 50-60 members, with some members participating virtually. The church offers Sunday school, Sunday worship service, Children’s Church, and Bible Study. Other active ministries are the women’s and men’s ministry, biblical counseling, pre-Marital counseling, outreach Ministry, and activities relative to social justice. As the church continues being a staple of support to the congregates and the community, its primary goal is to address the specific needs not only of the congregates but community-based needs as well, whether spiritually or emotionally. Calvary Baptist Church provides a jail ministry ministering to residents of the local sheriff’s department. The primary objective is to minister the word of God to those who are incarcerated. This ministry also provides support to the families of the incarcerated through, referral services and counseling. Calvary Baptist Church also petitioned to become a referral resource in Rockland County in providing support for women and children who have family members incarcerated. The primary objective of this initiative is to provide emotional, psychological, and practical support to those referred.

Calvary Baptist Church provides pre-marital and biblical counseling. The pastor of Calvary Baptist Church provides this service upon request. When providing outreach to the community, the outreach ministry gains an awareness of the various needs of the community.

Individuals of various ethnic and social backgrounds participate in community activities facilitated by Calvary Baptist Church. Individuals not only present with financial struggles or food insecurities but emotional distress and family issues as well. During quarterly women’s ministries, women’s issues are discussed as well as women’s health and family issues. Some of the topics of discussion are minor mental health issues such as anxiety, stress, and depression. Parenting discussion also are provided during this time.

The church, as a religious institution, continues to be the place of refuge and support for the African American community. “The organized church is by far the most profound instrument available to Blacks when it comes to coping with the multiplicity of problems that beset their lives.”19 When congregates present with spiritual and or emotional issues, biblical counseling is the preferred method of counseling, interventions are scripturally based to meet the need of the individual as most seek out spiritual guidance of their daily struggles. The African American/Black church has and continues to serve as the very foundation of nurture and hope for the African American/Black community. “The uplifting restorative spirit of the Black church creates a safe place for many African Americans to seek emotional refuge.”20

Author Michael J. Gorman also makes the point “it is not a task to be assigned to a few chosen representatives but a task for the whole church, since the church as the body of Christ in the world, represents to the world what Christ is.”21


Another most essential element of the ministry context is that of a spirit-filled church. The book of Acts is the narrative of the establishment of the Church. “The book of the Acts clearly demonstrates that leaders who significantly influence the Christian movement were Spirit-Filled.”22 Jesus commanded his disciples to wait for the promise of the Father. “for John truly baptized with water; but ye shall be baptized with the Holy Ghost not many days hence.” (Acts 1:15)

As Calvary Baptist Church continues to move through a transitional period, there is currently a consensus from senior staff and the ministerial team for an integrative approach to biblical counseling. Senior members and those with an extended tenor possess a wealth of information and history, this population has witnessed the changing environment of the community and the evolving community of the church. With changes comes the hardships of grief and loss. As the history of Calvary Baptist is disclosed there is a common theme among the evolving community of Calvary Baptist Church, a theme of loss and unresolved grief. Grief is “any changes in relationships to people, places or events can cause the conflicting feelings we call grief.”23 Many other loss events are covered under this definition. When a Church experiences events of losing one’s place of worship for an extended period, being displaced, multiple changes in leadership, loss of fellow congregates; these are major changes in one’s familiar pattern. These life changes have a negative impact on one’s life resulting in a grieving experience.


It is at this juncture of transition within Calvary Baptist Church, that biblical counseling serves as an intervention for those continuing to experience grief and sadness and the stress that comes with transitional uncertainty. “The Churches have provided a mechanism for generations for African Americans to survive and to deal with their painful life experiences.”

**Problem Presented**

Calvary Baptist Church is in the early stages of instituting a Pastoral Care Ministry. One of the programs under the Pastoral Care Ministry is the continuation of biblical counseling, which will continue to provide pre-marital and biblical counseling to the congregates. The problem with the current biblical counseling program provided by Calvary Baptist Church, the primary focus is on the individual or couples presenting problem with a strictly biblical approach. This approach does not factor in any co-occurring conditions, taking into consideration any additional conditions aside from the principal diagnosis. This approach also lends itself to treating the congregant(s) seeking assistance in a silo with the exclusion of others who are also impacted by the individual’s presenting problem.

It is the word of God that is the very foundation to a Christ-centered approach to counseling to those seeking help from the Church with the addition of an integrative approach it would serve to provide the congregate with a holistic approach to healing and restoration. An integrative systems approach would serve to address the mental health needs of those presenting with mental health issues as well as networking with allied mental health and other health professionals.

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Significant progress has been achieved in the integration of one’s spirituality into the mental health profession in efforts to promote healing both psychologically and emotionally. In its efforts to foster healing for the whole man, pastoral counseling has moved from the more traditional pastoral counseling method to an integrated approach of including mental/behavioral health.

Research literature presents some concerns as more pastors and clergy continue to seek education in the mental health profession, a concern that pastors and clergy will forfeit their theology position. “Over time, pastoral counselors’ identity and work was less aligned with religious communities and more with the secular medical and psychological body”\(^25\)

Often people of faith shied away from what is deemed “secular” psychotherapy because it was perceived as having a lack of empathy for their belief system. Seeking therapy was an abandonment of one’s faith in favor of “secular” treatment. Mounting criticism grew for those pastoral counselors who distance themselves from the church/parish and the congregational context. Recognition and influence of communal and systemic factors on an individual’s mental and spiritual well-being grew, resulting in pastors and clergy reclaiming their congregational context placing pastoral counseling back within the walls of the Church.

Literature presents the need for the African American/Black church taking a prominent role in addressing the mental health needs that presents in the church and the community. “While providing congregational leadership not only for spiritual matters, but African American pastors may also see value in cultivating a holistic view of wellness and faith.”\(^26\)


other research supports the proven benefits and effectiveness of psychological approaches in pastoral counseling if both are applied appropriately. An integrative approach of biblical and pastoral counseling will serve to enhance the current counseling process at Calvary Baptist Church, providing an added benefit for the client/congregate.

**Purpose Statement**

The purpose for this DMIN action research thesis is to provide justification and support for the implementation of a biblical pastoral counseling ministry, which would provide an integrative approach to the current counseling ministry. The purpose of this action is to present the need for the inclusion of the principles and theories of the mental and behavioral health with a systemic approach to the biblical counseling process, specifically in the African American/Black church. The purpose of an integrative approach of pastoral counseling is to provide a counseling process that serves the spiritual perspectives of the individual’s presenting problem as well as any psychological mental health issue accompanying the presenting problem. This integrative approach would include the principals and theories of mental and behavioral health along with a systemic approach, resulting in a broader understanding of the individual’s concerns and experiences.

The purpose of employing an integrative approach to the biblical counseling process, is to broaden the scope of the current counseling process and afford the families an opportunity to express and process their emotions. Broadening the scope of the biblical counseling process will provide the opportunity of networking with our mental health allies and incorporating pastoral counseling principles in tailoring counseling techniques specific to the individual’s specific needs. It is noteworthy that pastoral counseling remains committed to the theological, providing
the benefits of functioning as a bicultural mental health professional and spiritual leader.

“Pastoral counselors are bicultural because they have graduate training in both religious/spiritual/theological education and a mental health discipline.”27 This integrative approach will provide a multi-disciplinary and multi-cultural approach to the counseling experience.

The reason an individual will seek out pastoral counseling is for a more intensive and focused pastoral involvement. The pastoral counselor works by the leading of the Holy Spirit and Scriptures serve as the sole authority for faith and conduct and recognizes that lasting change is the result of the power and grace of God. Currently research shows that pastoral counseling broaches upon the topics of behavioral health and social sciences and have begun to incorporate some of the techniques, relative to behavior modification, within pastoral counseling. A multi-disciplinary systems approach will serve well when families seek counseling, for when one family member is in crisis, the entire family system is in crisis. The pastoral counseling process can address the many factors of life, from individual difficulties to relational issues. The main purpose of this integration is to bridge the gap between both disciplines, alleviating the fear and misconception regarding the integration of behavioral health and the stigmas about mental health within the current biblical counseling process; specifically, among the African American/Black community, all in an effort in providing value sensitive care, promoting healing for both the individual and the affected family.

Basic Assumptions

Pastoral counseling and the mental health profession have more in common than differences. Both share a concern for the well-being of their clients and both disciplines appreciate what the other has to offer. Mental health professions value the power of prayer and one’s spirituality in the therapeutic process. Pastoral counseling values the approach to mental healthcare that draws on the wisdom of psychology and the behavioral sciences alongside of spiritual/religion/theology. Most of the interventions utilized in pastoral counseling stem from psychotherapeutic perspectives which is informed by psychological theories.

Since family systems has begun to play a significant role in the therapeutic process, there is a greater appreciation for the systems within which individuals are located. When there is a family systems approach to dealing with an individual’s presenting problem, a systems approach becomes the center of the therapeutic orientation which increases the success of the intervention. “Most allied professionals recognize the way in which families and other systems contribute to the psychological health and well-being of their individual constituents.”

It is a basic assumption that families are interested in their family members presenting problem and are willing to be engaged in the therapeutic process for the well-being of their family member. Family members wish to be engaged not only for the individual with the presenting problem but to have an opportunity to process their emotions as well. Communion refers to the emotional bonds that are often frayed by illness, disability…. “It means the sense of being cared for, loved and supported by family members, friends, and professionals.”

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Biblical counseling will continue to be an asset to the counseling ministry, the congregates and the community. Although there have been some challenges in the past, research literature has shown a growing acceptance of the integration of pastoral counseling and mental/behavioral health. With the integration of biblical and pastoral counseling it will serve to provide the congregates and the community a more robust, multi-dimensional counseling experience, geared to healing the whole man. The congregates and the community will see this as an asset and a welcome addition to the biblical counseling ministry.

**Definitions**

**Behavioral Sciences**

One of the major schools of psychotherapeutic thought exploring the cognitive processes and behavioral interactions of human behavior. Behavioral sciences are the various disciplines dealing with the subject of human action. Various professions are unified by a common attention and response to behaviors, thoughts and feelings that may arise in service of another’s mental well-being. “The allied professions find common ground in psychodynamic interventions given the historical roots and cultural breadth of that paradigm. A second common platform, cognitive behavioral therapy (CBT), has grown dramatically in scope and popularity.”

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Behavioral Health

Behavioral health is an umbrella term for mental health. Behavioral health refers to how our daily cognitive habits affect our overall well-being, emotions, biology, and behavior. Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit. “This form of therapy seeks to identify and help change potentially self-destructive or unhealthy behaviors.”

Cognitive Behavioral Therapy

“Cognitive behavioral therapy is defined as the basic, inescapable, intertwined connect between thoughts, emotions, and behaviors and the commonly accepted evidence-based view that modification of thoughts has great power in the subsequent modification of emotion and behavior”. Chaplains and pastoral counselors equally incorporate CBT modalities and intervention in their work. The authors of Understanding Pastoral Counseling, notes that both disciplines find opportunities for religious and spiritual integration in the thought content and behaviors of their clients. Pastoral counselors focus on the clients current unhealthy thought patterns and work to modify and change one’s present experience of and interaction with the world.

Common Factors


Common factors refer to the effective aspects of treatment that are shared by diverse forms of psychotherapy in which the incorporation of these common factors yield positive outcomes of change. The most widely studied common factors include the therapeutic alliance, therapist empathy, positive regard, genuineness, and client expectations for the outcome of therapy. “Common factors, or characteristics that are present across psychotherapies, have long been considered important to fostering positive psychotherapy outcomes.”

Countertransference

Countertransference is defined as redirection of a psychotherapist’s feelings toward a client or more generally, as a therapist’s emotional entanglement with a client. “Countertransference is not always helpful. Particularly when it is unexamined or worse, unrecognized, it can indeed interfere with effective treatment.”

Mental Health

Mental health includes an individual’s emotional, psychological, and social well-being. Mental health affects how we handle life stresses, interpersonal relationships as well as making healthy choices. “Mental health is an integral and essential component of health. Mental health is a state of well-being and not merely the absence of disease or infirmity.”

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Protective Factors

Protective factors are those characteristics, biological, psychological, family and community, that serve as influences that make it less likely that an individual will develop a mental health problem. These can be in the form of positive attitudes, values, beliefs, good parenting skills and strong social support. “Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events.”

Systems Theory

Systems Theory enables professional to look holistically at a client’s conditions and environmental factors to gain an understanding of an individual’s behaviors. Evaluating an individual behavior as it relates to these factors. “The core of family therapy principle is systems view of people and their relationship rather than a head count of the number of family members in the treatment room.”

Systemic Thinking

Systemic Thinking differs from analytical thinking in that it is a way of understanding how different parts of a system can influence one another within a whole. It requires a multiple skill set to establish a holistic view of the system and explain its behavior. “Many problems in healthcare can be resolved with systemic thinking. Of course, great scientific gains can be made


by focusing only on the parts of the person, but these gains soon hit their limit when the whole person is lost.”

Therapeutic Alliance

Therapeutic alliance or therapeutic relationship is a key component in establishing and maintaining a positive therapeutic relationship with the individual or the family. The therapeutic alliance is an important aspect of the therapeutic process and can have a significant impact on treatment outcomes. It means listening to and acknowledging the client’s point of view and providing an empathetic understanding to the clients or families situation. Thereby providing a level of respect, which results in the client accepting the challenges for change “It is held widely that the success of any therapeutic endeavor depends on the participants establishing and maintaining an open, trusting and collaborative relationship or alliance.”

Limitations

This project may be subject to the following limitations:

For the integration of biblical counseling and pastoral counseling to move forward throughout the congregation and the community there needs to be a greater degree of communication between both disciplines and the mental health profession. “When we assume that the American Association of Pastoral Counseling is the only tradition of pastoral counseling, our lack of


diversity in terms of religious plurality and racial/ethnic diversity reminds of the limitation of our perspective.\textsuperscript{40}

Participants serve on a volunteer basis, and there is a possibility that participants may resign any time during the research project. There is also the possibility that participants may not answer the questions on the questionnaire honestly for fear of being viewed in a negative light or embarrassed relative to disclosure.

Caution should be exercised when interviewing close relations, such as friends and family members. Friends may tell you what you want to hear or be hesitant for fear of giving the wrong answer, for family the answers may be more subjective rather than objective. “The distance that exist between subject and investigator enhances the reliability of the response.”\textsuperscript{41}

Another limitation is the researcher cannot control the response of the participants, whether the responses are truthful or not. In planning to interview persons in a leadership position in the church, the leader may choose to present the congregation in a favorable light avoiding transparency.

Limited studies of family therapy and substance abuse treatment. Family has become a running theme in many treatment modalities. The National Center for Biotechnology Information states the family therapy is under-utilized when it comes to substance abuse treatment. There is a need to broaden the scope of treatment to include the family. Currently the individual with the presenting problem is the identified patient (IP). Interventions are focused on the IP, empowering them to care for themselves, while the family therapist works to bring positive change in the

\textsuperscript{40} Elizabeth A. Maynard and Jill I. Snodgrass \textit{Understanding Pastoral Counseling} (New York, N.Y: Springer Publishing Company, 2015), 437.

family system minimizing the powerful process of addiction. Services to the entire family can be a beneficial intervention and improve treatment effectiveness. There must be a collaboration between both disciplines in the change process. “People with substance abuse problems also reside within a powerful context that includes the family system”  

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**Delimitation**

The focus of the research project will be on the integration of biblical counseling and pastoral counseling as a means of meeting the spiritual and mental/behavioral health needs of individuals seeking counseling from the local church. Participants will be on a volunteer basis. To ensure anonymity of the research participants, informed consents will be provided informing the participant of their rights, the purpose of the project, time limits, the participants role in the project and confidentiality clause. “A sharp focus will result in higher quality research and improve the reporting of your findings.” Participants are more inclined to participate when they know the scope of the project, what will be expected of them and that their anonymity is protected. Participants also are more inclined to answer surveys and questionnaire truthfully with these elements in place.  

Participants will consist of congregants of Calvary Baptist Church, Pastors/Church leaders of various denominations, community members. Target demographic will be Churches of Black/African American and of the Pentecostal, Baptist, Methodist, Non-Denominational faith.

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Non-faith communities will also be invited to be participants, assessing if they would seek counseling if they knew that the Calvary Baptist Church provided an integrated approach to the current counseling ministry.

**Thesis Statement**

With the inclusion of principles of pastoral counseling with biblical counseling, the congregant will receive spiritual assessments utilizing spiritual and theological themes; exploring the spiritual perspective that brings the congregant to counseling, and the principals of behavioral and mental health. Biblical counseling provides a spiritually informed type of counseling, the Word of God is related to the individual who is struggling with difficulties and personal sufferings. It is understood that not all problems are solely counseling problems, some problems require medical attention or physical care. With the integration of the principles of pastoral counseling it would reinforce the theological perspective of the individual’s presenting problem as well as the application of behavioral health relative to habits, behaviors and actions that can impact an individuals’ mental health. An integrative approach, which provides a behavioral mental health approach within the counseling process, serves as a way of understanding the individual in relationship with others rather than in isolation.

The Bible speaks with authority about thoughts, emotions, and about pathological problems such as anxiety disorders, depression, anger, and bitterness. Pastoral counselors have training and expertise that run parallel to the mental health profession which focus on these issues. Both disciplines, pastoral counseling, and mental professionals, focus on conflict resolution, life adaptation and relational issues. With the implementation of a biblical pastoral
counseling program, it will serve to provide room to explore the unresolved trauma of the past that plays out in the present, which has a significant impact on the family dynamic.

The integrative approach of both disciplines will serve to assist the biblical pastoral counselor in navigating the complex landscape of family dynamics. This approach will assist the individual who presents with mental health issues, network with allied mental health professions in servicing individuals in need, which will serve to strengthen the effectiveness of the counseling experience for the individual and their families. “With a systems perspective, those trained in Marriage and Family Therapy, understand family dynamics, can join with multiple systems, and have expertise in navigating difficult entanglements when doing family therapy.”

As servants of Christ our primary task is to spread the gospel and to extend help to those that are suffering whether they are Christians or non-Christians and promote the healing of the whole man, bringing healing and restoration to the entire family unit. Both biblical and pastoral counseling share common ground in their approach to counseling and with the mental health profession. Each profession cares for the wellbeing of the congregants and the community. Pastoral counseling offers a unique position of offering a professional level of behavioral/mental health care while also offering spiritual guidance, all from a faith-based perspective.

With the integration of the principles of pastoral counseling, which incorporates behavioral/mental health, within the current biblical counseling process, Calvary Baptist Church will provide congregants with a multi-dimensional, Christ-centered, counseling experience.

CHAPTER 2: CONCEPTUAL FRAMEWORK

The lack of an integrative approach in the current biblical counseling process of Calvary Baptist Church is being addressed by introducing increasing research literature support of the efficacy of the current pastoral counseling model, which includes the principles of mental health/behavioral sciences. The integration of pastoral counseling with biblical counseling will serve to bridge the gap between biblical counseling and pastoral counseling. The research literature captures the move of pastoral counseling from the walls of the church to mental health professions within the community, servicing diverse communities consisting of individuals with various spiritually and emotional needs. The pastoral counselor is equipped with the education and certification of theology and mental health, a valuable tool in addressing the various theological and emotional needs of their congregates. “The preparation of pastoral counselors as mental health professional is distinct from that of religious leaders. This process differs particularly in terms of the nature and models of training, licensure, and certification to meet state or provincial practice requirements.”45

As the pastoral counselors moved from the walls of the church, there was a growing concern of the pastoral counseling profession becoming more like mental health professionals. This move elicited a concern that the theology of the pastor was deteriorating. Christianity Today published an article dated March 23, 2021, by Rebecca Randall titled *Today’s Pastoral Counseling Is More Fluent in Psychology*.46 The article reports how the language of the pastor changed in the 1960’s, losing its denominational specificity to a more ecumenical and open approach. The article also notes that pastors had become more likely to use psychological terms

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in their writings. “Roger-Vaughn argues that the verbiage of pastoral counseling has changed from “theology, pastoral, and soul” to spiritually integrated and best practices.”

Pastoral counseling, according to Rogers-Vaughn, has abandoned theological reflection and the practice of soul care and is focused instead on best practices, which render the counselor a tool of production more than a spiritual companion. [Maynard, Snodgrass 2015, 4]

There are continuing trends of pastors moving toward the incorporation of behavioral science/mental health into the counseling process as more pastoral counselors are attending training programs and becoming licensed mental health professionals in efforts to promote the well-being of their clients.

The purpose of the research literature is to present relevant and updated research about pastoral counseling and the mental and behavioral health. The current research literature reveals the effectiveness of the integration of the mental and behavioral health with the current pastoral counseling model without losing the theological foundation of pastoral counseling. Research literature shows the effectiveness of the pastoral counseling model which would serve to be advantageous to the current biblical counseling process.

**Literature Review**

There are religious institutions who continue to take the position that psychology or any behavioral science should have no place within the biblical counseling process. “Some people

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believe that science is at war with religion and no civil dialogue can occur.”48 The research literature presents pastoral counseling as an integrative approach to healing. Pastoral counseling serves to bridge the gap between biblical counseling and the principles of pastoral counseling in treating individuals with both spiritual and behavioral/mental health concerns.

Pastoral Counseling via Pastoral Care

Pastoral care is a prominent theme of both biblical counseling and pastoral counseling literature. Pastoral care is the care and support of the inner person, showing care and respect for a person’s particular belief systems and practices. “Pastoral care is comparable to a general practitioner as pastoral counseling to the specialist.”49 The word “pastoral” refers to the metaphor of the shepherd. The metaphor of the shepherd is present in both Jewish and Christian Scriptures presenting as a key figure throughout the Sacred text.50 The words of Psalm 23, “The Lord is my Shepherd, I shall not want” depict God as a personal shepherd with a caring and protective nature. In the New Testament, Jesus describes himself as the Good Shepherd, and speaks of himself as searching for the lost sheep and bringing them home. (Luke 15:4-7) Jesus directly identifies himself as the shepherd of the abandoned and scattered people whom he cares for and gathers. (Matthew 6:34, 9:36)51 Thus, pastoral counselor should be understood as a shepherd,

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48 Everett L. Worthington Jr., Coming to Peace with Psychology; What Christians Can Learn From Psychological Science (Downers Grove, IL: InterVarsity Press, 2010), 11.


who shepherds the congregants to a new landscape, to new ways of living life free of the languishing self. The pastor accomplishes this task through biblical counseling utilizing relevant biblical passages and commentary to assist the individual in their counseling work.

The biblical counseling process operates within a biblical framework, under the guise and direction of the Holy Spirit, with prayer being one of the spiritual interventions. Bruce Epperly, author of *A Center in the Cyclone: Twenty-First Century Clergy Self-Care*, adds that a spiritual presence is central to fidelity in pastoral care and personal relationships.52

Pastoral presence is a critical component to pastoral care. The pastoral presence is unique among professionals as it offers hope and enabling a person’s journey of healing and restoration, not only with others but with God as well. The pastoral care giver can be compared to an image of a storyteller of hope, first listening to the story of the individual seeking help, then responding with a storytelling of hope, telling, and retelling the story, rewriting the care seekers story from languishing to flourishing.53

Suzanne M. Coyle, author of *Uncovering Spiritual Narratives: Using Story in Pastoral Care and Ministry* shares that pastoral is not limited within one context, but pastoral care occurs within various contexts. Pastoral care has no fences, we see it on the front stoops of apartment complexes, in the community room of a nursing home and in an intensive care unit of a hospital.


We see it through the eyes of a hospital chaplain praying for a family in the emergency room, counseling a premarital couple or at a community center for the homeless.”54

Integration; A Worth While Endeavor

As pastoral counseling gained growth in Asia and Africa, the growth of pastoral counseling in North America was hindered by twenty-first century racial and multicultural tensions. The growth in Asia and Africa can be attributed to the training in the integration of pastoral counseling into indigenous cultural patterns. This was in stark contrast to the individualistic practices in North America. Another factor affecting pastoral counseling was that of the institution of managed care, which only reimbursed state licensed therapist. In response to the institution of managed care, some pastoral counselors returned to the parish ministry and provided psychotherapy as an extension of a congregation’s religious care.55

As mental health professionals, the pastoral counselor could maintain their pastoral identity through their theological education and manage a connection between spirituality and therapy thorough a faith-based service.56 This integration fill the gap between the spiritual and the psychological. The research literature speaks to “Pastoral” becoming the bridge which links religious/spirituality and the mental/behavioral health. “Pastoral care which relied historically


56 Ibid., 198.
primarily on religious sources of authority to provide spiritual guidance to save souls; now use psychological research and therapeutic strategies to heal care seekers.”

Pastoral counseling provides an intensive and focused pastoral involvement in the therapeutic process. The pastoral counseling environment is grounded in biblical principles and universal ethical standards, with the scriptures serving as the sole authority. Pastoral counseling serves as a discipline integrating principals of mental health care, drawing on the wisdom of psychology and the behavioral sciences alongside spirituality/religion/theology. With extensive training in theology and mental/behavioral health, pastoral counselors bring a uniqueness to the mental health field. It is this uniqueness of pastoral counseling that an integrative approach to biblical counseling is a worth-while endeavor, as it serves as a value-added component to conventional therapy, addressing the need of individuals presenting with co-occurring disorders.

Sonia E. Waters author of *Addiction and Pastoral Care*, states that during the recovery process of addiction, some may need assistance in addressing co-occurring disorders such as behavioral addictions or other mental health issues. The integration of theology and mental/behavioral health provides a multi-dimensional approach to the clients presenting issue providing symptom alleviation, positive behavioral changes, changes in their spiritual lives and improved relationships.

Theological research provides a wealth of information about the relational dynamic between humanity and God. Theology is the study of the nature of the divine; God, scriptures give us knowledge about the nature of humanity and the behaviors of humanity and the God-

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58 Ibid., 88
Man relationship. Psychological science has greatly increased our knowledge relative to humans’ mental processes and human behaviors. “We know more about how the God-designed human body functions, malfunctions and heals”. 59

Psychological science helps us to understand the relationship between the brain, environment, and behavior. Considering the relational aspect of both psychological science and Christian theology, Everett L. Worthington Jr. in *Coming to Peace with Psychology: What Christians Can Learn from Psychological Science*, presents this relationship as a marriage metaphor, an ongoing relationship, which is ever evolving with periods of conflict and periods of shared intimacy.

The relationship between theology and psychological science, if they work together, can have emergent properties. Together they can know more about people and God than either could know separately. The combination might be more fruitful than the sum of the individual contributions. [Worthington, 2010, 96]

“Science has informed medicine, science can also inform theology, church practices and individual faith and piety.” 60

Research literature shows mounting evidence in support of an integrative approach in the medical field. Discoveries in scientific medicine coupled with a behavioral and family systems approach, has yielded daily benefits and dramatic payoffs for those suffering from serious ailments. When an ailment is considered in both the psychosocial and physical perspective it


60 Ibid.

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results in improved overall health.\textsuperscript{61} When an individual suffers a serious or chronic illness, family members experience emotional pain and distress. Susan H. McDaniel, William J. Doherty and Jeri Hepworth authors of \textit{Medical Family Therapy and Integrated Care}, states that extending support to the families is essential to successful interventions as family members find it easier to discuss unacceptable feelings with a therapist.

Involving the family in psychoeducation relative to their family members illness is a valuable component of therapy.\textsuperscript{62}

Research literature also indicates that inclusion of the family is imperative for a successful intervention. If one family member struggles with a mental illness, the family dynamic and family functioning is also impacted as well. “A diagnosis of a mental illness like anxiety or a mood disorder in one family member affects the whole family. It might bring a strain on relationships that go above and beyond the effects it has on the individual.”\textsuperscript{63} An individual that is experiencing addiction can succumb to dangerous and deadly behaviors, which not only affects their well-being but the well-being of family, friends, and peers. Including the family in the counseling process can be seen as an intervention grounded in love, it is where the brokenness comes collectively in one room sharing and addressing their pain.\textsuperscript{64} When

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\textsuperscript{62} Ibid., 45
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\textsuperscript{64} Johnathan Benz, \textit{The Recovery-Minded Church: Loving and Ministering to People with Addiction} (Downers Grove, IL.: InterVarsity Press, 2016), 50.
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incorporating a family systems approach in counseling, it provides the opportunity to include family members in the treatment process thereby providing healing for the entire family system. When broaching on a family systems approach in counseling, “it is important to understand the subtle kinship bonds that exist within African American families”. During the counseling process a careful consideration and a general understanding of kinship bonds is imperative. Cultural competencies of the fundamental nature of these subtle kinship bonds are warranted to work effectively with the African American family.

Sonia E. Waters author of Addiction and Pastoral Care, supports the medical model as being a helpful starting point because it enables us to challenge the stigma of addiction and to advocate for medical treatment instead of criminalization and punishment. When dealing with the complex nature of any addiction, the research literature encourages caregivers to view the addiction through a broader lens; looking at the presenting problem within the context of environmental, societal and family stressors. Through this lens the “pastoral caregivers resist individualizing experiences and think more systemically about socioeconomic causes.

Research literature further supports the use of systemic interventions with a focus on human condition and family member relationships to one another. A therapeutic intervention that utilizes a systemic influence increases the effectiveness of the intervention and promotes much


67 Ibid., 101.
needed change. Dr. Tim Clinton, AACC president and Dr. Ron Hawkins authors of The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with Their Problem, attest to the effectiveness of a family systems approach to counseling. Noting that a family systems approach is neither a practice theory of a particular therapy, instead the authors argue “it is an overarching way to thinking about family issues and problems that enter the counseling room.\textsuperscript{68} The family systems approach can provide the pastoral caregiver a useful framework in addressing dysfunctional behaviors, providing an understanding of human experience and interconnectedness with others.

Another therapeutic intervention, which has empirical support, is Mindfulness-Based Cognitive Therapy (MBCT). Kirk A. Bingman stipulates how MBCT; “Third Wave of Cognitive Therapies”\textsuperscript{69} provides pastoral and clinicians with an important framework from which they can make more informed and effective interventions with clients and congregants. Pastoral counselors can incorporate the principles of mindfulness and Cognitive Behavioral Therapy (CBT) into the counseling process. This approach teaches the client how to prevent negative thoughts or emotions that trigger a deeper negative state and any harmful behaviors. Harold G. Koenig, professor of psychiatry and behavioral Sciences and associate professor of medicine at the Duke University Medical Center, stresses the importance of religiously integrated


interventions and evidence-based treatments that play a vital role in the recovery from trauma-related disorders and moral injuries among victims.\textsuperscript{70}

**The Challenge of Integration**

Another theme that presents itself within research literature are the challenges that comes with an integrative approach. Authors Maynard and Snodgrass, *Understanding Pastoral Counseling*, notes history indicates the integration of the clinical and theological was not readily accepted. From 1965 through 1985 tensions continued between both the clinical and pastoral as alternate models of therapy were ignored by some pastoral counselors. For those pastoral counselors who became preoccupied with the clinical, there was growing concern that pastoral counselors had traded their wisdom for their religion for psychology. As the face of the pastoral counselor changed, “the pastoral counselor presented more like psychotherapist, whereas the psychotherapist had begun to look and act like priest.”\textsuperscript{71}

Although the face of the pastoral counselor has changed, the pastoral counselor has much in common with their counterparts within the pastoral care organizations. Just as the biblical counselor or chaplain, the pastoral counselor provides soul-care for their congregates and clients through the ministry of love, healing, guidance, and counseling. A literature review of the American Association of Pastoral Counseling, *Journal of Pastoral Care & Counseling*\textsuperscript{72} first


printed September 1, 1998, speaks to the transformation of the pastoral counselor, with a uniqueness that lies in the insights of psychotherapy acquired from specialized training in behavioral/mental health. With the ongoing transformation of pastoral counseling came the consolidation of the American Association of Pastoral Counselors (AAPC) with the Association for Clinical Pastoral Education (ACPE) Psychotherapy Commission. “The consolidation of AAPC and ACPE created an opportunity to advance the discipline and practice of spiritually integrated psychotherapy in a distinctive, sustainable way.”

The journal article authored by the Chung Yuan Christian University details the issue of integration from a pastoral counseling perspective. The authors point out that both professional scholars and practitioners found it difficult to integrate both theology and psychology in the past. Professional and practitioners saw both theology and psychology as two unique disciplines. Pastoral counselors made attempts to integrate both the scientific and theological of the human existence. The authors future argue that theology and spiritual resources can make contributions to psychology, if used ethically and appropriately. The concern noted is just how welcoming is the spiritual to most clinical counselors, more importantly in Taiwan.

There is continued support and evidence of the effectiveness of including one’s spirituality or religious beliefs, including the effectiveness of prayer, within the mental health profession. Research literature shows that pastoral and psychological counseling have more


similarities than actual differences. One of the most significant differences between both disciplines is the basic philosophy of the counseling process. Psychological counselors interact under a professional relationship, whereas pastoral counselors recognize the love and healing power of God, which is the foundation of the therapeutic relationship. The boundaries within pastoral counseling are not as ridged as those of psychological counselors. Pastoral counselors can have a more personal relationship with the congregate, serving in a dual role of spiritual advisor and mental health counselor. Mental health continues to be a growing concern in the African American/Black communities. Religious leaders and clergy are recognizing their place not just as spiritual counselors, but “identifying as frontline mental health workers and gate keepers to mental health services, a critical resource for their congregants’ emotional needs.”

Although some pastors of today still view psychological counseling with suspicion and concern, one of the most significant similarities is both pastoral and psychological counselors are committed to the best interest of their clients.

Another challenge for pastoral counselors are the challenges of managing dual roles and serving as mental health professionals in secular settings. Pastoral counselors who are both religiously endorsed and licensed mental health providers are often challenged to discern the boundaries and intersections between these roles. “Religiously endorsed pastoral counselors must often carefully navigate these situations, reflecting on both their roles as moral religious leaders and their reflective counseling roles.” Navigating these intersections can pose a

challenge as pastoral counselors do not leave their faith or spirituality at the door. Pastoral counselors are ever present with their clients emotionally, psychologically, and spiritually. Pastoral counselors are more than what they do, but it is also who they are as called to serve, those that are in pain.

The research literature points to a significant transformation relative to pastoral counseling over the past century. The face of pastoral counseling has indeed changed from its early days of predominately white protestant, ordained clergymen, to a group that is more diversified in ethnicity, gender, sexual orientation, religious/spiritual tradition, and professional identity. The role of the pastoral counselor’s has expanded beyond the walls of the church to reaching out to the corners of the world. The pastoral counselor possesses the eyes of the Chaplain who ministers in the jails, the Mental Health Professional working at a veteran’s hospital, Marriage and Family therapist providing family therapy to a family in crisis. With these changes comes the opportunity to offer those that seek help a Christ-centered, holistic integrative approach that will provide restoration and healing.77

Mastering a dual role of pastoral and mental health presents challenges for the pastoral counselor. These challenges can be met if handled both ethically and appropriately. Research literature has presented evidence of the effectiveness of including one’s spirituality and the effectiveness of prayer in the mental health field; for the pastoral counselor, counseling has transitioned throughout the years in incorporating behavioral sciences/mental health into their

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77 Ibid., 198.
counseling process which has proven to be effective in addressing the various issues presented in the counseling room.

The American Association of Pastoral Counselors (AAPC: 2000) summarized research completed as a follow-up to a 1992 Gallup survey and concluded that among Americans surveyed, regardless of religious background, there is a strong preference for mental health professional who integrate religion/spirituality into their practice. [Walker, Scheidegger, End, Amundsen, 2012, 6]

“Psychological science can be a valid avenue to learning more about God and knowing God better, but it needs to be used properly, just as Christian theology can aid psychological science in knowing more about people.”78 Although there appears to be stark differences between both disciplines, there are more similarities between each discipline then there are differences. Both the pastoral counselor and mental health professional have a common goal as does the biblical counselor, a commitment of providing a service in the best interest to those they serve.

Family Matters

The family theme runs throughout the literature, supporting the positive impact of a systemic approach to pastoral counseling. There has been an increase among mental health professionals to gain an appreciation for the systems (families) in which the individual seeking help are located. There is now a greater understanding in the way in which families contribute to one’s mental health. “Familial factors are strongly implicated in the onset and maintenance of anxiety.”79 The use of family therapy interventions has expanded not only to pastoral counselors

78 Everett L. Worthington Jr., Coming To Peace With Psychology; What Christians Can Learn From Psychological Science (Downers Grove, ILL: IVP Academic Press, 2010), 46.

but also to the fields of social work, and psychology. Research literature shows that family inclusion in the counseling process will foster a stronger and effective therapeutic relationship, it is the therapeutic relationship that does most-good in the counseling environment.⁸⁰

Families play a key role when an individual experiencing distress seeks help. The pastoral care-giver assessment must inquire how the individual came to a place of pain, and the effects on those close to the individual. Most of the issues that individuals bring for pastoral care move beyond the individual to the interpersonal relationships held by the individual. Many African Americans will seek pastoral counseling through their local church, as the church serves as a surrogate family for those that have been isolated from their immediate family.⁸¹ The family has a central role to play in the treatment of any emotional or physical health problem, including substance abuse or behavioral addiction.

Family work has become a strong and continuing theme of many treatment approaches as advances have been made in other treatment modalities.⁸² Family therapy is not exclusive to one culture, family therapy is highly applicable across many cultures and religions and is compatible with many cultural values of connection and identification, belonging and acceptance. Many cultures hold strong family values and view the family bond as essential to the family’s survival. The pastoral counselor who incorporates family systems theory, understands that change in one

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⁸² Center for Substance Abuse Treatment and Family Therapy, Treatment Improvement Protocol (TIP) Series, No. 39, Substance Abuse and Mental Health Services Administration (US); Rockville (MD): 2004. [http://www.nbi.nim.nih.gov/books/NBK64269](http://www.nbi.nim.nih.gov/books/NBK64269).
family member will influence changes in other parts of the family. No diagnosis is complete without an assessment of the family or additional external factors surrounding the client.83

For an individual dealing with an addiction or behavioral addiction for example, the pastoral counselor understands the importance of the role in which the family plays in the recovery process. The pastoral counselor elicits family support in gaining stability and spiritual balance in the recovering addicts’ life. In this type of setting, connecting with family is a key component in any intervention. “As a pastor or church leader, you can benefit from knowing your role, which will primarily be one of providing pastoral presence and support to the individual presenting with the problem and the family”.84 It is here the “pastoral counselor draws on the sacred texts and writings in a manner that invites wisdom to inform the process, spirit and goals of caring/counseling relationships to comfort and strengthen people in crisis.”85

The COVID-19 pandemic posed many challenges for individuals and families; navigating the uncertainties that presented itself on a daily. These unprecedented challenges have been overwhelming, affecting the mental health of many families in the United States.

“The Center for Disease Control showed substantial increases in self-reported behavioral health symptoms. 31% of respondents reported symptoms of anxiety or depression, 13% reported

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83 Sonia E. Waters, Addiction and Pastoral Care (Grand Rapids MI: Wm. B. Eerdmans Publishing Co., 2019), 59.


increased substance use, 26% reported stress-related symptoms, and 11% reported having serious thoughts of suicide.”86 According to the Center of Disease Control the minority population were hit the hardest, as this population face major barriers including, cost, access to healthcare and transportation. For the African American community, the lack of access served as one of the barriers, but it was an issue of trust that was the biggest roadblock, sighting the medical abuse on African Americans reaching far beyond the Tuskegee Study.

For the African American, it is the Black Church which serves as a pivotal role in meeting the needs of the African American families and community. African American families experiencing emotional and psychological distress during the COVID-19 pandemic turned to the Church for guidance and support. When the doors of churches closed during the early stages of the pandemic, the Church which served as a refuge and hope, left many with feelings of loss and lack of connectedness. Technology afforded the Church the opportunity to stay connected with congregates and their families beyond the walls of the Church. Here in lies the uniqueness of the pastor as a pastoral counselor, the flexibility of their role as pastor and counselor takes them from the church office to the stoop and steps of their congregates and the community.

The pastor exemplifies the role of an effective spiritual leader not only serving the Black Church but the African American community. As spiritual leaders, pastors of the African American Churches serve in a multidimensional role; minister, mentor, advocate, and counselor to the congregates, families, and the community. “The pastor will often address issues beyond religious and spiritual communication especially since effective leadership is centered on

responding to the needs of the congregation and the community. Tim Clinton, president of American Associates of Christian Counseling (AACC) speaks to the effectiveness of connectedness when he states that there is power in one another, which he claims the antidote to trauma is relationship. “It is important for both a pastoral counselor or family therapist, and those seeking help, to mutually explore presenting relationship issues that are simultaneously connected to wider societal contexts.”

Although there remains debate and concerns of the validity and effectiveness of an integrative approach to pastoral counseling, a closer look within the research literature supports the validity and efficacious nature of an integrative approach of the behavioral sciences/mental health and pastoral counseling. The research literature presents elements of relation and cohesion between both disciplines. Therapeutic interventions that are used within modern day pastoral counseling parallel those therapeutic interventions used in the mental health profession. Each discipline navigates to the inclusion of a more holistic approach to one’s well-being, this holistic approach has been frequently used by pastoral counselors. “As family therapist have argued for more than six decades, it is the balance of individuation and connection that promotes human well-being.” To meet the well-being to those in need, both pastoral counselors and those of the mental health profession will respond by drawing from the various schools of interventions.


Theological Foundations

Biblical Basis for a Pastoral Integration

“Who comforteth us in all our tribulation, that we may be able to comfort them which are in any trouble, by the comfort wherewith we ourselves are comforted of God.”

(2 Corinthians 1:4)

*The Recovery-Minded Church: Loving and Ministering to People with Addiction*, by Jonathan Benz and Kristina Robb-Dover note that there is a difference between curing and healing, and it is believed the Church is called to the slow and difficult work of healing. “We are called to enter into one another’s pain, anoint it as holy, and stick around not matter the outcome.”

Effective integration involves more than appropriately correlating Christian phrases with the latest prolonged technique. “No matter how many techniques we learn, if we are called to enter the suffering of others, acknowledge our own vulnerability and what it means to have the power of God to permeate the experience.”

Is scripture the only resource that will serve every purpose in one’s life? Scripture is sufficient in leading one in the path of salvation, as the Bible states in 2Timothy 3:16-17, the word of God is useful for teaching, rebuking, and correcting and training in righteousness. “The word of God comes with full divine authority because of full truthfulness and is therefore profitable.”

Research literature shows that other resources are

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helpful as well. Our Christianity “was never intended to replace or supersede the ordinary human arts and sciences…. we know more about how the God-designed human body functions, malfunctions and heals. Science has informed medicine, can inform theology, church practices and individual faith and piety.”

Pastoral counseling is primarily a Christ focused, Christ centered counseling process, with a goal of deepening personal growth within one’s social system, family and deepening the client’s relationship with God. The journal article authored by George Lotter and Yvonne Campbell-Lane, “Biblical Counselling Regarding Inner Change” notes the goal of the pastoral counselor is to help the client to be conformed to the image of Christ, which comes through the regenerating power of God. As the pastoral counselor enters the world of the client’s pain, the pastoral counselor exercises sound biblical theology when ministering/counseling individuals presenting with a crisis. The pastoral counselor takes care in utilizing any social and behavioral sciences in the counseling process, as misuse can potentially cause psychological and physical distress. “The Bible serves as the authoritative text in biblical and pastoral counseling; therefore, they must be able to interpret the Bible through careful exegesis that helps rather than hurts people.” The pastoral counselor renders due beneficence and Nonmaleficence toward their congregates and clients. Throughout the testaments God’s mission is of restoration, redemption,

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93 Everett L. Worthington Jr., Coming to Peace with Psychology: What Christians Can Learn From Psychological Science (Downers Grove IL., InterVarsity Press, 2010), 77-78.


salvation, and the final reconciliation through His Son Jesus Christ. “The Bible is the most important and the most fundamental tool we’ve been given for the work of pastoral ministry.”

Research literature indicates the pastoral counselor and therapist are not only concerned with diagnosis and treatment plans, but both pastoral counselors and therapist are also concerned about relationships as is the biblical counselor. A key component of any counseling or therapeutic process is that of fostering a healthy therapeutic relationship where healing relationships can be fostered and nurtured. Healthy relationships have the power to nurture and heal the broken souls. The main task of the pastoral counselor and therapist is to establish an authentic relationship and foster an environment of safety and security. “In the context of pastoral and spiritual care it is creating that sacred space where the client or congregant can experience more fully the peace and joy of God’s presence, as they learn to decenter from anxious thoughts of the future.”

When the heart is wounded and the spirit is broken, it is God and His word that becomes a reliable source to address the pain and brokenness of one’s heart, it is here that individuals turn to the Church for hope, healing, and restoration. “I called upon the Lord in distress: The Lord answered me and set me in a large place.” (Psalm 118:5). “The theme throughout this passage is one of rejoicing that God has given deliverance and victory.”


Those individuals who seek out the Church for hope and healing often come out of desperation, plagued with emotional, psychological, and spiritual issues. It is under these circumstances that the counselor must consider not just the spiritual aspect of the issue but consider the whole individual with a bio-psychosocial spiritual approach. The pastoral counselor requires the counselor to be deeply committed to the Word of God, allowing themselves to be guided by the Holy Spirit. The pastoral counseling uses their skills, training, and God-given ability to help others in developing interpersonal competence, emotional and mental stability as well as spiritual maturity.

“Deep character change can happen as we rely on the essential divine resources God has made available and as we engage in relevant formation practices”.

The Scriptures provide the divine resources of God for freedom from life’s struggles and those situations that tend to hold us captive. Observing the belief of the African American/ Black Church, one of the major aspects is found in the symbolic importance of the word “freedom” so states C. Eric Lincoln and Lawrence H. Mamiya authors of *The Black Church in the African American Experience*. “Freedom has always meant the absence of any restraint which might compromise one’s responsibility to God.” One can easily apply this concept as not only physical restraint, but emotional and mental restraints as well. Historically, spirituality has been an important factor in the life of the Black Church. “Strong religious and spiritual orientation is an extremely important value and an


important legacy of the African American culture, serving as a key survival mechanism for
generation to generation.”

As individuals seek to find guidance and the courage to live responsibly as Christians or
to survive life’s problems or crisis, individuals yearn to know that God can help during these
difficult situations. Many turn to self-help and human wisdom during times of struggle, but at
times of crisis and despair these remedies fall short of what is essential for healing and
restoration. When an individual seeks pastoral care for counsel one may ask, should the shepherd
feed the sheep, the answer would be yes. “And he gave some, apostles; and some prophets; and
some evangelist; and some pastors and teachers…” (Ephesians 4:11) Pastors and teachers are
two terms that are used interchangeably. “The word “pastor” means shepherd, those that are
shepherds of the flock are also to be teachers.” It is the role of the pastoral counselor to guide
and teach the client or congregate in all truth according to the Word of God.

The adjective _pastoral_ not only refers to this rich religious heritage but also
indicates how through careful listening, through sensitive responses and with
compassionate understanding the pastoral counselor shepherds’ persons into a
new grazing land, leads people to cooler waters [Blanchette, 1991, p.31].

“For the Lord heareth the poor and despiseth not his prisoners.” (Psalm 69:33) The
psalmist presents in the depths of despair and agony. His persecution is viewed because of his
religious convictions. Because of his worried state of mind, his mood changes often. The
psalmist despair soon becomes a voice of triumph, and his complaint reverts to praises to God

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after he has voiced his inner most feelings. Ministry should be guided by the example of Jesus’s ministry while on earth. Jesus’ ministry reached out to those that were hurting and sick. His ministry offered hope, healing, and restoration to the broken soul. Jesus summons those that are in despair, “Come unto me, all ye that labour and are heavy laden, and I will give you rest.” (Matthew 11:28). “Matthew intends Jesus’ words about rest as a contrast with “Pharisaic Sabbath rules……the promise of rest for your souls.”

During his ministry on earth, Jesus was drawn to some of the neediest places and people in and outside of his community, so too the role of pastoral counselors, moving with great conviction and passion from the walls of the Church out into the communities, ministering and counseling individuals and families amid their suffering and despair.

Jesus’ ministry was good news to those that were poor, living with various disabilities, and struggling with oppression, same issues that individuals are struggling with today. Jesus’ miracles were signs and wonders of the coming of God’s kingdom, and with this comes healing and restoration for all those that are suffering. Matthew 9:35 states Jesus went through all the towns and villages not only teaching and proclaiming the good news but healing disease and sickness. Although the scriptures are silent on the psychological and emotional effects these sickness and diseases had on the individual, there are areas in scripture that depicts the effects illness has on one’s emotional and psychological well-being. Journal article titled Mental health in the Kingdom of God, by Christopher C. H. Cook, points out the healing of a man said to be

103 Charles Pfeiffer and Everett F. Harrison, The Wycliffe Bible Commentary (Chicago, Moody Press, 1962), 519

possessed by a demon. “he was always howling and bruising himself with stones”106 (Mark 5:5) His behavior is noted as crying and cutting himself with stones, a self-harming behavior as a way of dealing with very difficult feelings and overwhelming situations; certainly, this man suffered from a mental health disorder.

For Christians, none are exempt from the troubles and stressors of this world. Pastoral counselors understand the importance of instructing those that come for help, that the Christian vocation will not always be easy, as Christ has called us to take up our cross daily and to follow him. The Apostle Paul understood his vocation as sharing in the suffering of Jesus as the Gospels does not promise an easy journey. It can be said that Apostle Paul experienced anxiety over the church: life in the kingdom of God is not without anxiety.

“The incarnation of God in Christ shows us that we are not alone. In Christ, God shares in the kinds of suffering that we call mental illness. Mental illness is not a failure of Christian faith; it is a challenge to Christian faithfulness.”107

The Bible is a human divine book as it speaks to the human heart and its pain, Biblical counseling aims at the heart “is not content with a change of behavior that plasters over real problem of a heart……real change happens through the gospel, through receiving and resting on what Christ accomplished on the cross”108 “He healeth the broken in heart, and bindeth up their

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108 Michael Lawrence, Biblical Theology; In the Life of the Church A Guide for Ministry (Wheaton, IL: Crossway, 2010), 204.
wounds.” (Psalm 147:3). The psalmist attest how good God has been to His people; God is a reliable source to turn to when one is experiencing hurt, grief and trauma. “Churches by their mandate to share God’s loving kindness are obliged to provide opportunities, counseling and pastoral care to those who suffer from violations in their lives.” 109 “Like the Greek theater its functional goal was catharsis, but beyond the Greeks the Black Church was in search of transcendence, not a mere emptying of the emotions, but an enduring fellowship with God…” 110 It is God’s power that enters into our broken lives and provides a way to salvation. “This salvation plan is not from a God who is distant or some abstract thought, but a God who is transcendent and ever present in our lives.” 111 The goal of pastoral counseling as with biblical counseling, does not lie solely on behavioral change but an inner change with the kingdom of God being most relevant in counseling work. The pastoral counselor draws from the various themes of the Bible that are relevant to counseling work. One of the most prominent themes that the pastoral counselor utilizes in the counseling work is “God’s love”. “Experiencing the love of God is the balm for the anxious and the troubled soul.” 112 Biblical counseling as with pastoral


counseling “holds out the goal of sanctification and glorification, our transformation into the very image of Christ, the method, is the gospel because Christ is the goal.”

The pastoral counselor understands this transformation process as it relates to the promises of God and the love that God has for all mankind. Author Michael Lawrence, *Biblical Theology in the Life of the Church: A Guide for Ministry*, states it is when we understand the story of promise, we can help those whose lives have been wounded by the pain of broken promises. History shows that the core experience for the Black Church was the personal conversion of the individual believer. “a deep regenerating experience, being “born again…. The rebirth meant a change, a fundamental reorientation in the approach to life”

“It becomes evident how many of the techniques found within different psychotherapy models are actually a form of spiritual practice, a practice that helps the client disidentify or detach from their problematic psychic structure.” When a person experiences a traumatic event, this experience is deeply etched in the person’s mind, it results in an internalized script shaped and formulated by the experiences of a traumatic storyline, it shapes one’s view about God, themselves, and the world. The use of Narrative Therapy aides the client in re-writing their problem saturated story. “The goal of narrative therapy as a spiritual practice assist clients in


detaching from the dominant story, so that a new narrative can arise that is far more life-giving to the client."116

There is power in “story”, the Narrative Creed reminds us that God’s great acts of salvation in the past are foundational for our faithfulness… the narrative creed is not, however, oriented merely toward the past but also toward the future. [Alton, 2020, pg. 164]

Relative to the human condition, the pastoral counselor understands the relational interplay between the people who shape the story, and the setting in which the story takes place. “Story is not only the way that humans understand deity or nature of ultimate reality; it is also how they try to connect and understand one another and self.”117

Pastoral counseling as with biblical counseling aims at the heart of the matter. When dealing with the heart of the matter, real change only happens through the gospel of Jesus Christ, it is here true transformation of the heart takes place. The Bible is the essential tool within the biblical and pastoral counseling context. The use of the Bible in both disciplines serves as the final authority within the counseling process, offering a bio-psycho-social-spiritual approach in treating the whole person. Not only does the pastoral counselor use Biblical text, but, when necessary, will employ the scriptures of the client’s religious traditions. “Pastoral counselors draw on sacred text and writings in a manner that invites “wisdom to inform the process, spirit,


and goals of caring/counseling relationships.”\textsuperscript{118} This process provides comfort and strength to those in crisis, heal spiritual pathology and pathogenic beliefs.

The book of Psalms, for example, is applicable to human emotional experiences. “…the complaint wherein the psalmist describes the distress experienced and appeals for divine intervention.”\textsuperscript{119} The book of Psalms offers actual experiences and emotions, all the while maintaining an awareness of who God is and what it is to be human. The pastoral counselor who shares the Psalms with a client or congregate, shares and speaks God’s word to those that are weary; relating the psalms to their own suffering and the God who can bring comfort in times of distress. “The Lord God hath given me the tongue of the learned, that I should know how to speak a word in season to him that is weary:…” (Isaiah 50:4, ) The scripture depicts a servant who, instead of being self-protective, this servant is self-surrendering for the sake of others.\textsuperscript{120} God’s word is appropriate for those who ministers the Word of God, who have to do with weary souls, and it is their work to comfort and refresh those who are weary. Both biblical, pastoral, and psychological counseling are dedicated to the best interest of their client’s emotional and psychology well-being. Pastoral counselors utilize insights and principles derived from the disciplines of theology and the mental/behavioral health in working with individuals, couples, and families.


Exploring psychology and the behavioral sciences, research literature asserts that it is the word of God which governs and is the basis for science. Vern Sheridan Poythress, author of *Inerrancy and Worldview: Answering Modern Challenges to the Bible*, when considering the sciences, it is the word of God which governs and is the basis of science. “We must consider both forms of God’s speech. God’s word governing the world is the basis of science. God’s word in the Bible is the basis for theology, the two words are intrinsically in harmony because God is in harmony with Himself.”  

The author goes on to say that when science explores the law, they are exploring the mind of God who created the law. All canonical literature (all the great religious text) were not written for mere entertainment, but transformation. Psychotherapy is similar, it is not an entertainment exercise, its purpose is transformation and healing.  

A vast amount of the spiritual and religious orientations is likely to offer interventions addressing an individual’s existential anxieties. Any psychotherapeutic intervention which provides a deep level of exploration of the human psyche, is said to eventually broach this spiritual realm.

**Healing and Restoration; A Family Systems Approach**

The Bible begins with the biological family as the central social context of human life. The family is depicted throughout Scripture as the primary means of God’s communication with human beings. “This view is not just in the physical but extends into the spiritual and heavenly reality”. The entire biblical narrative centers on the theme of restoration and reconciliation of a

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severed relationship. “For God so loved the world that He gave His only begotten Son that
whosoever believeth in him should not perish but have everlasting life.” (John 3:16, King James
Version) Here we see the love of God and the consequent giving of His son describe as the “only
begotten” meaning unique, one of a kind. This divine love is for the whole world, “as the direct
purpose of that coming, resting on divine love was not condemnation but salvation.”124

Research literature depicts the role of pastoral counseling, as well as the mental health
profession, with an appreciation for the systems in which the client is located. “We do not
become who we are in isolation. As inherently relational beings, we are continuously created in
and through relationships.”125 The family systems approach has proven to be an effective
intervention within the therapeutic process. Medical professionals, mental health professionals as
well as pastoral counselors have recognized how families and other systems contribute to the
psychological health and the well-being of the individual presenting with the problem. “Effective
therapy with African American families requires the therapist to be flexible enough to draw
theories from different family system approaches and incorporate them into a treatment plan.”126
Pastoral counselors are unique in their approach to family therapy, as the pastoral counselor can

encyclopedia exploration of the images, symbols, motifs, metaphors, figures of speech and literary patterns of the
Bible (Downers Grove, IL: Inter-Varsity Press, 1998), 264.

124 Charles F. Pfeiffer and Everett F. Harrison, The Wycliffe Bible Commentary (Chicago, Moody press,
1962) 1079

125 Elizabeth A. Maynard and Jill I. Snodgrass, Understanding Pastoral Counseling (New York, N.Y:

126 Nancy Boyd-Franklin, Black Families in Therapy; Understanding The African American Experience
attend to family religion and spirituality in ways that can lead to the fostering of family cohesion and resilience.  

Research literature reinforces the relational aspect of the Old Testament narrative and the New Testament narrative. Theologically we are created for relationship with self, others, and God. When viewing the relational aspect within the scriptures, it is the family unit through which God perpetuates His covenant. When pouring out His saving grace it is poured onto the entire family unit, sending a message of hope. “From the beginning scripture establishes the family as the social unit into which God put human beings and the channel through which He deals with them”.  

It is apparent throughout Scripture that even though God may single out the individual, He deals with the individual in the context of family. In Noah’s family, for example, God’s grace extended to Noah’s wife, children, and in-laws. “God does not disregard the institution of family when he bestows grace on an individual.”

The family unit is further reinforced within the New Testament narrative. For example, the book of The Acts of the Apostles 11:14, the Apostle Peter brings God’s message to the household of Cornelius and his entire household received salvation. Another example in scripture is Acts 16:15, the Apostle Paul preaching in Philippi, Lydia and her household were baptized. Throughout the Bible, the family is a physical and spiritual institution depicted in its ideal form. One prominent image presented in the Bible is that of reconciliation and harmony,

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where Malachi 4:6 portrays the most impressive image; the Messiah who “will turn the hearts of
the fathers to their children and the hearts of the children to their fathers” 130

Being created in God’s image as relational beings, we are profoundly affected by our
relationships with others. “The power of human relationships to heal is an expressly biblical
concept.”131 The biblical narrative of David and Jonathan, it was David’s relationship with
Jonathan that helped David endure the abuse of King Saul, (1Samuel 18); Timothy and Luke
bought the Apostle Paul help and comfort when others had abandoned him. (2Timothy 4:11,
Philippians 2:19-23)

Research literature also presents arguments that oppose the integration of theology and
psychology. It appears in the past the pastoral counselor was under pressure to survive in the
marketplace of psychology, resulting in a push to accommodate. The Journal of Pastoral
Theology article titled, Best practices in Pastoral Counseling: Is Theology Necessary? speaks of
the concerns of professors of theology who believe that those things that inform the teaching of
counseling are not clearly Christian. “Professors of theology have suspected that the beliefs that
inform the teaching of counseling are not clearly Christian, that they have been derived from
secular psychology and only superficially adapted for pastoral use.”132 Suspicions appear
legitimate as in 2004 the American Association of Pastoral Counselors (AAPC) consolidated
with the Association for Clinical Pastoral Education. The AAPC now exists within the

encyclopedic exploration of the images, symbols, motifs, metaphors, figures of speech and literary patterns of the
Bible (Downers Grove, IL: Inter-Varsity Press, 1998), 265.

131 Steven R. Tracy, Mending the Soul: Understanding and Healing Abuse (Grand Rapids, MI: Zondervan,
2005), 125.

organization as the ACPE psychotherapy commission. “The consolidation of AAPC and ACPE created an opportunity to advance the discipline and practice of spiritually integrated psychotherapy in a distinctive, sustainable way.”

Research literature reveals when a pastoral counselor utilizes religious resources with insights from the behavioral sciences to treat clients, the author argues that the outcomes are more of a psychological nature than of a spiritual nature. “The expected outcomes are psychological rather than religious or spiritual.”

Bruce Rogers-Vaughn notes the concern with the decline of the theological reflection in pastoral counseling relative to education and training. The author points out how theology has become optional reduced to the status of an elective. A graduate program offered at Loyola University in Maryland “requires students to successfully complete twenty-two courses and clinical units. Only two of these are in the area designated as “Theology/Spirituality”

Research literature presents that even though the integration of both theology and psychology for the purpose of psychotherapeutic is possible, some found it difficult to integrate the two. “To fill in the gap, there is a need to understand the commonality and uniqueness of both professions from the Christian client participants perspectives.”

References:


136 Peter Jen Der Pan, Liang-Yu F. Deng, Shiou Ling Tsai, Jenny S.S. Yuan, “Issues of Integration in Psychological Counseling Practices from Pastoral Counseling Perspectives.” Journal of Psychology and
spiritual resources, used properly and ethically could have contributions to the science of psychology.

**Theoretical Foundations**

Theory and the Pastoral Counselor

The Pastoral Counselor applies a multi-leveled approach in gathering basic information, in-depth information, and any other contributing factors relative to the issue. This multi-leveled approach serves to develop an in-depth picture of the gravity of the presenting problem and provides the pastoral counselor with a roadmap in developing the appropriate treatment plan specific to the client. This multi-leveled approach also serves to enhance the “joining” process, which fosters a therapeutic alliance between the client and the therapist and provides a safe place for the client to be open and transparent.

Pastoral counseling is an approach to mental and behavioral health care that draws on the wisdom of psychology and the behavioral sciences alongside spirituality/religion/theology. The theoretical foundation of pastoral counseling is the use of theology, spirituality, psychology, and the behavioral sciences resulting in the improvement of the social and behavioral well-being of those seeking help. The Bible/religion and mental health speak to the human condition, the language may appear different but both disciplines speak to human existence. Research literature confirms the effectiveness of the integration of the interconnectedness of theories. The use of theory in pastoral counseling “not only help to explain how change occurs but what techniques will enhance a client’s movement toward the goal of increased mental health.”

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The counseling process is about eliciting change, and at the heart of every change are problem solving strategies along with decision-making abilities. Our inability to handle life’s stressors impacts our ability to make rational decisions. When these stressors begin to impede on an individual’s daily activities, the individual will then seek counseling in hopes to be relieved of their suffering. It can be difficult for those suffering emotional and psychological problems to successfully navigate the decision-making process alone. Couple this difficulty with the stigma’s that resonate with some relative to seeking therapy of any kind. For some African American/Blacks the subject of mental illness remains taboo, especially for those with a strong sense of spirituality. Since spirituality and religion is very central in the lives of African Americans/Blacks there is the notion that if there is a problem take it to God in prayer.

Pastoral counseling represents both faith and the psychological. The work of any counselor or therapist, is to foster a trusting therapeutic relationship; helping the client or congregant to achieve their intended goals, whether emotionally or psychologically. A therapeutic alliance is key to a successful outcome in counseling, especially among African Americans/Blacks where trust and resistance can become barriers to a successful outcome.

Biblical and pastoral counselors join in the client’s pain and suffering and exemplifies a Godly influence of hope and restoration. Because African American/Black faith leaders are held in high esteem, congregants are more apt to seek out the help of their church family prior to seeking outside help. The Pastoral Counselor can assist in reducing the stigma of mental health by being open to ideas of mental/behavioral health. “Faith leaders are in a unique position to educate their congregations about mental health in order to overcome the stigma and shame often associated with mental illness with understanding and acceptance.”138
Collaborative Care through Integration

Theoretical and empirical connections exist between religiousness, spirituality, and mental health, particularly in the realm of cognitions, emotions, and behaviors. “Theoretical integration, it refers to the productive combination of aspects of one or more psychological theories for the purpose of a more comprehensive understanding and treatment of the client”. 139

Collaborative care is the integration of various care managers working together for the overall well-being of the client. The pastoral counselor who has adopted an integrative approach to treating his/her clients can work in collaboration with other healthcare agencies. “Those who seek psychiatric care, religion and spirituality significantly influence their internal and external lives and are an important part of healing.”140 This networking provides the opportunities to interact directly with those larger systems that exist within the individual’s life, such as nurses, homecare providers, pharmacist, schools and family and extended family. This collaborative approach with the larger systems promotes the healing of the individual and the health and well-being of the family system.

Through education, certification and licensure, the pastoral counselor has become proficient in behavioral/ mental health. As a mental health counselor, the pastoral counselor is equipped to meet the various emotional needs of his/her congregates, with an expertise that goes


beyond the walls of the church into the community. The pastoral counselors’ credentials are endorsed by the Association for Clinical Pastoral Education (ACPE) “The ACPE Psychotherapy Commission is a multi-disciplinary, multi-faith, multi-racial community of professional providing continuing education, networking and leadership development.” Pastoral counselors have moved into roles as mental health professionals in nursing homes, hospital, prisons, and treatment centers. The pastoral counselor can provide their clients/congregates with a broader understanding of the mental health and behavioral concerns that present for care. With the knowledge of a multi-disciplinary approach, the pastoral counselor can tap into various theories to meets the specific needs of those seeking care. This knowledge will also assist the pastoral counselor in dispelling any misunderstandings relative to mental illness/health. “Religion and spirituality are an important part of healing. In their role as “first responders” pastoral counselors provide another opportunity to dispel the stigmas associated with mental illness/health.”

“Pastoral counseling in the 21st century as an interpretive location where psychotherapists, in all their diversity engage in multicultural, multi-religious reflective practice to provide high-quality spiritually integrative or faith-based care.”


143 Elizabeth A. Maynard and Jill I. Snodgrass, Understanding Pastoral Counseling (New York, N.Y: Springer Publishing Company, 2015), 33
“Psychotherapist, armed with what they had discovered about people, have created a body of literature promoting integration of clinical psychology and theology.”

Religiosity and spirituality are high among the Black communities. “Because African American use the Church as a place for mental health resources it is important for psychologist and clergy to collaborate on models to help parishioners with their mental health issues.”

With education in mental and behavioral health, “there are many problems that a pastoral care ministry could handle within the safety of the parishioners Church family with the appropriate training.”

Pastoral counselors are unique in who they are and their understanding of human nature and being. Many of the interventions used by the pastoral counselor align with theoretical practices of behavioral sciences. One of the approaches used is a psychodynamic, an approach used for individuals who have lost meaning in their lives and have difficulty maintaining healthy relationships. The pastoral counselor unites with allied mental health practitioners, uniting on common ground in a holistic approach to healing.

A common factor of both pastoral counselors and mental health professionals, they recognize the unique problems and processes involved within the family system that are responsible for transformative change. Pastoral counseling and mental health counseling adhere to therapeutic interventions that aide in developing interpersonal competence, emotional and

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146 Ibid. 2
mental stability as well as spiritual maturity. Each discipline is “united on common ground, employing insights and techniques drawn from psychological disciplines with the aim of helping and healing individuals in specific contexts and settings.”

**COGNITIVE BEHAVIORAL THERAPY**: If a client presents with cognitive distortions about themselves and God, pertaining to their struggle with their belief system, the pastoral counselor may use Cognitive Behavioral Therapy (CBT) strategies that are common to non-religious CBT strategies. For those clients that prefer to talk, CBT is considered the gold standard. “Cognitive Behavioral Therapy is the current gold standard of anxiety treatment.”

The pastoral counselor can use scriptural evidence to challenge the irrational or self-defeating beliefs. God instructs us to guard our thoughts, the book of Romans 12:2, and 2 Corinthians 10:5 are biblical texts; taking every thought captive to obey Christ, enabling to discern the will of God. Each scripture speaks to the renewing of one’s mind, taking one’s thoughts captive; in so doing revealing Satan’s lies in order not to succumb to self-defeating behaviors. (The New Oxford Annotated Bible: New Revised Standard) The technique that supports this approach that the pastoral counselor can utilize is a cognitive behavioral approach through cognitive reframe. This technique of *thought stopping, thought shaping* and *cognitive disputation*, is a cognitive behavioral approach in redirecting negative thoughts, but ensuring the negative thoughts are replaced with truth grounded in God’s word. “Christians are to live no longer as belonging to this

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148 Judson Brewer, “Treatment Anxiety: We’ve Got Anxiety All Wrong, ” Psychology Today, July/August 2021.

world, the renewing of minds…. enables discerning the will of God.”150 The Apostle Paul’s letter to the Ephesians instructs believers to put off concerning the former conversation (behaviors) the old man, who is corrupt according to deceitful lust and be renewed in the spirit of your mind. The Greek word for “renewed” is “ANANEOO”, which means to be renovated by and inward renovation. “The old lifestyle, like worn-out clothing, must be replaced by a new lifestyle guided by one’s knowledge of Christ.”151

**SYSTEMS APPROACH:** Another intervention the pastoral counselor can use is a systems approach. A systems approach can address current societal pressures in a way that supports diversity and developmental stages in a holistic manner that integrates a wider context based on relationships, and social dynamics and social issues, which presents with many African American families. Pastoral counselors who have received education in cultural and religious diversity can respond to the social issues that seem to reach beyond specific treatment protocols or specific treatment plans. Ken Hardy wrote a compelling article titled “A Black Therapist in America; Speaking out Against Learned Voicelessness”. The article speaks to how young black adolescence know how society perceives them, Black parents ensure that their youth, especially males, are given “the talk” not the talk of the birds and the bee’s but “the talk”, a talk that could save their lives, serving as a tool for survival in a world still plagued with racism and injustice. The article makes a point that the problems presented by most low income, people of color are


151 Ibid., 325
problems centered on social issues that seemed beyond the reach of the psychological solutions that constituted our preferred treatment protocols.”

The approach of a licensed pastoral counselor not only consist of the client’s biology, psychology, and family of origin, but also on the client’s entire ego system.

Relative to the family system, family therapy rest on a systems perspective. When a systems approach is utilized in the therapeutic process, changes in one part of the system can and do produce changes in other parts of the system, and these changes can contribute to either problems or solutions. “When a family systems approach is utilized in the therapeutic process, is serves not only as a practice theory, but an overarching way of thinking about family problems and their solutions.”

Using a systems perspective in counseling includes an integration of various theoretical models, values, and beliefs, which can include a combination of individual, couple, family, and larger system interventions. The pastoral counselor understands the importance of the concept of the “Church family” when utilizing a systems approach; as it relates to African Americans, as many Blacks refer to their Church as their “Church home”.

When using a systemic approach as a framework for counseling, the pastoral counselor attempts to make sense of the human experience while working with the client to bring about change in otherwise what is defined as a dysfunctional behavior pattern. Pastoral counselors


154 Ibid., 474

understand the human condition, as a “pastoral perspective is framed within the terminology of existential theory, exploring themes relating to life and death, meaning and despair, freedom, and limitations, being and becoming (see Guthrie, 1090)”\textsuperscript{156}

How the client views God, may greatly influence how they view themselves, and how they perceive distress and makes sense of their suffering and copes with their circumstances. “A family’s strong spiritual values may influence the meaning it assigns to a crisis and the options for resolution it considers.”\textsuperscript{157} If the client views God as a lawgiver or judge, the client may struggle with guilt or feel they are always on trial versus one who views God as merciful, loving, and full of grace. Also, how the pastoral counselor view’s God will ultimately shape the counselor’s understanding of human condition and the counselor’s practice. It is noted that “one cannot understand the human condition without first examining how humanity views the divine.”\textsuperscript{158}

“Therapeutic interventions increase in effectiveness when the effects systemic influences are not only considered but also utilized to promote change.”\textsuperscript{159} Systemic approach is geared to reduce distress and conflict within family dynamic by addressing and improving deep-rooted


\textsuperscript{157} Monica McGoldrick, Joe Giordano and Nydia Garcia-Preto, \textit{Ethnicity & Family Therapy} (New York, N.Y: 2005), 81.


patterns within individual relationships with family members. “When examining relational styles, it is best understood when viewed in the light of family and families we come from.” 160

Cognitive behavioral family therapy is another intervention that has proven effective within the family setting. Both modalities consider how people’s thoughts feelings and emotions influence their behavior but also the impact these behaviors have on other family members.

When counseling an African American family one of the strengths the pastoral counselor can tap into within family therapy, is the strong kinship bonds and extended family relationships, within the African American families. These extended family relationships include, close friends, ministers, church leaders or the “church family.” These kinship bonds within extended families among African American families “serves as a coherent network of emotional support.”161 This intervention is focused on behavioral modification, changing the interactional patterns of each family member. Cognitive behavior family therapy and behavioral couples therapy are two models that have strong empirical support. In recent surveys, more than half of all practitioners said that they most often use CBT in combination with other methods. (Psychotherapy Networker, 2007)

**NARRATIVE:** The use of story in the therapy room results in a transformative and healing process of self-reflection. Here is one of the unique characteristics of the pastoral counselor, a true curiosity as he/she listens to a client’s story. The pastoral counselor understands that the Bible is a story of promise, a promise made by God Himself. “When we understand this

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story, we are also in a position to be able to help those whose lives have been wounded by the pain of broken promises.”  

Narrative therapy would serve well when counseling a Christian client as narrative therapy aides the client in identifying an alternative story. This approach broadens the view the client has of themselves and challenge unhealthy beliefs about themselves and those around them. As Christians’ our lives and our world are lived within a greater story and that is God’s redemptive story. The pastoral counselor works with the client to explore the stories that they carry about themselves, their lives, and their relationships, letting the client know that they have the power to re-write the story of their lives. The pastoral counselor helps the client explore these problematic narratives and change these unwanted and unhelpful narratives. The basic approach is to externalize the problem narrative for the client and family and then look for unique outcomes. Narrative therapy that is used with the inclusion of one’s spirituality and spiritual beliefs, has a positive impact on solving the presenting problem.

When counseling individuals, couples or family, the pastoral counselor will certainly encounter trauma victims. Traumatic events rob a person of their safety and security. Trauma threatens the very livelihood and at times brings one close to death. The pastoral counselor working with victims of trauma “will be stepping into delicate places where trust and basic safety assumptions have been shattered.”


victims, will see the benefits of asking their clients about their family and historical trauma. Social work researcher, Joy DeGruy’s presents a theory of “posttraumatic slavery syndrome, which is grounded in the multigenerational oppression and trauma of Africans and their descendants in this country.”

The author Caralie Focht, author of “The Joseph Story: A Trauma-Informed Biblical Hermeneutic for Pastoral Care Providers”166, is an article that draws both from the exegesis of biblical studies and trauma theory. The author uses the story of Joseph to present the reader with Joseph’s experience with trauma, how he tells his story and how he heals. Through a careful exegesis and the use of narrative the pastoral counselor can use what is defined as “trauma informed care” to help those to heal from trauma. “The Joseph story exemplifies the imperfection of the healing process. The Joseph story, when read from a trauma-informed perspective, can be especially meaningful for those who have experienced familial trauma.”167

Cognitive distortion is a common factor in complex trauma. “Cognitive distortions are common in complex trauma from the blame and shame heaped on victims, rejection by those who failed to protect, and the perception of abandonment by God.”168 The pastoral counselor role is that of establishing a safe and secure environment prior to broaching trauma with the client, as

165 Anita Mandley, “The Legacy of Historical Trauma; Grasping the Larger Story” Psychotherapy Networker, September/October 2020, 35.


168 Kathie Erwin, “The Heart of Trauma Counseling.” Christian Counseling Today, vol. 25, no.1, 54
rushing in may serve to create an unsafe environment for the client, the client must feel safe. The pastoral counselor takes a therapeutic stance that conveys to the client/family that the pastoral counselor is on their side, gaining temporary acceptance into the family system. This position the pastoral counselor take is called “joining”. It is through joining that the client/family gains the confidence to seek and initiate change. Working with the client of trauma, one such tool the pastoral counselor can use is the story of Job. The client may be able to relate to the troubles of Job, as the events in his life were traumatic.

There is one note that should always be considered when doing trauma work, and that is self-care for the pastoral counselor. Trauma work is emotionally taxing and what is described as time intensive. Pastoral counselors are trained in self-care, which includes building emotional, spiritual, and professional resilience. “Just as pastoral counselors partake in commonly used psychotherapeutic practices, other professionals remain similarly invited to consider the potential for spiritual integration inherent in these approaches.”

When problematic behaviors present themselves, addiction for example, has a symbolic resonance with the biblical understanding of possession as a condition that affects the body, mind, soul, and its social relationships. When an individual presents with an addiction the pastoral counselor does not view the individual as the problem but is encouraged to focus on resilience studies. Resilience studies offers optimism, hope, emotional intelligence, pragmatic coping skill and empathy, tools that the pastoral counselor can use to help the client sustain resilience.

Resilience is the psychological quality that allows some individuals to be knocked down by the adversities of life and come back at least as strong as before. “Highly resilient people find a way to change course, emotionally heal, and continue moving toward their goal.”\textsuperscript{170} Pastoral counselors will integrate actions of faith and worship with the person’s emotional and practical goals to recovery. The scriptures of Romans 5:3-5 and James 1:2-4 share that we can rejoice in suffering as it will produce perseverance, developing a deep level of maturity, reveals character, grounding one in hope. “Perseverance is rooted in the confidence in the Lord; in perseverance strength comes from God.”\textsuperscript{171} When working with an individual with an addiction issue, the pastoral counselor work can take on the form of discipleship, listening well and engaging the client in the assurance of God’s love and forgiveness. Behavioral addictions also bring broken relationships with family and peers, when working with addiction reconciliation becomes a key factor in the addict’s recovery as well as maintaining resilience. The pastoral counselor understands that at the heart of resiliency is the idea of overcoming, focusing on not allowing one’s circumstances to define them.

Change Theory and Motivational Interviewing aids the pastoral counselor in fostering an understanding how long-term behavioral changes are made and how to encourage and support a person toward those changes.\textsuperscript{172} Motivational interviewing offers the pastoral counselor clear advice for working with ambivalence and consciousness regarding problematic behaviors. The pastoral counselor uses MI to strengthen the intrinsic desire to change the problematic behavior.


\begin{flushright}\textsuperscript{171} Leland Ryken, James C. Wilhoit and Tremper, Longman, III, \textit{Dictionary of Biblical Imagery: An encyclopedic exploration of the images, symbols, motifs, metaphors, figures of speech and literary patterns of the Bible} (Downers Grove, IL: Inter-Varsity Press, 1998,) 636. \end{flushright}

\begin{flushright}\textsuperscript{172} Sonia E. Waters, \textit{Addiction and Pastoral Care} (Grand Rapids MI: Wm. B. Eerdmans Publishing Co., 2019), 9. \end{flushright}
When working with African American/Black families, the pastoral counselor intervenes at multiple levels and in multiple systems. “These systems might include the individual, a subsystem of a few family members, significant others, extended family, and Church family”¹⁷³

The Bible is not a psychological book, nor does it contain theoretical terms, but the Bible does speak to the matters of the heart and its many pains and human condition. The Bible speaks with authority about thoughts and emotions and about pathological problems, such as anxiety, depression, anger, and mental health disorders. When it comes to counseling, biblical, and pastoral counselors share more commonalities than differences, as both disciplines focus on conflict resolution, life adaptation, behavioral and relational issues.

In the age of the social sciences, Galison’s analysis suggest that perhaps psychological science is itself a new tool that might be used by theologians. If findings about people and their interrelationships can inform us of God and human-God relationships, then psychological science can aid theology. [Worthington, 2010, 153]

With the various principles of the pastoral counseling process, it is anticipated that a systemic integrative approach, borrowing from theories of behavioral/mental health to biblical counseling, will result in long-term success and effective results. Research literature serves to bridge the gap between biblical counseling and pastoral counseling, resulting in a multidimensional approach, strengthening the effectiveness of the counseling experience for individuals and their families. “The relationship between theology and psychological science, if they work together, can have emergent properties.”¹⁷⁴ As noted, pastoral counselors hold a unique

position in the field of counseling. “With their combination of theological training and advanced education in the behavioral sciences, they are poised to provide effective mental health counseling that is capable of respectfully integrating religious and spiritual components”.

CHAPTER 3: METHODOLOGY

The Association of Certified Biblical Counselors (ACBC), founded in 1976 was enacted in conjunction with the biblical counseling movement, which sought to reclaim counseling for the Church and provide Christians an alternative to mainstream psychiatry and psychotherapy. Biblical counseling offers the individual seeking guidance; compassion, empathy, and a genuine concern for the individual’s soul, restoring and developing one’s maturity in the Word of God.

2 Corinthians 5:17 teaches that when you commit yourself to Jesus, you become a new creation fully and completely. Searchy explains change when he states “That newness applies not only spiritually, but also to every area of your health and well-being” Biblical counseling speaks of how God cares immensely about one’s physical, emotional, and mental health. Pastoral counseling possesses the same tenets of biblical counseling with the addition of the principals of the behavioral sciences. As psychological counselors interact with their clients on a professional relationship, both pastoral counselors and biblical counselors reach out beyond formal dialogue.


and counseling settings. Both pastoral counselors and biblical counselors reach out to their clients on several levels, such as praying for their clients, seeking God’s guidance during the session. Pastoral counseling has gained momentum within the counseling sector, not only meeting the spiritual and theological needs of the individual but the psychological needs as well. The pastoral counselor can be viewed as a unique form of psychotherapy addressing and meeting the needs of individuals, especially those presenting with comorbid issues.

The proposal set forth for the integration of biblical and pastoral counseling would provide the existing counseling ministry with the added benefit of the behavioral sciences, which in turn will serve the various needs that present themselves within today’s Church, such as anxiety, depression, addictions, trauma, sexual assaults, intimate partner violence. These victims seek healing not just for the physical but for emotional and psychological healing as well. Another added benefit of the integration of both disciplines is limited referrals as the individual would be acquiring both spiritual and the psychological assistance from their local Church whom they have fostered a trusting relationship. Pastoral counselors provide referrals for any case that exceeds their level of expertise and experience. The purpose of the following interventions is to lead to a sustainable solution of bridging the gap between biblical and pastoral counseling.

**Intervention Design**

This research project took a collaborative design approach. This approach not only allows for fostering common unity, positive relationship, and productive action, as author Ernest T. Stringer’s *Action Research* notes, it provides for gaining an overall picture of the presenting issue. “The ultimate goal is to provide a context that enables diverse stakeholders to work
collaboratively toward solutions to the significant problems that confront them.”\textsuperscript{177} The specific tools to gather the necessary data for this research project will begin with a planning meeting. The initial meeting and subsequent meetings will consist of the primary stakeholders who have a vested interest in the project.

Data gathering tools will consist of interviews with church members who have a long tenor and in good standing with Calvary Baptist Church, congregant questionaries, brief surveys of local Churches, brief community surveys, all on a volunteer basis, and the review of scholarly research. Focus groups will be conducted with devised questions to elicit dialogue and maintain the focus on the presenting issue. These specific tools will aide in identifying any running themes relative to biblical and pastoral counseling. Interviews with senior congregates will serve to gain an understanding of the history of Calvary Baptist Church and the biblical counseling ministry in comparison with the past counseling ministry. Surveys of local Churches will provide insight into the perspective of an integration model and the thoughts or concerns with such and integration. Surveys with local community solicit information regarding community involvement relative to counseling; what type of counseling service does the church offer, do they service the congregates only or is the service extended to the community, soliciting feedback from all participants with a solution focus approach.

\textbf{Intervention 1.} Planning meetings. This planning phase of this research study will serve as an introductory planning phase of the integration of biblical and the principles of pastoral counseling. The planning meetings intends to provide the scriptural basis for biblical counseling in meeting the spiritual needs of the individual and the principles of pastoral counseling which will serve not only as a theological foundation but a theoretical foundation for the integration of

\textsuperscript{177} Ernest T. Stringer, \textit{Action research} (Thousand Oaks California, SAGE Publications, Inc. 2014), 96.
both disciplines. The planning and educational meetings will be held once per week for five weeks for one hour, except for the final/close-out session which will be held for one hour and thirty minutes. The planning meeting will consist of four primary stakeholders and the researcher/facilitator. Meetings will take place in the Calvary Baptist Church fellowship hall if unavailable meetings will be held via Zoom. Appointment reminders will be sent to each stakeholder for the purpose of adding them to their calendars as a standing appointment. Although verbal consent has been granted, at the initial meeting informed consents (Appendix A) will be collected. Below is the planning meeting agenda which will be distributed to each of the primary stakeholders.

**Biblical Pastoral Counseling: An Integrative Approach to Healing**

An initial planning meeting will be held with primary stakeholders. The primary stakeholders hold key positions within the ministry who have the authority to make decisions as they occupy a position of influence. The primary stakeholders come from varying educational and professional backgrounds and bring a wealth of insight and information relative to ministry work. The planning session will serve to be a formal introduction to the project of the integration of biblical counseling and the concepts of pastoral counseling. The planning session will serve to provide the scriptural, theological, and theoretical basis for the integration of biblical counseling and pastoral counseling, which serves as a dual role, not only providing a theological foundation for counseling but a theoretical foundation for the integration of both disciplines. Upon completion of the planning session, prior to implementing any activities, the plan will be assessed for any strengths, weakness, opportunities that may have been overlooked. An additional action item will be added as a task, an additional week will be added to the calendar for an additional meeting to address the action item.
Planning session format

Meeting Place: CBC (Calvary Baptist Church) Fellowship Hall (Downstairs) or via Zoom

Materials for each session: large Post-it Flip Chart, markers, Power point handouts, Journals

Bible for Prayer and Scripture reading prior to each session.

Date: September 4, 2021

<table>
<thead>
<tr>
<th>Introductory Session (Week 1)</th>
<th>Review and discussion session: (Week 2)</th>
<th>Educational session: (Week 3)</th>
<th>Open Forum (Week 4)</th>
<th>Final/Close out Session (Week 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> Biblical and Pastoral Counseling; Purpose, Objective, Intervention</td>
<td><strong>Topic:</strong> Review of Literature; Pastoral Counseling</td>
<td><strong>Topic:</strong> Let’s talk about Counseling; Biblical and Pastoral</td>
<td><strong>Topic:</strong> Is There a Need; A Basic Needs Assessment</td>
<td><strong>Topic:</strong> Building the Bridge Between Two Disciplines.</td>
</tr>
<tr>
<td><strong>Discussion topics:</strong> Introduction of primary stakeholders</td>
<td><strong>Discussion topics:</strong> Open dialogue on personal experiences and teachings regarding the integration of psychology and theology, review of literature relative to pastoral counseling.</td>
<td><strong>Discussion topics:</strong> Review of Literature homework from each stakeholder/participant.</td>
<td><strong>Discussion topics:</strong> Open forum Presentation of task assignment on Basic needs by leader of counseling and outreach ministry.</td>
<td><strong>Discussion topics:</strong> Reflection on weekly sessions, presentation of any lingering concerns questions, areas requiring further exploration. Review of any outstanding action items.</td>
</tr>
<tr>
<td><strong>Task:</strong> Each stakeholder/participant will be assigned the task to search and review literature on the topic of pastoral counseling and mental health. Findings will be reviewed at next week’s meeting.</td>
<td><strong>Task:</strong> Re-cap of week 1 session, review of any action items</td>
<td><strong>Task:</strong> Let’s talk about Counseling homework from each stakeholder/participant.</td>
<td><strong>Task:</strong> Final presentation of task assignment on Basic needs by leader of counseling and outreach ministry.</td>
<td><strong>Task:</strong> Reflection on the week’s session, presentation of any lingering concerns questions, areas requiring further exploration. Review of any outstanding action items.</td>
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<tr>
<th>Re-cap of week 1 session, review of any action items</th>
<th>Re-cap of week 2 session, review of any action items</th>
<th>Re-cap of week 3 session, review of any action items</th>
<th>Re-cap of week 4 session, review of any action items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductory session of primary stakeholders</td>
<td>Review of power point slide. Review of Literature; Pastoral Counseling</td>
<td>Review of power point slide. Let’s Talk About Biblical and Pastoral Counseling</td>
<td>Review of power point slide. Is There a Need; A Basic Needs Assessment</td>
</tr>
<tr>
<td>Review of power point slide. Biblical and Pastoral Counseling; Purpose, Objective, and Intervention</td>
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<td>Review of power point slide. Is There a Need; A Basic Needs Assessment</td>
<td>Review of power point slide. Building the Bridge Between Two Disciplines</td>
</tr>
<tr>
<td>Q&amp;A/Action Items</td>
<td>Q&amp;A/Action Items</td>
<td>Q&amp;A/Action Items</td>
<td>Q&amp;A/Action Items</td>
</tr>
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The initial meeting will serve as an introductory meeting to discuss the purpose of the meeting and subsequent meetings with an objective of the purposed projects intervention. The facilitator will set ground rules which will apply to every meeting. Meetings are a judgement free zone, and all will be encouraged to share thoughts, opinions, and ideas. For meetings that are held at the CBC (Calvary Baptist Church), the facilitator will arrive 15 minutes early to prepare for the meetings. The facilitator will set up the designated area in the fellowship hall that will be
used for the meeting. At each seat a pencil, pen, note pad, journal (for stakeholders to record their personal journey throughout the project) and hand-outs for each stakeholder. A large Post-it Flip Chart will be positioned at the opposite side of the table, visible to each stakeholder for capturing any parking lot issues and/or any action items that may arise during the meeting. Upon arrival of the stakeholders, for each meeting, the facilitator will welcome each stakeholder and thank each stakeholder for taking time out of their busy schedules to attend the meeting and show them where the meeting will be taking place.

Prior to starting each meeting there will be prayer and Scripture reading seeking God’s guidance and direction for the project led by the facilitator or one of the stakeholders. After prayer and the reading of the Scripture, for the initial meeting, the facilitator will ask each stakeholder to introduce themselves and tell a little about themselves. After the introduction the facilitator will formally introduce and provide background about themselves. The facilitator will encourage each stakeholder to maintain a personal journal, documenting their experiences throughout the project.

Subsequent meetings will begin with prayer and scripture reading, and review of any action items and task assignments from the previous week’s meeting. After the review of any action items and task assignments the facilitator will initiate the topic of discussion, soliciting feedback and engagement from each stakeholder. The facilitator will encourage active dialogue among the primary stakeholders. The facilitator will be mindful of the dialogue between the primary stakeholders and capture key points of the dialogue on the post-It flip chart as well as any concerns or questions expressed during the dialogue.

The facilitator will give a slide presentation. (Appendix B) Stakeholders are encouraged to take notes, ask questions, and voice concerns during the presentation. The schedule and plan
for each session is as follows: **Week 1: Biblical and Pastoral Counseling.** This session will serve as an introductory session, introducing the concept of integrating biblical counseling with the principles of pastoral counseling. **Week 2: Review of Literature; Pastoral Counseling.** This session will be a review and discussion session on literature review on the topic of pastoral counseling. The facilitator and stakeholders will review and discuss the power point of the week. The primary stakeholders will be assigned the task of performing their own literature review on pastoral counseling and mental health. Findings will be presented at the next meeting. **Week 3: Let’s Talk About Counseling: Biblical and Pastoral.** This session will serve as an educational session. Each stakeholder will be given five minutes to present their literature review. Upon the completion of each presentation each stakeholder will highlight the significant points of their research, the facilitator will note the highlighted points on the post-It flip chart for discussion. After each stakeholder has presented the facilitator and stakeholder will review and discuss the power point of the week. **Week 4: Is There a Need, A Basic Needs Assessment.** This session will serve as an open forum. A focus on the needs of the congregation relative to counseling. The leader of the counseling ministry and the leader of the outreach ministry will lead the discussion, reporting their findings based on the need assessment form they were assigned. The facilitator will record the findings on the post-It flip chart. **Week 5: Building the Bridge Between Two Disciplines.** This session will consist of a review and summary of weeks 1 through 4, ensuring all action items, parking lot issues have been addressed. There will be open dialogue from each stakeholder regarding their experiences during this week’s planning session, with the remaining session devoted to discussion about tools for gathering data, and task assignments. Prior to the meeting the facilitator will arrive 10 minutes early to affix each week’s post-it flip chart on the wall adjacent to the meeting area. Upon arrival of the stakeholders the
facilitator will greet each stakeholder, after everyone is seated, the session will be opened with prayer and a scripture meeting. A collaborative inquiry will be exercised in this session, as each stakeholder will be provided the opportunity to speak expressively about their experiences and any lingering thoughts and concerns over the course of the weekly sessions relative the project.

The facilitator and the stakeholders will then re-review each flip chart to ensure there are no outstanding issues. If there are any outstanding issues, the facilitator will take this as an action item and work with the stakeholder(s) to work on a resolve. Upon completion of the re-review, the session will move to the final/close out phase. Each participant will be provided the opportunity to share their thoughts and ideas of what tools will best serve the project in getting the data that is needed. Some of the ideas will be the use of questionnaires and or interviews, brief surveys, group meetings.

The last 30 minutes of the session will be spent processing each week’s session, achieving a consensus of next steps relative to the project, and assigning task to each stakeholder. The task are as follows:

**Stakeholder 1.** (Senior Pastor of CBC) Hold a meeting with the finance committee to obtain buy in and discuss possible financial assistance with the project. Stakeholder 1 also has the task of contacting community, including the mayor, judge, community business leaders, and clergy to gage community needs as well as garner their support of the project, which has a goal of extended services to the community. The stakeholder is to document the findings in the journal that was received at the initial meeting. He will use the slide presentation as a guide to illicit dialogue with the community contacts.

**Stakeholder 2.** (Head of Outreach Ministry, CBC) Assess the needs of the families and individuals that receive services from the outreach ministry. He will solicit input of the
individual(s) and family’s emotional needs and how could a counseling ministry serve these needs. Stakeholder 2 will assess what other insecurities are they dealing with, would they be opened to receiving counseling, if so, what would they want from counseling? Stakeholder 2 is to document the findings in the journal that was received at the initial meeting. Complete applicable form/questionnaire. (Appendix C)

**Stakeholder 3.** (Head of Men’s Ministry, CBC) Hold a focus group with the men of the Church to speak about the integration proposal for the current counseling ministry, obtaining any thoughts, concerns, ideas. The stakeholder will use the handout and notes from the planning meeting to facilitate the meeting. He is to document the findings in the journal that was received at the initial meeting and complete applicable form/questionnaire. (Appendix D)

**Stakeholder 4.** (Head of the Youth Ministry, CBC) Stakeholder 4 will work with the head of the Women’s Ministry in scheduling a focus group with the women of the Church to obtain any ideas relative to the integrative process of the current counseling ministry. The stakeholder will use the handout and notes from the planning meeting to facilitate the meeting. She is to document the findings in the journal that was received at the initial meeting. Complete applicable form/questionnaire. (Appendix D)

**Facilitator/Researcher** (Ministerial Staff, Elder, CBC) Generate congregate questionnaire (Appendix E), brief survey for former Church affiliates (Appendix F), community survey (Appendix G), interviews, conduct informal interviews with senior members of the Church. Complete applicable form/questionnaire. (Appendix H)

Each stakeholder will have 12 weeks to complete their assigned task. The facilitator will reach out to each stakeholder to gain an update relative to the assigned task, provide any
assistance that is needed but also to provide encouragement. After 2 weeks the facilitator will schedule a meeting to review progress, address any challenges and provide conflict resolution.

**Intervention 2.** Informal interviews will serve well with this project as interviews supports the purpose and the objective of the task of getting genuine feedback from those impacted and insight into the issue, purposive sampling will be conducted, sampling of senior members who have a long history with the Church. Interviews of this nature will provide the interviewee with the opportunity to share their thoughts and concerns in their own terms and share their personal experiences with the presenting issue. It will be beneficial to the researcher as they are receiving first-hand information from someone who has either been impacted by the issue or could have an impact on the issue. The informal interviews will be conducted within the Church or where the interviewee is most comfortable. The interviewee will provide the facilitator/research with the best day and time that will work for them and the place where they feel most comfortable. This interview would be as a narrative approach, hearing the narrative of the interviewee(s), their history with the Church, the various changes they have seen throughout the years, share their story relative to the transition, (being displaced for 1 year and the retirement of the senior pastor) that occurred 2 years ago.

**Questions:** Tell me a little about your background? How long have you been a resident of this county? How long have you been a member of CBC? What ministries were you involved in? What are your first memories of Church life? What was a typical Sunday at Church when you were young? What were some of the memorable events in the life of the Church in the early years? (Revivals, Sunday School, fellowship dinners, baptisms, choir services), How do you feel the Church has changed in the years you have been a member? What was it like for you when the Church closed for a year for construction? What do you think a new member ought to know
about the history of this congregation? What are your thoughts, feelings about the life of the Church today? As the Church continues in its transition, what would you like to see?

**Intervention 3.** Brief Survey for local Churches. This survey will be to use to gage the thoughts, perspectives, and reaction of Church affiliates on the integration of biblical and pastoral counseling. The brief survey will pose the following questions: What are your thoughts on Biblical counseling? What are your thoughts on Pastoral counseling? What are your thoughts on Mental health counseling? Does your Church currently have a counseling ministry? If so, what type of counseling is provided? What is the theoretical orientation/style approach used in the counseling session? Who performs the counseling? Are counseling services for congregates only? Whom does the counseling ministry serve, individual, couples, family? Does the counseling ministry provide referrals, if so, why? What type of problems are presented? Does lay members perform counseling? If so, are lay members provided training? What type of training do they receive? Would the counseling ministry consider integrating principles of behavioral sciences into the current counseling ministry? If no, what would be the apprehension of considering an integrative approach to counseling?

**Intervention 4.** CBC Congregate questionnaire: Is a brief questionnaire to gage Calvary Baptist Church members and attendees’ thoughts, perspective, and reaction on an integrative approach to the current biblical counseling process. Specify member or non-member. How long have you been a member of CBC? Are you a frequent visitor? Have you taken advantage of any of the services offered by CBC? What CBC services have you utilized? Please describe what you have learned or heard about counseling? How would you define biblical counseling? How would you describe pastoral counseling? What are your thoughts about the current counseling ministry? What are some of your experiences with counseling? What would a good counseling
ministry look like for you, please describe. What are your thoughts of a Christian seeking counseling or a therapist? What are your thoughts on integrating psychology/mental health with biblical counseling?

**Intervention 5.** Focus groups: Focus groups will operate within the following framework suggested by Stringer. Each session will allow for each participant the opportunity to express their views, offer judgement free atmosphere, an atmosphere of mutual respect for all involved. Group sessions will elicit open dialogue and expression of each participants personal experiences and perspectives. The questions are structured to gather data from several points of view and keeping the group focused on the presenting issue. Questions will gage thoughts on biblical, pastoral counseling, thoughts on mental health, integration of biblical counseling and mental health, and thoughts about a Christian seeking counseling or therapy.

**Intervention 6.** Community surveys: Community surveys will be used to gather feedback and reaction to the integration of pastoral counseling with the current biblical counseling offered at Calvary Baptist Church. The survey gages the community’s perspective relative to biblical, pastoral, and mental health counseling, also the communities experience with counseling and what would the community like to see regarding a counseling service within the community.

The survey will be used to gather data from the local community with whom use services offered by Calvary Baptist Church. The community is served through outreach ministries such as back to school events, programs providing pantry items to address food insecurities of the local community, hosting Harvest Vest for community youth, hosting games, food, and neighborhood fire department providing fire safety session. Thanksgiving meals and pantry items are provided for the local community as well as Christmas events geared toward servicing the community.
**Intervention 7. Observations:** Observation will provide the researcher the opportunity to view participants within the context of their church setting. The researcher will note how each Stakeholder took on the task of facilitating focus groups and the interactions of those participants who took part in the focus group. The researcher will also observe how participant congregates interact during Sunday morning worship and after Sunday morning services. Observations will take place during Sunday worship service and after Sunday morning services. Participant observation will take place during Outreach ministries, geared toward the local community, Back to School Street Fair, Harvest Fest, Christmas Party and Senior Fellowship Breakfast.

“Observation is a powerful way to check the consistency of what people subjectively report about themselves, during interviews, questionnaires, and focus groups.”

Informed consents will be the mechanism to ensure confidentiality. Pledges of confidentiality will be used within group settings. Participants engaged in focus groups, will be informed of confidentiality and disclosure of information. Pseudo names will be used during the interview process protecting participants anonymity. Sensing suggests exercising additional measures to ensure the protection of the participants. Sensing suggests some inflammatory material may need to be “recast” in broad and generic terms, to avoid “finger pointing” to any person.

**Implementation of the Intervention Design**

The purpose of the research study is to gage Calvary Baptist Church congregates thoughts, perception of an integrative approach to the current biblical counseling process. The integrative approach would include pastoral counseling which, encompasses the principles of

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behavioral/mental health. Additionally, the research study will gage the local community and fellow Church associates’ thoughts and perceptions on the integration of biblical counseling and pastoral counseling which includes the principles of behavioral/mental health.

The African American/ Black Church serves a pivotal role in addressing the spiritual and emotional presenting issues of the African American/Black families. The African American/ Black Church has historically served as a refuge and a strong support system for their congregates, serving as one of the protective factors and coping mechanism for many African American/Blacks. The American Psychiatric Association Mental Health Disparities: African Americans 2017, notes rates of mental illnesses in African Americans are similar with those of the general population. However, disparities exist regarding mental health care services. African American/Blacks often receive poorer quality of care and lack access to culturally competent care. African Americans are more likely to use emergency rooms or primary care, rather than a mental health specialist. As the church serves as a service provider to the needs of the African American/Black community, including mental health, it is the pastor’s belief regarding mental health that affects the congregates belief regarding mental health issues. The African American/ Black Church serves as a strong influence among the African American/Black Community and the pastor is just as influential. “Pastors have the potential to play pivotal roles in galvanizing church members to embrace health behaviors that can impact healthy living and prevention of life-threatening disease.”179

Method

This research study used interviewing, data collection and data analysis procedures as suggested by Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* and Ernest T. Stringer, *Action Research*.

The research study followed a qualitative phenomenological design, as presented by Ernest T. Stringer author of *Action Research* and Tim Sensing author of *Qualitative Research; A Multi-Methods Approach to Projects for Doctor of Ministry Theses*, which seeks to use an approach that includes all relevant stakeholders in the process of the study applying the principles of relationship, communication, participation, and inclusiveness. “Focusing on people’s actual lived experience/reality, interpretation of acts and activities, and the meaning people make of events in their lives.”180 This differs from “traditional hypothesis-testing” research as this process is qualitative. In qualitative research the researcher takes the position as co-participant, working with stakeholders in gathering and analyzing the data.

This type of approach serves the research project well, as it does not take an authoritarian approach, but an approach that required the research facilitator to work collaboratively with stakeholders and participants. The researcher and stakeholders in this research study are from diverse backgrounds and hold various positions within their community. As partners in this research study, the stakeholders academic background and life experience serves as a valuable component and would serve to be advantageous to this research study. Qualitative research fosters a partnership and co-authorship with stakeholders and participants, defining the presenting problem in terms that the participant can understand and relatable to one’s experience.

Stringer notes “We seek to understand participant experiences in order to work toward a viable solution.” ¹⁸¹

This project design fosters a climate that allows stakeholders and participants to learn different ways of learning “This “bottom up” or grassroots orientation uses stake holding groups as the primary focus of attention and the source of decision making.”¹⁸² Using the methods in qualitative research proved to be understandable, teachable, and usable by stakeholders and participants without extensive research training.

The research study takes place at Calvary Baptist Church, Haverstraw New York, and the local Haverstraw and neighboring community. Calvary Baptist Church is a non-denominational church, predominately people of color. Currently counseling is provided to the congregates from a strictly biblical perspective. Referrals are provided to those presenting behavioral/mental health issues. The research study proposes to show the support and need of an integrative approach to the current biblical counseling method offered at Calvary Baptist Church.

Role of Researcher

The researcher’s role, in this research project, took the position of assisting stakeholders, and their activities through support and encouragement. The researcher throughout the study played a less directive role in the study and maintained a role of facilitator.

The researcher established a position, as stated by Stringer, of legitimacy and non-threatening, positioning herself as a team participant working in collaboration with each


¹⁸² Ibid., 21
participant not as a leader, but as a partner in equal standing. The researcher maintained a non-biased position, maintaining neutrality in the form of active learning, throughout the research study.

The researcher, as an active participant, served as observer and insider, working collaboratively with stakeholders and participants throughout the research process, not as an expert, but as a resource. This position is in stark contrast to other forms of research, as this research study participants take part in the research process, participants are not objects of the study, but active participants in the research study.

The researcher facilitated five weekly meetings, serving as introductory, educational, and planning session of the proposal for the integration of pastoral counseling with the current biblical counseling process. These sessions were executed with a goal of motivating the stakeholders, providing room for active participation, and contributions in the initial planning session and the entire research project. This stance enabled each stakeholder to examine several courses of action and assisting in the implementation of the plan, which fostered feelings of equality for all involved. During the initial planning session, the researcher was reminded to be mindful of the use of technical jargon, and therapeutic terms, during casual conversations with the stakeholders and participants, as most of the participants and stakeholders could not relate to or understand the meaning and how it applied to their own experience.

Communication and active listening were a vital component in maintaining harmonious relationships among stakeholders and participants. During the research process, the researcher held bi-weekly check-ins with the stakeholders, with some updates received via email. Informal check-ins were conducted prior to Sunday morning worship services and 30 minutes prior to the start of the weekly ministers meeting. These check-ins were conducted to gage for any issues or
concerns that may have arrived during the research study. The researcher also had casual conversations with various congregates after Sunday services, senior members were much obliged to gather and speak about the worship services, plans for the week. Extended conversations relative to the informal interviews continued among the senior members. The researcher also checked in with participants of the informal interviews throughout the research study. For some participants, informal interviews evoked suppressed emotions and feelings that participants have been struggling with since the transition of Calvary Baptist Church.

Stakeholder

The stakeholders represented an insider angle, working collaboratively with the researcher in developing an action plan, and execution of data gathering, resulting in a solution for the research study. Participant stakeholders serve as a significant resource and have a core stake in the research study. The four stakeholders hold positions of influence, and each are leaders of various ministries at Calvary Baptist Church. The stakeholders along with the researcher, defined the problem, and worked collaboratively toward an effective resolution. The four primary stakeholders were selected based on their perspective of the situation, length of membership, position of influence, various employment, and academic backgrounds. Each stakeholders hold varying positions within their respective community from executive chef, engineer, financial services, educational, and healthcare. Each stakeholder possessed some experience with biblical counseling, traditional pastoral counseling, and basic knowledge of mental health. Stakeholders in this research study actively engaged in monitoring and directing the processes of inquiry. The primary stakeholders posed a vested interest in the presenting problem.
The stakeholders took on the role of active inquirers, questioning and challenging the process and principles of pastoral counseling. As co-researchers the stakeholders were active contributors toward a solution, with ideas and visions on how to proceed in gathering the necessary data for the project. Conducting their own research, the stakeholders presented ideas on how to address the presenting problem and how to engage the congregates of Calvary Baptist Church. Each stakeholder attended five weekly meetings serving as an introduction, educational and planning sessions for the proposal of the integration of pastoral counseling to the current biblical counseling process. Three of the primary stakeholders had the responsibility to facilitate focus groups and maintain a personal journey of their experience during the research study. The lead stakeholder served as a resource for any financial backing and gauging the support from the congregation of Calvary Baptist Church. Stakeholders, as facilitators of focus groups, had the responsibility to ensure their group participants felt that their voices were heard and possessed the capability for speaking on behalf of their interests, and addressing the real needs of the group.

Keeping the participants informed was another area in which group participants expressed concerns. “Stringer cautions against the deep-seated disconnection of the service from the social reality of the people.”

Participants

Participants who are members of Calvary Baptist Church participated through Congregate questionnaires, focus groups and informal interviews. Congregates of Calvary Baptist Church were invited to participate, strictly on a volunteer basis, serving as an insider angle for data collection. Pastor of Calvary Baptist Church provided a formal invitation during Sunday morning worship service inviting those that wish to participate in the research study.

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Each volunteer participant serves as equal partners in the research study, as noted by Sensing and engages as equal and full participants in the research study, sharing in the vision of Calvary Baptist Church initiative. The position of equality among participants in the research study, fostered a collaborative environment among participants and further strengthened the sense of community of Calvary Baptist Church.

Additional participants consisted of community members and local Church affiliates. With the use of surveys, these participants provided an outsider angle for the research study. During community events, hosted by Calvary Baptist Church, community members were invited to participate in a brief survey. Gaging their understanding on the various counseling methods, and whether an integrative approach to the current counseling method, and if the community would benefit from such a service. Local churches and affiliate churches were solicited to participate in the research study. Informed consents and surveys were mailed to specific denominations of the Black Church: AME (African Methodist Episcopal), AME Zion, Baptist, Non-Denominational and Pentecostal, gaging their understanding of the various counseling methods. Also gathering thoughts and concerns on an integrative approach to the current biblical counseling approach, and their thoughts on such an integrative approach to their current counseling practices.

The various participants that engaged in the research study brought with them a diverse wealth of knowledge and experience, also bringing the rich history of Calvary Baptist Church. Working as a community within a community, this collaborative approach brings to light a different way of understanding the presenting issue. The stakeholders as well as the participants took advantage of the opportunity to reflect and explore the presenting issue as a team. Through the educational segments provided through the focus groups and initial planning meeting, it
provided an opportunity to challenge/dispel any stigmas and misconceptions regarding the behavioral sciences and mental health. It paved the way for consideration of behavioral/mental health as being a tool that would be advantageous to the current biblical counseling process. A collaborative approach to this research study served to foster positive relationships and effective communications among stakeholders and participants, exploring presenting questions and concerns of how the integrative approach would impact the lives of those who benefit from the current biblical counseling service.

The use of a collaborative approach to the presenting issue, facilitated a supportive network among all participants involved in the study, providing a network of collaborative relationships, and ongoing support. The collaborative approach introduced a supportive networks of community leaders, mental health professionals, community service providers, serving as an ongoing resource to stakeholder, congregates, and local participants.

The intervention

The intervention began with a planning meeting with the primary stakeholders. The initial planning session served as the formal introduction to the project; exploring the problem statement and accessing whether there is a need to integrate the current biblical counseling process. Sensing notes that stakeholders serve as resource people who guide the researcher in the process of describing the ministry context in a way that the community would recognize themselves when reading it. Each stakeholder was selected through personal communication. Inclusion criteria included holding a position of influence within the ministry, each stakeholder is a member of Calvary Baptist Church and hold a position on the ministerial staff and serves as
head of the various ministries. Each stakeholder has a vested interest in the proposal for an integration of the current biblical counseling ministry.

The initial planning session, September 4, 2021, began with an introduction of the four stakeholders that volunteered to participate in the research project. The lead stakeholder provided a brief introduction of the proposal and gave the floor to the researcher. The researcher provided stakeholders with note pad, clipboard, journal (for recording their personal journey throughout the project) and PowerPoint titled *Biblical Pastoral Counseling: An Integrative Approach to Healing*. The initial planning session took place in the fellowship hall of Calvary Baptist Church for One hour and thirty minutes. The initial meeting was an open discussion regarding the scriptural basis for biblical counseling in meeting the spiritual needs of the congregates and exploring and examining the way each stakeholder described and interpreted the presenting problem. Researcher followed the method offered by Ernest T. Stringer by “framing the issue as a question rather than a request”\(^\text{184}\) this aided the stakeholders to present possibilities and creative ideas in addressing the problem and how to present the proposal to the congregation, and the community. Discussion also included the scope of pastoral counseling, which embraces the concepts of behavioral/mental health.

Each stakeholder was provided the opportunity to express concerns and thoughts regarding integrating the current biblical counseling process. Stakeholder 1 expressed the need for such an approach to the current biblical counseling process, which such a raise in mental health partly due to the ongoing pandemic, there is a need to broaden the scope of the current biblical counseling process. He also expressed that such a project would be not only beneficial to

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the congregates, but also a valuable resource to the community. Stakeholder 2 expressed gratitude for being asked to participate in such a project. He shares in the sentiments of stakeholder 1 but adds that there is a need especially for the “traditional” Black Church. Stakeholder 3 agreed to be a participant and expressed his views on therapy, more specifically marriage counseling. Noting that he would be opened to acquiring an understanding of the need for a “third party” to resolve marital issues. Stakeholder 4 agreed to participate and share the sentiments of Stakeholder 1 and 2, taking a community stance as the integration would be beneficial to the community and possibly collaborate with local mental health agencies and possibly becoming a referral service for individuals dealing with addiction.

Upon completion of the planning session, each stakeholder was given an informed consent form to review and sign upon confirmation of participating in the research study. Each stakeholder was tasked with doing their own research on both topics of biblical counseling and pastoral counseling. Due to CDC requirements the remaining four meetings were held via Zoom. Researcher and stakeholders participated in a meeting via Zoom. The subsequent meetings consisted of literature review of pastoral counseling, educational session on biblical and pastoral counseling, and basic needs assessment. For the final meeting, stakeholders were tasked with providing any strengths or weaknesses, concerns regarding the implementation of the project, data gathering tools that would serve in gathering the necessary data.

Planning session was the first task to be completed as part of the implementation of the intervention. The planning session served to gage the commitment of the stakeholders, assess strength and weakness within proposed intervention, access the need for any financial backing, and participant involvement, congregation, and the community. As part of the announcements of the Sunday morning worship, pastor of Calvary Baptist Church made an announcement
regarding the researcher’s proposal and introduced the researcher to further explain the research study proposal. The researcher informed the congregation that additional information was provided on the informed consent, on a table in the rear of the sanctuary, and if there were any additional concerns or questions, the researcher provided them the permission to contact her via email or cell phone. For those congregate who participate via Live Stream, the researcher posted her email address and cell phone number for those who wish to participate. It was also stressed that participation was strictly on a volunteer basis.

Data Gathering Techniques/Tools

The researcher’s application for exempt research was submitted to and approved by the Liberty University Institutional Review Board (IRB), approval number IRB-FY20-21-1032. Data gathering in qualitative research was the method of choice. Data gathering in qualitative research “seeks to understand the nature of related events, how and why things happen.”185 Informed consents, field notes, Observations, Journals, Survey (Church, Community) questionnaires, and informal interviews were the techniques used for this research study.

The researcher gained permission through informal request, announcements, emails, and phone calls with potential participants.

Informed consent

Informed Consent is the mechanism of choice to ensure that participants understood the nature of the research project, and what it means to participate. Informed consent provides the information about the project so those that are connected to the project have the information they

need to make a conscious decision whether to participate in the project or not. Informed consent serves as a process for getting permission before conducting any research. Informed consents are used as an insurance that participants understand what it means to participate in the research project, and what the researcher tends to do with the data collected. The informed consent provided each stakeholder and participant with pertinent information regarding the research study, purpose of the research, the duration of the research study, participants rights and procedures, ensuring the respect for persons, and protecting participants privacy.

**Sampling**

Purposive sampling was the sampling method of choice for this research study, as Tim Sensing notes, purposive sampling is common in qualitative research. This sampling technique serves well as a recruitment tool for participants who have general knowledge or in-depth information about the presenting issue. The initial step to data collection was to explore and examine stakeholders’ interpretation and views of the presenting problem. The goal was to develop an understanding and solutions to the problem to ensure a viable path to an effective solution. Purposeful sampling allowed for selecting individual’s that were knowledgeable of the presenting issue and had a vested interest in the research study. Utilizing purposeful sampling method, participants were selected based on a particular set of attributes, membership, tenor, gender, age, employment, academic background, and vested interest in the project.

Purposive sampling was the tool of choice for participants of the local community and local church affiliates. Calvary Baptist Church maintains occasional contact with the community, these contacts occur through outreach services including community outreach and counseling services. As a service provider to the community, the integration of biblical counseling would
have an impact on the current counseling services provided to the community. Local and affiliate churches were invited to participate in the research study, as these churches have an indirect impact on the presenting issue. Soliciting their position and stance on an integrative approach to biblical counseling will serve to understand their position on the presenting issue, if it is an approach they currently execute or would consider implementing.

Another tool used in this research study was “snowballing”. During informal interviews with primary stakeholder and senior members, key informants were identified, who possessed a great deal of information relative to the local community and extensive history of Calvary Baptist Church. These key informants have a long history within the local community, and hold a position of influence within the community, for example senior congregates of Calvary Baptist Church, regional director of the NAACP and local town councilman. Extending the invitation to others who possessed an extensive history and influence within the local community, and Calvary Baptist Church served to bring to the study various experiences and perspective of the presenting problem.

Data Collection Tools

The first step in the data gathering process began with the researcher of this study gathering information about each stakeholder’s experience and perspective of the presenting problem. This allowed each stakeholder to define the presenting problem in their own terms, and their understanding of the presenting problem. Each stakeholder was tasked to research the literature relative to biblical and pastoral counseling to gage a basic understanding of the presenting problem, this is needed as the stakeholders are active in developing an understanding and a solution to the problem. This step is also necessary to check the validity of some of the common-sense knowledge and perceptions that we bring into the study. Stringer notes that
research literature may not provide definitive answers to all issues “it does provide information that sometimes has been thoroughly established through rigorous and systematic studies.”\textsuperscript{186}

It is important for the researcher to gather information that is objective, ensuring that the information is not biases, or the researchers experience. Data gathering consisted of informal interviews: a narrative approach, allowing the participant to share their story in their own terms. Basic needs assessments: gaging the needs and resources of the local community, Surveys: serving as an outside angle, obtaining various feedback from a broader range of people. Questionnaires: as an insider angle utilizing open-ended questions enabling the participant to answer in their own words, focus groups were conducted gaging the perceptions, opinions, beliefs, and attitudes of participants, regarding the integration of biblical counseling. Observations: Serving as an outside angle, allowing for the observation of those being observed in their natural setting or engaging in various settings. Observations aided the researcher in observing how individuals go about their daily activities. Observing the stake holding groups, allowed the researcher to gain a clear picture of the context of the research study and how participants engaged in the discussions relative to the presenting problem.

Basic Needs Assessments: The basic needs assessments were the tools used to gage the basic needs of those receiving services from Calvary Baptist Church, and the hardships that are experienced. Gaging the community’s position on counseling services offered at Calvary Baptist Church, and their thought on receiving counseling services through Calvary Baptist Church. Basic needs assessment was used to gain a deeper understanding of the community and the evolving culture and social structure that exist within the local community. This assessment

\textsuperscript{186} Ernest T. Stringer, \textit{Action Research} (Thousand Oaks, California, SAGE Publications Inc., 2014), 120.
provided the opportunity to access community needs, but also identify community resources which can aide in solving the problem. This assessment also aides in involving community members at the onset of the research project, fostering trust and buy in, giving the community voice where they may feel they have no voice.

Informal interviews: The objective of an informal interview is to gain genuine feedback from those participants impacted or indirectly impacted by the presenting problem. Informal interviews served as an insider angle. In person interviews are stated to have a better response rate than mailed questions. This type of interview takes a narrative/story telling approach in gathering data. Informal interviews were used as a part of this research study as this type of unscripted interviews provided the participants with the opportunity to describe the problem in their own terms and expressing their views and perceptions on the presenting issue, sharing their personal story in their own terms. Most of the more senior member preferred to participate in this type of informal conversations and focus groups rather than complete questionnaires. Interviews were granted to those members who choose to do interviews, which occurred prior to focus groups. Participants expressed being more relaxed during the interviews, which occurred via phone and in person. Participants expressed concerns sharing in a group setting, preferring one on one interviews. The interviewer could judge non-verbal cues from the interviewee during the interview process. General questions were used to gage the participants experience relative to biblical counseling at Calvary Baptist church. Sensitive questions were also used as senior participants expressed a commitment and loyalty to Calvary Baptist church.

Informal interviews provided a time of reflection for the interviewees, sharing their stories evoked emotions they had not readily processed as they reflected on past and present experiences; taking a tour of the downstairs hallway, pictures tell the rich history of what life
was like as a congregate of Calvary Baptist Church. These emotions and pass experiences would have the potential of influencing the presenting problem and solutions.

Informal interviews also allowed the researcher to perform member checking, checking the researchers understanding, and summarizing for any needed clarification, as participants disapproved video recording of the conversation. Exercising active listening, the researcher exercised reflecting back what was stated by the interviewee, another check ensuring the researcher heard and understood what the interviewee said. Informal interviews are a special kind of information, “We interview people to find out from them those things we cannot directly observe.”

For informal interviews, participants were selected based on tenor, an active senior member of good standing of Calvary Baptist Church and possessing an extensive knowledge of the history of Calvary Baptist Church. Extended opportunities were provided to each interviewee to express their concerns, perspective, and more understanding relative to the presenting problem. These opportunities took place during fellowship after Sunday morning worship service, during Church events or by follow-up phone calls.

Questionnaires: Tim Sensing suggest by increasing the number of questionnaires returned, choose the most appropriate time and place, questionnaires served as an insider angle for this research study. During the announcements of Sunday morning service, an announcement was made providing instructions relative to the completion and return of the Congregate questionnaires. Congregate questionnaires were placed on a table in the back of the Church next to the exit. Beside the questionnaires a decorative box was placed to collect completed congregate questionnaires. The use of questionnaires in this research study solicited congregates

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opinions, experiences, and narratives; as with surveys identifying themes and data on thoughts and experiences. As in informal interviews, questionnaires served as a tool for an insider perspective.

**Survey:** Surveys were the tool of choice for data gathering with an outsider angle, constructed with an open response format, for this research project. Surveys become a useful data gathering tool in acquiring a broader range of participants and data. Surveys proved suitable for data gathering from the local community specifically during community events as a broad range of participants engaged in the community events and activities.

Surveys consisted of open-ended questions providing the opportunity for long form answers, and text blocks which provided for a unique answer rather than pre-determined response to select from, which proved to be suitable for various church denominations and community surveys. Surveys were used to collect opinions, experiences, narratives, and preferences. Surveys of this nature allowed for the identifying of overarching themes, also provides for diverse feedback as well as insights that would serve to be beneficial to the research study. The community surveys served as a pre-cursor to interviews and focus groups as community surveys help identify initial themes and issues to then explore further in the research study.

**Focus groups:** This method of data collection, serving as an insider angle, allowed the researcher to obtain data purposely selected group, i.e., Women’s ministry and Men’s ministry, which allowed for a group discussion among participants, generating collective views and underlying meaning of those views. Providing depth and insight to the presenting problem. Each focus group was facilitated by stakeholder Ms. Mc the Women’s Ministry and stakeholder Mr. Mc the
Men’s Ministry. Focus groups as well as interviews provided the participants with additional opportunities to express their experiences and issues of the presenting problem.

Field notes/Observation: Researcher serving as an outside angle, observed how participant congregates engage with the community during community events, also as an insider angle observing congregate participants as they engaged within the ministry context. Observation aided the researcher build a picture of the life world of those being observed, gaining an understanding of their everyday activities relative to the research study. The researcher observed congregate participants during Sunday morning worship service, outreach community events; back to school event, Harvest Fest, Thanksgiving meals/pantry items, Christmas candlelight service, these events provided the researcher the opportunity to note happenings in real time; how congregates interacted in various settings and circumstances.
Tim Sensing’s *Qualitative Research: A Multi-Method Approach to Projects for Doctor of Ministry*, presents a multi-method approach in analyzing the collection of data.

This approach to the research study enabled the researcher to compare data collected through observation, focus groups, informal interviews, congregate questionnaires, community, and church surveys, enabling for the check for consistency and various points of views regarding the integration of biblical and pastoral counseling. Using Triangulation as a multiple-data collection tool allowed for the gathering of data from various informants and several sources; an outsider angle; community residents and churches, the insider angle; stakeholders and congregates, researcher; observer, field notes; provided the opportunity for a thicker interpretation, allowing for a broader, and wider view of the presenting issue.

This method, defined by Ernest T. Stringer as “rigor”, adds a level of credibility to the project when diverse sources are used as it allowed for “cross-checking, the existence of certain phenomena and the veracity of individual accounts. Contrasting and comparing one account with another to produce as full and balanced a study as possible.”¹⁸⁸ This multi-method approach provided the opportunity to gather and compare the various perspectives of participants with different points of view.

This compare/contrast method allowed for comparing observational data and interview data for consistency, at times there can be tension between what a participant will do verses what they say. The community and church surveys provided insight into the community’s concerns and needs, which will be compared against those projected by the basic needs assessments, and the concerns and perspectives of the local churches. The use of “triangulation” as a data analysis

serves to enhance the credibility of this research study as it garners multiple sources of information from various sources.

CHAPTER 4: RESULTS

Research literature presents the growing need for the African American/Black Church to take a prominent role in addressing the mental health needs of their congregation and the African American/Black community. As Calvary Baptist Church is in its early stages of instituting a Pastoral Care Ministry, which will continue to provide biblical and pre-marital counseling to its congregates, the current counseling provides strictly a biblical approach, excluding the principals and concepts in addressing any mental/behavioral health issue that may present itself in the counseling room. Any mental/behavioral health issues that presents itself is met with a referral to an outside source. The African American/Black Church has been a refuge and a place of safety of African Americans/Blacks and their families for centuries. African American/Blacks and their families, rely on the church not only for spiritual help but emotional support as well. As most African American/Blacks frown upon “secular” assistance, referrals to outside assistance with their mental health needs are often met with the fear of being ostracized and stigmatized. This can become a huge barrier in African American/Blacks getting the help they need, especially when the church themselves hold to stigmas and misconceptions regarding mental health.

The current biblical counseling service offered at Calvary Baptist Church lacks an integrative approach of mental and behavioral health. Pastoral counseling offers such and integration with the inclusion of mental and behavioral health that would serve to enhance the current counseling process. The inclusion of the principles of pastoral counseling with the
current biblical counseling process would serve to be beneficial in meeting not only the spiritual needs of the congregates but their mental/behavioral health as well.

The purpose of this research study is to provide justification and support for the inclusion of pastoral counseling, which includes the principles of mental/behavioral health. The purpose of this study is to show the benefits of an integrative approach to counseling, along with a systemic approach resulting in a broader understanding of the individuals emotional and mental health needs, and treatments and techniques that will address the whole individual.

The research study followed a qualitative phenomenological design, utilizing a multi-data collection approach; informal interviews, focus groups, questionnaires, surveys, and observations, with a focus of gaining insight and understanding of the participants perceptions of the presenting problem. This multi-data-collection approach in data gathering proved beneficial for this research study as it provided the opportunity to broaden the scope of the research study, the ability to compare the perspectives of various participants with varying points of views and cross-checking for integrity of the data. The triangulation method of gathering data allowed for the various points, perspectives and validating the trustworthiness of this research study. “The trustworthiness of data and interpretation is enhanced by triangulation.” Data collection tools consisted of congregate questionnaires, informal interviews, surveys, focus groups and observations/field notes.

The three angles suggested by Tim Sensing served to cover the spectrum of the research study. The researcher/therapist used participant observation to gather data, recording her own interpretation and perspectives during each focus group, community events, social events, and

Sunday worship services. Researcher/therapist observed how congregates engaged in the Sunday morning worship services. After Sunday worship services the researcher observed how each congregate gathered in different groups and fellowshipped with one another, and those who chose to exit immediately after service. During the Women’s meeting/focus groups the researcher took notice of participants tone, body language, and level of engagement. The researcher also observed each stakeholder, who facilitated the focus groups, gaging how the stakeholder facilitated the group, encouraged open and free dialogue.

During community events the researcher also gathered data through observing how congregate participants engaged with the local community, and how each participant worked together in a community setting versus a closed setting within the church. Recorded notes about various outside participants interaction with each other during community events. This researcher also took note of her own reflective awareness, taking note of her own perceptions of the various activities and engagement of the participants, exercising mindfulness of her own inclination to assess and perceive through the eyes of a therapist.

The insider angle of this research study represents the four stakeholders working with the researcher/therapist in the research study. The stakeholders took part in five weekly sessions, serving as a planning session, educational session, a wrap up session was conducted to address any concerns or additional question and to assign specific task. Throughout the five sessions, researcher took notes, taking note of the interaction among each stakeholder and how each reacted to the other responses and thoughts on an integrative approach to the current biblical counseling process, also noting and being mindful of her own reflections and thoughts regarding the interaction. An insider angle also consisted of congregates taking part in a questionnaire, focus groups and informal interviews.
Outsider angle represented an outsider view of the perspectives and thoughts of local community members, and those who receive services from Calvary Baptist Church. An outsider angle was also obtained through local church affiliates, thorough focus groups and surveys. This angle provided the researcher with a broader scope of information from a larger population of people.

This study utilized a purposive sampling in selecting stakeholders, stakeholders expressed a vested interest in the study, and had a general knowledge of the presenting problem. Each stakeholder holds various perspectives relative to the presenting problem. Snowballing and Key informants provided connections to additional individuals who possess in-depth knowledge about the community and the rich history of Calvary Baptist Church.

The location of the study took place at Calvary Baptist Church located in the village of Haverstraw, participants consisted of Calvary Baptist Church congregants, and participants from local and neighboring communities. The local community, Haverstraw New York, is predominantly people of color, with Hispanic being the largest ethnic group, 47.6%, Black/African American 15.7%. Participants of this research study ranged in ages from 30 to 75 years of age.

Calvary Baptist Church consist of fifty-seventy-members, with virtual views ranging from 120- 144 views. Prior to Sunday morning worship service, Pastor G. made an announcement to the congregation, showing support for the research study. Congregates and viewers were invited to participate in a congregate questionnaire strictly on a volunteer basis, informal interviews, and focus groups. Those who attend services virtually were invited to participate, the researcher provided her email address for those who would like to request a questionnaire. The local/neighborhood communities, of Garnerville, Spring Valley, Orange
County, and Nyack New York, who participated in community events sponsored by Calvary Baptist Church, were invited to participate in a brief survey. Local and church associates were invited via mail to participate in a brief survey as well. Data collection began September 2020 through January 2020. A basic needs assessment was conducted, during community events sponsored by Calvary Baptist Church. A total of sixty-five associated Churches located in Rockland, Orange County, NYC, New York with a target denomination of African Methodist Episcopal (AME), African Methodist Episcopal Zion (AME Zion), Baptist and Pentecostal Churches were invited to participate in a brief survey. Informed consents and surveys were mailed to each church, gauging their thoughts relative to an integrative approach to biblical counseling. A total of eight informal interviews were performed, interviews were conducted with five women and three men, each participant have long standing memberships of Calvary Baptist Church, in good standing with Calvary Baptist Church and close ties to the local community. Four focus groups were conducted two focus groups were conducted during Women’s Meeting and two focus groups during Men’s meeting.

Observations were conducted by researcher/therapist, observations took place during Sunday morning worship services, community events; back to school street fair, Thanksgiving pantry items and holiday meals to go, Christmas celebration, Women’s meetings, and senior breakfast hosted 1st Sunday of each month at Calvary Baptist Church.

Analyzing Data

Each stake holder participated in a planning session for the research study Biblical Pastoral Counseling, An Integrative Approach to Healing. The planning session consisted of 5 weekly sessions covering topics, Review of Literature; Pastoral Counseling, Let’s Talk About Counseling; Biblical and Pastoral, is there a need; A Basic Needs Assessment and Building the
Bridge Between Two Disciplines. During each weekly session each stakeholder actively listened and presented their thought and ideas how to move forward, and how can each provide the support needed.

During the planning and educational sessions, it was interesting to observe each stakeholder’s reaction and perception of the proposed integration of the current biblical counseling with pastoral counseling. Pastor G. shared his vision of the biblical counseling process. He has recognized a need for such a ministry in addressing the issues that he has encountered being Pastor of Calvary Baptist Church. During his pastorate, he ministers to congregates daily, hearing the many hurts and disappointments of the congregates. Stressing the point that ministry is not just on Sunday’s, but throughout the week. He expressed gratitude for the proposal and welcomed the research study.

The floor was open for discussion among the remaining stakeholders, Mr. L. ministry leader of the outreach ministry, Mrs. Mc, ministry leader of the youth ministry and Mr. Mc. Ministry leader of Men’s ministry. This researcher noted there was a period of silence for a moment, researcher began to think that maybe there was a sense of hesitation in expressing their thoughts and concerns as this researcher/observer is a licensed Marriage and Family Therapist. This researcher encouraged open dialogue and expressed this was a judgement free zone, there input, and transparency would be an asset to the research study. Mr. L broke the silence, stating an appreciation for the invitation in participating in the research study adding that is so needed, especially among the African American population. Mr. L. expressed concern relative to how pastors with a long history in the pastorate, would respond to such an integration, defining it as holding on to “old school” philosophy. Mrs. Mc, agreed with Mr. L., Mrs. Mc. agreed to participate, expressed that there is a need, and it would serve to benefit the community. Mrs. Mc.
acknowledged that she would need to gain a better understanding of pastoral counseling as it is understood today. Mr. Mc. acknowledged what the other stakeholders presented, he agreed to participate expressing although he agrees those that need to speak to someone about their problems should have available resources to meet those needs. Mr. Mc also stressed that he does not understand why a person would need to speak to “some third-party” relative to family/marital issues. As a couple and family, one should be able to work through it within the family.

This researcher/therapist noticed that she had in internal reaction, being equated to as a “some third-party”, perceived dismissive, this researcher mindful of her internal cues, making note of her own defense mechanisms. Mrs. Mc stated that she understands why some people may need help in resolving some issues, especially communication issues. Through self-reflection this researcher/therapist realized that it is not about the profession but about how one operates in a particular family dynamic. It is understandable to hear such a reaction, since African American families were raised on the premise that what happens in the home stays in the home, never taking family business to the streets. Factors that prevent African American families from seeking help, is the stigma that comes along with mental health and a mistrust of the health care systems for fear of discrimination. The NAMI, National Alliance on Mental Health, notes provider bias and inequality of care has historically negatively affected Black individuals, which has led to mistrust of mental health professionals and a barrier for many to seek assistance. “Many individuals choose to seek support from their faith community, the church and other faith institutions can play a central role as a meeting place and source of strength.”

Out of an abundance of caution and CDC guidelines, the remaining sessions were conducted via Zoom. Follow up sessions, tasked each stakeholder to research the topic of biblical

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and pastoral counseling. During the sessions, particularly the educational sessions, revealed a lack of a clear distinction to what is understood as biblical counseling and pastoral counseling. Biblical counseling speaks to God’s answers to the problem, rather than man’s answer to the problems. Pastoral counseling was stated as being one who is deemed as a pastor who provides counseling for the congregates, using the Bible and scriptures as the tool for healing and resolution to the presenting problem. Mrs. Mc. acknowledged that through the educational session and doing her own research resulted her in getting a better understanding of the distinction of both disciplines. Mrs. Mc. did point out during the educational session that some of the terms in which this researcher was using, was unfamiliar to her and it was hard for her to understand some of the content that was discussed. This researcher appreciated her disclosure, there is a high probability the other stakeholders had the same thoughts.

It was noted when formulating the questionnaires for the congregation that they be reader friendly and avoid theoretical jargon. Mr. Mc. shared his view on the PowerPoint and research, stating he understands the distinction between both disciplines and the importance of mental health, he still holds to the position that Christians needing assistance outside of the Church is an option for those seeking help with mental health issues, he still holds to the premise that his views are different when it comes to marriage and family. Mr. L. shared that he has had side conversation with individuals of various religious views and a Pastor. He shared that the topic evoked an interesting dialogue relative to mental health issues and one’s spirituality.

The final meeting addressed any additional questions, or concerns, assignment of task. Some of the concerns were how to get members to participate, generating questionnaires that are user friendly, timeline for completion of the assigned task, as there were calendar events that were quickly approaching, and each stakeholder had to find time in their personal schedules to
commit to the task. Each stakeholder committed to the task enthusiastically, with the flexibility to extend the timeline if necessary. Pastor G. committed to speaking to the congregation prior to the start of Sunday morning worship. Congregate questionnaires were generated in a user-friendly format, void of theoretical and technical jargon.

**Basic needs assessment:** Over the course of twelve weeks, September 2020-December 2021, during community outreach programs sponsored by Calvary Baptist Church, a basic needs assessment was performed to collect data reflecting the basic needs of the local community. All events followed strict CDC guidelines. The outreach programs in which data collection took place were the back-to-school community event, Thanksgiving food give-away event, and Christmas food and toy give-away. The population that sought services were single parents, families with multiple children, grandparents, and some foster parents. The community that benefited from these services were families of color. The specific services requested were food assistance, clothing, and financial assistance. Most did not share their hardships, as they receive what is offered, those that share expressed family issues, health concerns and stress related issues.

The common theme that presented itself is the impact of the global pandemic, which some expressed food insecurities, housing issues, loss of employment. When soliciting their thoughts on receiving counseling services, most would consider taking advantage of counseling services. Some individuals although open to receiving counseling services, expressed some of the barriers in taking advantage of counseling services, timing, cost and lack of insurance.

Another barrier noted by this researcher, during the back-to-school-event, is that most of the families spoke little English, this would be a limitation in providing counseling services without a Spanish speaking individual on staff.
Over the course of twelve weeks, September 2020-December 2021, Calvary Baptist Church counseling ministry will gather data reflecting the basic needs of those seeking counseling. It is noted that the primary need was spiritual counseling and ministry to those that experienced crisis situations, such as loss of housing, loss of a family member and pre-marital counseling. As the county is dealing with the effects of a global pandemic, the primary role of the counseling ministry has been providing spiritual support to those in housing crisis, financial, isolation, depression, and food insecurities. Due to the global pandemic, counseling and ministry were either via phone or zoom in keeping with CDC guidelines. The target population has been the congregates of Calvary Baptist Church, more specifically the senior population.

**Congregate questionnaire:** Congregate questionnaires were placed on a table at the exit of the sanctuary, September 2020- November 2021, a blue flowered box was placed next to the questionnaires for completed questionnaires. Approximately 25 questionnaires placed, approximately 15 were taken. After two weeks, only 2 questionnaires were returned. Both completed questionnaires were participants who were/are long time members of Calvary Baptist Church, as one of the participants has since moved out of state. This participant is a frequent visitor as the participant has family in the county. Each participant has taken and continues to take advantage of some of the services offered at Calvary Baptist Church; Sunday Morning worship service via Facebook live, and Wednesday Noon Day check-in call. Each participant has some experience relative to counseling, with one of the participants having a master’s degree in Mental Health. Biblical and pastoral counseling are one of the same and biblical counseling is used interchangeably with Christian counseling.

**Researcher/therapist observation:** The data shows no clear distinction between biblical counseling and pastoral counseling, biblical counseling is used interchangeably with Christian
counseling and counseling and therapy are also used interchangeably. There is a lack of understanding of the unique difference of each discipline. This researcher re-evaluated the congregate questionnaire assessing the low response. This researcher spoke with some of the congregates regarding the congregate questionnaire. Most congregates expressed a concern with expressing their thoughts and concerns on paper, although it was stressed no signatures required and comments are confidential, some of the senior members still did not feel comfortable enough to share on the questionnaire. A few of the senior members opted to participate in informal interviews, as they felt that a one on one was more personal and they could be more expressive in person then on paper. This researcher did note that the two participants of the congregate questionnaire were experienced and knowledgeable of the various counseling disciplines, although used interchangeably, there is an awareness of each discipline.

**Informal Interviews:** In keeping with CDC guidelines, informal interviews were conducted via phone from September -December 2021. Informal interviews took a narrative approach providing each participant an opportunity to share their story and experience in their own words. Appointments were scheduled according to the participants availability, convenient for the interviewee. The age range of each participant was early sixties to eighty-five. Each participant had a lifelong membership with Calvary Baptist Church and the community with some memberships beginning at twelve to thirteen years of age. Most participants are retired human service and healthcare workers.

A common theme among the narratives was the close-knit relationship among the congregates, there was constant fellowship with other churches, ministries were active with a strong sense of unity. Mrs. Sadie shared church was part of family life. Two key events were common among the narratives, damage to the Church tower by a hurricane and the collapsing of
the wall of the church. It is these two events that each participant spoke of a tightness and unity among the congregates, coming together in unity. Ms. DH stated, “there was a lot of love, tightness, togetherness”. The rebuilding of the wall was the key event that elicited various emotions. There was a note of sadness in some of the participant voices as they shared the story of being displaced for over a year. Mrs. E, likened it as “being shut out of our home.” The congregates came together, meeting in homes temporarily, until the Haverstraw Town Hall provided space to hold services until the church construction was complete.

When Calvary Baptist Church re-opened it was described as a bittersweet moment, as there was joy in coming home, as the congregation marched down Clinton Street in celebration of the re-opening to their church home, Mrs. B’s tone changed, spoke with authority, “we marched from the bank, down Clinton Street to the Church, it was beautiful, it was nice”. The researcher visualized Mrs. B sitting tall, shoulders back reliving that experience. The celebration was covered by Lohud News of Rockland County. The article titled, Haverstraw’s Calvary Baptist Church reopens this weekend, is dated October 21, 2015. It was a community celebration, showing just how important Calvary Baptist Church was to the community and the African American Community. “I miss those days, everything has changed, it’s not the same.” After the celebration the narrative shifts to sadness, most of the members did not return, the abrupt retirement of the senior pastor, and broken alliance with sister church Calvary underwent many transitions, with multiple pastors, and changes, the church was in a constant flux. Congregate did not feel secure, it was difficult to speak with leadership about concerns, because it was always in transition. Congregates could seek spiritual guidance from the pastor, there was no formal counseling, if there was a spiritual problem you spoke to the pastor, strictly from the Bible. Mr. B. shared that after the repair of the wall and the re-opening of the church, nothing
was the same. “We are moving from the Baptist way, the community of the church is gone” Ms. Bea shares the same sentiment, “most of our generation has gone home with the Lord, things have changed, and we have to get use to the change.”

Each participant would welcome a counseling ministry, each participant understood the need of a counseling ministry that would include mental health, if it is scriptural based with the bible being the foundation. Another note that was shared by Ms. Sadie is “counseling would serve to be a valuable outlet for those things that are unearthed during preaching”. As retirees of Residential Treatment Facilities, Rockland Psychiatric Center, Educators, Nurses, they understand the benefits of good mental health.

**Researcher/Therapist observation:** In an abundance of caution in keeping in accordance with CDC guidelines, phone interviews was the method of choice. Face to face interviews would have allowed for a more natural setting while monitoring body language and expressions, but due the restrictions this was a missed opportunity. Conversations continued after Sunday services, during senior breakfasts, taking place 1st Sunday of the month. Participants were more than happy to continue to speak about what life was like for Calvary Baptist Church. A common theme that runs through the narratives are the cherished memories of yesterday, there is a sadness and sense of grief for how things use to be. For the participants, the sense of community within the church has gone, as well as their voice and no representation. Most shared it does not feel like home anymore. Mrs. C. was moved with emotion as she shared her story, “I miss the way Calvary use to be”. African American’s have used the phrase “church home” as a reference as to how central the church was in their lives. The Black church played a significant part of the African American experience. It was the church that provided safety, security and support to African American’s and families. The Black church operated as a community within a
community. Today the Black church continues to be central to African Americans and their families. “Extended family and church-based social networks are important resources for African Americans, as they provide social support, emotional, psychological assistance and resources.”191 This researcher/therapist reflected on each participant’s story, and the sense of loss, and underlying grief, resonated thorough-out the narratives. Participant stories allowed this researcher to reflect on her own experiences, beliefs, and values, and how it may impact the participants, being mindful of her own countertransference. This researcher/therapist was careful not to ignore the issues that were most important to the participants, maintaining a position of active, reflective listening and validating the participants experiences. Researcher performed “member checking” after each interview, checking for accuracy, as well causal conversations after Sunday morning worship services. Each participants endured numerous losses and disappointments brought about the many transitions, specifically with leadership. The lack of togetherness and cohesion equated to the loss of community within the church, void of a platform for their voices to be heard and validated. Although the purposed integration of the current biblical counseling process was presented, participants emphasis was on re-building community within Calvary Baptist Church, as Ms. B states, “one day we will get back there, become a community.”

The loss of community within the church, and signs of incomplete grief was a common theme among the narratives. Incomplete grief happens when an individual is unable to find enough closure in any phase of grief. Incomplete grief is emotion that is frozen in time, making it difficult for the individual to move through the phases of grief that lead to healing. The

individual stops in their bereavement, lacking a sense of acceptance and peace with the loss. *Psychology Today* notes that all too often this normal process gets stalled or sidetracked or pushed underground.

Community within the church is vital for the survival of the Church. “And let us consider one another to stir up love and good works, not forsaking the assembling of ourselves together, as is the manner of some, but exhorting one another, and so much the more as you see the day approaching” (Hebrew 10:24-25). The community of the church deepens communion, interaction, its spending time spent together, offers stability; true community is the ability to open our lives to others.

*Community Surveys:* During the months of August 2021-December 2021 community surveys were conducted via community event and outreach services hosted by Calvary Baptist Church. Participants were invited to participate on a voluntary basis. All surveys were conducted on a strictly confidential basis. Responses would have no impact on the relationship participants have with the researcher or Calvary Baptist Church. For community the event, surveys were placed on a table at the entrance of the back-to-school street fair. A total of seventeen surveys were completed. The back-to-school community event consisted of approximately fifty to sixty children, noted by the number of book bags that were distributed, and the children were accompanied by parents or grandparents. Thus, it is reasonable to say that at least three to four children per family attended. Three young adults, eighteen and twenty-one years of age, approached the registration table, when asked to participate in the survey, they declined, but engage in a short conversation about counseling. Each noted that they would talk to a family member or a best friend, not comfortable with sharing their problems with a “stranger”. One of the female youths, stated that if a person needs someone to talk to, if they have no one else then
it would be fine. Each youth expressed little knowledge about the Bible, but not relative to counseling. It was quite funny to see them engaging with each other laughing and giggling, with one of the twenty-year-old male stating,

“I’m not crazy, don’t need no counseling.” “Man, not sitting in front of no……man, telling him about some problem”. “Psychology student talking about suffering from depression, man read your notes”.

The young adults walked toward the event. This researcher thoughts shifted to the outdated notion of showing emotions as a sign of being weak, or as young people say “whack”, or “feminine.”

The seventeen completed surveys demonstrated that participants identified biblical counseling as counseling scripturally based performed by a pastor, noting that biblical and pastoral counseling are essentially the same, with no clear distinction between the two disciplines. Five surveys of participants noted participation in counseling identifying it as spiritual counseling. Thirteen participants noted that mental health counseling is needed, with one participant stating much needed for the black community, with four participants documenting N/A on the form. Fourteen of the participants answered “needed” for thoughts about biblical, pastoral counseling and mental health. Participant answers for the integration proposal were again answered “great for the community”, N/A, with one participant noting never thought about an integration process. Responses were short, one-to-three-word phrases, not as descriptive as the additional community surveys that were completed.

Additional local community participants who were familiar with Calvary Baptist who had obtained services or recent visitors were invited to participate. This researcher contacted these potential participants by phone and email. These participants were people of color, African
American and Ecuadorian, fourteen females, three males, between the ages of thirty to early forties. Four additional males were solicited to participate but declined. A total of fifteen additional surveys were completed. Eleven of the fifteen participants experienced either spiritual or mental health counseling. Four of the participants had no experience with counseling.

Twelve participants agreed that some form of biblical or spiritual counseling could be beneficial to a person seeking help, particularly for those seeking spiritual guidance. Two participants stated they were personally not a fan, but if one can glean comfort from biblical counseling, they support them. The same number of twelve participants shared that pastoral counseling serves as an umbrella for biblical counseling. Pastoral counseling was understood to be the same as biblical counseling; a pastor who is counseling from the Bible. Biblical and Pastoral counseling were not viewed as two separate disciplines.

All fifteen participants stated mental health counseling is needed, especially among the Black community and would like to see more mental health resources in the Black community, but should be done by a mental health professional, as most pastors are not trained in mental health. Mental health is seen as a secular discipline, there were questions as to how biblical and pastoral counseling be integrated with mental health. This was an excellent opportunity to reach out and address their concerns. This researcher responded to the three participants, two African American females and Ecuadorian female, providing clarification and the purpose of an integrative process. Two of the participants agreed that it would reach more individuals who not only have spiritual questions, but mental health issues as well. The one participant, disagreed, sharing that the two types of counseling should remain separate. Eight of the participants said there may be a benefit to integrating both, resulting in a more positive outcomes in counseling. Three participants noted it would bring hope and help to those in need of more than scripture.
Bringing both together will bring scripture, psychological tools and strategies that would be helpful to someone with a mental health problem. Two participants expressed hesitation of the integration, as seeing both mental health counseling and biblical and pastoral counseling as separate disciplines and should not be combined as it would eliminate alternatives to counseling, as one participant noted, limiting my choices.

“If each type of counseling is all in one, it would take away my power to choose, I would be forced to choose what was offered. I strongly believe that therapy and one’s spirituality should be separate, therefore giving me the options of what type of therapy I need or prefer.”

**Church Surveys:** Sixty-six surveys were mailed, September 2021, follow-up notification October 2021, to various denominations, eight surveys were returned, six non-Denominational, Pastor W, Pastor SE, Pastor DA, Pastor JF, Pastor DN and Pastor ND, one A.M.E Zion, Pastor DH and one Pentecostal denominations, Pastor DM. Each denomination noted biblical counseling is an important component of church ministry. Two of the non-denominational churches, Pastor SE and Pastor DA noted having formal counseling ministries, which consist of biblical/pastoral counseling with qualified members to perform mental health counseling. The remaining pastors noted that spiritual, pastoral, and biblical counseling is provide to the congregates, with no formal counseling ministry in place. Biblical counseling is said to be necessary for the church, to encourage and provide guidance to those who are looking for spiritual growth and healing.

Pastor SE, notes there is a connection between pastoral and biblical counseling, biblical counseling teaches individuals how to be honest with their feelings, emotions, and pain, whereas pastoral counseling is personal and relational with the Holy Spirit and scripture serving as the foundation. Pastor JF and Pastore DM also use biblical and pastoral counseling interchangeably,
noting little distinction between the two disciplines. Pastor ND and Pastor DN note that pastoral and biblical counseling as one of the same disciplines grounded in a relational aspect. Pastor DA, notes that the Bible is sufficient as the foundation of instruction, stating every issue we face in life has been addressed explicitly or implicitly in the word of God. He also notes that strategies and some theories align with the scriptures which aides in helping individuals with their mental health.

“Pastoral counseling should be the same as biblical counseling. Pastors should be counseling according to the Bible. Pastoral counseling is therapeutic, not necessarily therapy.”

Each pastor concurred on the issue of mental health, although not highlighted in most churches, Pastors acknowledged during the global pandemic there has been an increase of mental health issues, Pastor DN states the need for more mental health resources, especially in the African American community. Pastor W. understands the need for mental health counseling but is not qualified to perform this type of counseling, Pastor W. currently provides spiritual counseling to individuals, couples, and families. One of Pastor W future initiative is to establish a counseling ministry to address the many needs of the community. Pastor JF also acknowledges the need for more mental health counseling in the church. With no formal counseling ministry, he currently provides spiritual support and counseling to the congregates. Pastor DM takes a different position regarding mental illness. Biblical counseling is provided by him, pastoral counseling is described as a pastor performing counseling strictly from the scriptures, hence biblical counseling. There is currently no formal counseling ministry. Pastor DM takes the position that mental illness reflects a poor relationship with God. A right standing with God and living according to scripture with prayer is sufficient to bring healing to the individual.
Relative to the topic of integration of biblical and pastoral counseling, which includes the principles of mental and behavioral sciences, Pastor DH agreed that the inclusion would serve as a helpful addition and strength to their current pastoral counseling process. Pastor DA’s current counseling ministry provides an integrated approach to their counseling process, with such theoretical orientations as Cognitive and Dialectical Behavioral, Narrative and Psychodynamic. Pastor JF states integration could prove to be beneficial as “biblical” provides the spiritual aspect and mental and behavioral gives the tools needed to ministry to one’s mental and emotional health.

Pastor DM and Pastor SE, take a different position, noting that no consideration would be taken to an integrative approach to the current counseling process or ministry. Pastor DM takes the position:

“The Bible can stand on its own in meeting the spiritual and emotional needs of the congregates. It is up to the individual to assess their faith and examine their relationship with God. The pastor’s job is to guide them with the Word, as healing comes by obeying the Word of God.”

Pastor SE stated response of “no” to integration, notes that all teaching, advising, guidance and instructions are completely rooted in biblical principles found in the Bible. Behavioral science is based on man’s theory and scientific means, therefore no consideration of an integrative approach to the current counseling process. Pastor ND and Pastor DN state that biblical and pastoral counseling, without the inclusion of mental health, work well together. Both note that mental health is better left to the professionals of the field, highlighting that some issues require a professional, noting “that a pastor that is not trained can “muddy the waters”
Researcher/Therapist observation: All survey participants had knowledge about “biblical” counseling and mental health, but a lack of clarity of “pastoral” counseling, using biblical and pastoral counseling interchangeably. This researcher ascertains there is a lack of understanding and education regarding the multi-disciplinary approach that pastoral counseling can bring to the counseling process. The theme that presents itself within the participant surveys is incomprehension of the uniqueness and the advance role of pastoral counseling as a multi-disciplinary approach to counseling; grounded in scripture and the principles of the mental and behavioral sciences. Pastoral counseling offers the Christ centeredness of biblical counseling and the knowledge of mental and behavioral health, servicing the whole individual. There is a consensus that pastoral counselors are relational and equipped to deal with spiritual issues and limited when it comes to mental health, as pastors do not possess the training in the field of mental health. Although taking a position of no integration, Pastor SE has qualified mental health professionals who conduct counseling for those presenting with mental health issue. There are major advancements in pastoral education, which now includes clinical education. The American Association of Pastoral Counselors, (AAPC) consolidation with Association for Clinical Pastoral Education (ACPE), Psychotherapy Commission, provides pastoral counseling there are still those that view integration with suspicion. Pastor SE and Pastor DA have counseling ministries, with licensed professionals who assist with counseling when a mental health issue presents itself, those areas beyond this scope are referred out.

Pastor DM’s position on mental illness is culturally influenced. The senior leadership staff consist of a senior generation of Jamaican descent. Stigma and misinformation can be an important factor in service seeking and utilization, as noted in an article in Psychology Today. “There remains much stigma towards mental illness in the Jamaican population; a response of
fear and dangerousness”. Some of these cultural influences has not gone away. Cultural influences play a role in one’s perspective of mental health and how theses perspectives are translated throughout generations. The Black Church can explore how pastoral counseling has evolved over the past twenty-five years, becoming a highly specialized part of pastoral care.

When considering the back-to-school event, the role extended family plays in children’s lives is noteworthy, as culturally it is quite common especially among people of color. Black extended families are a major resource to family members, providing various forms of support to their families. “One of the most important and noteworthy forms of aid that black families provide to their members is housing.” Most African American family structures are accurately depicted as an extended family unit. This researcher observed how these grandchildren, drag their aging grandmother from activity to activity, grandmothers appeared so patient. It was observed that some of the grandmothers knew each other, as they conversated as their grandchildren enjoyed the bouncy house. African American grandparents tend to play vital roles in their grandchildren’s lives. This type of kinship care can serve as stress relievers and provides stability. A 2018 research study by the AARP (2018 Grandparents Today National Survey; African American/Black Grandparents) found Black grandparents are more likely to take on a hands-on role in the upbringing of grandchildren and are significantly more likely to be a primary caregiver than the general population.


Conversation with the young adults of the back-to-school event, confirmed that stereotypical roles are passed down from generation to generation. This expectation and requirement of what Black masculinity means, has become obstacles too Black men seeking therapy or mental health care. As mental health issues continue to rise in the Black community, some Black Americans still are reluctant in seeking help. The article *Black masculinity and mental health, how to move past outdated roles and Encourage Better Care* note “expectations surrounding Black masculinity, such as the requirement to be strong and stoic, have prevented Black men from seeking mental health care.” Being a real man means being tough, the tough guy syndrome, which is a source of self-esteem and self-respect, especially among African American. “Much too often African American men advise each other to man-up to personal problems, “handle your business.”

Black men who are not only affected by the general barriers to medical treatment that many in the Black community face, but who also have internalized certain behaviors that fit within the social constructs of Black masculinity, ultimately impacting their help-seeking behaviors. [Hoskin, pg. 2. 2021]

Cultural influences play a significant role in how one navigates through life, it influences thoughts and perceptions. Culture may influence and contribute to the causation of mental illnesses. Cultural beliefs and values represent a crucial factor in mental health. In the United States you are not supposed to be depressed, you are supposed to snap out of it. An article in *Psychology Today* notes the exacting toll that culture can take regarding stigma. “While some empowerment can be found in Western cultural values of autonomy and self-reliance, these

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expectations can also make it difficult to accept a mental health problem and seek help.\textsuperscript{196} Stigmas can result in isolation, as some cultural groups do not accept people who have mental illnesses. Every culture has a unique perspective on mental illness and mental health.

**Focus Groups:** Two focus groups were held at Calvary Baptist Church, in person and via Zoom, and two focus groups were held via Zoom. Focus groups were conducted in the months of October 2021, November 2021, and December 2021. Two focus groups conducted by the Women’s Ministry and two focus groups conducted by the Men’s Ministry. The facilitators used the Focus Group questionnaire, and power point slide *Biblical Pastoral Counseling: An Integrative Approach to Healing*, to elicit group dialogue and guide the focus groups. Each focus group consisted of people of color, various employment backgrounds, ranging from middle age and senior participants. Women’s Ministry focus group consisted of seventeen women, ten participants in the initial focus group and seven participants in the second focus group. Men’s Ministry focus group consisted of a total of ten men. Four participants in the initial focus group and six participants in the second focus group. This researcher and each facilitator reviewed PowerPoints and questions to guide the focus group prior to group meetings and familiarize themselves with the structure of the focus group and the focus group questions prior to each meeting. This researcher and stakeholders discussed ground rules for the focus group; each focus group will begin with prayer, ensure respect is given to each participant, providing opportunity for all participants to share, judgment free zone and what is shared in group remains confidential.

Each facilitator is familiar with group structure as their current employment position has provided the experience needed in facilitating meetings in group settings.

Women’s focus group 1: The initial focus group was conducted in person and live streamed, this researcher participated via live stream. Participants were women of African American descent, ranging in ages 40’s to 80 years of age, married, widowed and single. The focus group took place in the fellowship hall in the lower level of Calvary Baptist Church, consisting of six in person participants and four live streamed participants. Tables were spaced apart to accommodate social distancing, and in person participants wore mask. The first half of the Women’s meeting consisted of a Bible Study on Women of the Bible, from the book of Luke chapter one comparing Mary’s story and Elizabeth story. The meeting was facilitated by Ms. M, First Lady of Calvary Baptist Church. The second half of the meeting was facilitated by stakeholder Ms. Mc., presenting the proposal of modifying the current biblical counseling process to include pastoral counseling which includes the principles of mental and behavioral health.

The meeting opened with a word of prayer led by Ms. Mc. After prayer participants were asked to choose a Psalm that spoke to them personally. Psalm ninety-one was read by a participant another participant read Psalm 23. Each participant expressed how these Psalms encouraged them when they were experiencing some frustrating times. The first hour of the meeting this researcher observed the interaction of each participant of the Women’s meeting. Ms. M would ask a participant to read a passage of the book of Luke and invite discussion around the passage of scripture. Initially there was a pause in response, then one of the senior members of Calvary Baptist Church responded to the request. This encouraged others to respond to the request. As each passage of scripture was read, Ms. M. would illicit the participants
thoughts relative to the passage. It did not take long for the group to warm up to the discussion. This researcher took note of those who actively engaged and how others were encouraged to share, especially those with less tenor than the seniors, who did not readily comment or fully engage in the discussion. Ms. M. called on this researcher to read a passage and then comment on the passage. This researcher obliged and read Luke 1:59-63, then commenting on the Jewish culture of naming the child after the father by the father, which would be Zacharias, but Elizabeth stated his name would be John, and Zacharias concurred. This opened discussion relative to the role Elizabeth had in this passage of scripture, in bringing forth a child that would pave the way for Jesus and going against Jewish customs in naming the child. It was quite interesting to see how this discussion turned to speaking about the important roles that women not only had in the Bible, but the important role that women have in their families, jobs, and society but more importantly in the Church.

After an hour of Bible study, the meeting was turned over to stakeholder Ms. Mc., who would facilitate the focus group. It was at this time this researcher made a conscience decision to log off. As a Marriage and Family Therapist, (MFT) Pastoral counselor, and holding a leadership role at Calvary Baptist Church, it was in the best interest of the study for this researcher/therapist to excuse herself for the sake of transparency and a judgment free zone. Ms. Mc. proceeded in asking permission to record the session to not miss anything and provide her the opportunity to transcribe notes later. Ms. Mc. read the informed consent describing the nature of the project and an overview of the disciplines under research. Ms. Mc. cordially invited those who wanted to stay, strictly on a volunteer basis, to participate in the focus group, those who chose not to participate was free to go. All women chose to stay both in person and virtually. Ms. Mc. proceeded to review the PowerPoint slides with the participants presenting the various
counseling disciplines. After the presentation, Ms. Mc. read each question from the questionnaire. The questions solicited the participants understanding and thoughts relative to biblical, pastoral, and mental health counseling. Questions also solicited thoughts on an integrative approach to biblical and pastoral counseling as it pertains to mental and behavioral health and thoughts on a Christian seeking counseling. Each participant understood the concept of biblical counseling and that it is needed, as most counselors stray away from the Bible, there is a need for more biblical counselors. One participant shared that it is biblical counseling that provides hope and guidance in those things that are of a spiritual nature. When asked about pastoral counseling, some of the participants related pastoral counseling with pastoral care, as one participant stated that pastoral counseling provides comfort to those in need, visiting hospitals, the shut in, taking care of the needs of the congregation through spiritual guidance. Several participants associated pastoral counseling with a pastor who is led by God and the Holy Spirit to counsel the congregation on spiritual and relational issues, encouraging spiritual growth of the individual seeking counseling, as one of the senior participants, participant 1, shared, “What is the difference between pastoral and biblical counseling, they both rely on the Bible and biblical principles when counseling?”

Ms. Mc. used this opportunity to re-review the PowerPoint slides with the participants, pointing out the advancements of pastoral counseling in including principles of mental/behavioral health. Noting that pastors are obtaining education in health services that would equip them to meet the needs of those congregates that present with certain mental health issues. All participants agreed that mental health is an ongoing issue, but there are different perspectives around mental illness. Two of the participants, participants 1 and 2 shared they would not go to a pastor with a mental health issue, they would prefer to go to a professional, to
ensure confidentiality. Newer members who were participants stated that if the pastor or
Christian is trained in mental health, that would be beneficial if someone sought help with a
mental illness. A participant 2 stated concern with a pastor providing mental health, and whether
you can mix the two together, sighting that mental illness is more than a spiritual problem and
most pastors are not educated in that field to handle mental illness, also commenting that “this
younger generation thinks differently when it comes to this topic.” Ms. Mc. noted that there are
no right or wrong answers, it is your thoughts and belief on the subject matter.

The discussion turned to health professionals and their role in servicing their patients.
Noting that counselors and doctors only focus on the sciences, not the spiritual, such as reading
the bible and prayer, they stay within their profession. There was also a consensus among the
group regarding the Black Church and mental illness, speaking to the stigma of mental illness
and how it is often frowned upon to seek help. Participant 3 shared that in her former church, “if
you expressed anything like depression, you were instructed to take it to the alter and pray.”
When posed with the question of integration, the group noted that there needs to be a balance
between the two, pastoral and professional with regards to mental health to address the whole
man. Participants 1 and 2 shared “does not matter whether biblical or pastoral, the pastor must be
able to discern the need of the client.” Ms. Mc. asked of any on the virtual viewers had any
comments, Viewer 1 shared, “if it is possible, merging the two together, for the benefit of the
client would be good for the client.” The two senior participants noted that pastors provide the
care and relational help, professionals provide professional healthcare. Participant 3 summed it
up:

“It is an individual preference and individual choice as to what services they need.
If it is mental health, then it is mental health services, if it is strictly spiritual
guidance then seek help from your pastor, if the pastor is not trained in mental
health, then refer. If you have a trained individual that can merge both effectively that would be beneficial for the individual seeking help, that would be great.”

The group agreed, concluding that it is an individual choice and preference regarding what type of counseling would meet the specific need of the individual seeking help. Ms. Mc. thanked the participants for their active engagement in the project. Ms. M. closed out the meeting in prayer.

Women’s focus group 2: The second women’s meeting was held at Calvary Baptist Church in the downstairs fellowship hall. CDC protocol was followed for those in person participants. Due to technical issues, live stream was unavailable. The meeting consisted of five in person participants and two call-in participants. This researcher/therapist participated in person. In maintaining confidentiality, direct quotes will be noted as participant 1, 2, etc…… The meeting was conducted by Ms. M. and observed by this researcher and stakeholder Ms. Mc. The meeting opened with prayer, continuing with the topic, women of the Bible, reading the gospel of Luke 1:25-35. After the reading of the scripture by Ms. M., she asked the group what the presenting thought or theme of this scripture. One participant noted the Holy Spirit at work in the life of Mary, this researcher noted the humility of Mary obeying the word of the Lord. One participant noted the submission of Mary to the Holy Spirit, as well as Joseph, submitting the instructions of God. This led another participant to reference Ephesians 5:21 as submitting to one to another in the fear of God. The word “submitting” sparked a dialogue among the women, this researcher noted the reaction of the women around “submitting.” Some of the participants expressed concern with the interpretation of this word, how it was taken out of context, especially among Black women and the Black Church. Black women were taught to be submissive in the home and in the church, holding domesticated roles in both home and the church.
It was among the senior participants, those with an extended tenor of Calvary Baptist Church, that expressed disappointment at how the Black Church mis-interpreted the scriptures. Participant 1 is a senior participant who was, as it is said of those who have a long tenor within the Church, raised in the Church. Participant 1 shared how being submissive meant to obey your spouse regardless of the environment, we were to just pray. Participants 2 and 3 confirmed that is how it was in those days, “you stayed not matter what”. That scripture was not meant for anyone to stay in an abusive environment. Women held specific roles within the Black Church, you rarely saw a woman preaching, they could teach Sunday School, but rarely on the pulpit. This researcher took note of the expression and tone as the women shared their story of staying in marriages that were emotionally harmful and condoned by the “church.” Those “younger”, meaning less tenor, looked on as the seniors shared how the word “submission” played out in their lives. For non-senior participants, stressed that word “submission” still causes an uneasy feeling when spoken, but stressed that Black women are taking a stand and becoming much more independent and less dependent on a man, and the Church preaches more of unity and oneness among married couples than the women “submitting” in that sense.

As this researcher/therapist observed, it was challenging to sit with the emotions shared in the stories of the senior members, as this therapist could relate to their stories, mindful of her own relatable experiences. Ms. Mc, interjected into the conversation referring to Ephesians 5:24, expressing she would submit to her husband only as he submits to Christ. There was a moment of silence, this therapist was mindful of her own emotions relative to this statement, noting the weight of the presenting issue, as some of the participant’s husbands were not regular church goers, leaving this researcher/ therapist disappointed. There was a concern as to how the
participants would internalize Ms. Mc. statement or was the concern projection on the therapist’s part.

This researcher/therapist asked if Ms. Mc. would clarify her statement, as to those women whose husbands are not serving Christ, Ms. Mc., clarified her stance relative to submission, noting that is a personal choice of hers, noting that was not meant to be a generalized statement. This researcher thanked Ms. Mc. for her clarification. Ms. M., thanked the participants dialogue and redirected the meeting back to Mary and Elizabeth of the book of Luke, stating that this is a word that does not sit well with women, especially Black women, noting the misapplication of the word submission still elicits a particular emotion. The meeting closed out with prayer, Ms. Mc. thanks all participants for their assistance in this project.

Researcher/therapist observations: Data is the combination of the recording of women’s focus group1 and therapist observations of focus groups 1 and 2. Each participant was given the opportunity to express their experience and their perspective relative to the scriptures and counseling, maximizing opportunities for each participant to share their story in a judgment free zone. The concern as to whether today’s pastors are equipped to counsel those presenting with a mental health issue is a running theme through-out the dialogue. There is a position as to whether is it more beneficial to leave each discipline them separate, so that the individual can have choices. Mental health is said to be left to the health professionals and spiritual guidance and development through biblical counseling is left to the pastor.

Participant are uninformed of the strides in pastoral counseling with the incorporation of mental and behavioral health, and the mental health field when it comes to spirituality. There is a concern that pastors are ill-equipped to handle mental health issues. There is growing literature on the positive impact that religion and spirituality has on mental health. Mental health care
professionals have acknowledged the importance of one’s religion, faith, and the Church in the life of African American/Blacks and their families. The African American/Black Church continues to be a place of spiritual and emotional support, and pastors are looked upon for spiritual guidance and development. The African American/Black Church has the opportunity through training and educational development to address mental health issues that present themselves in the African American/Black church. The inclusion of mental health can only serve to be an asset to the biblical counseling experience.

Listening to the narrative of senior members, this researcher/therapist observed the emotional pain caused by misinterpretation of the scripture, leaving a lingering memory of the hardship of living under such a doctrine. Participant 1 participated in an informal interview with this researcher, sharing that confidence was lost in seeking help from the church, as it was stated “next Sunday, you would hear it come across the pulpit.” At that time there was no one you trusted to share your problems with. African American/Black women of that day were taught to be the dutiful wives, raising the children, and running the household as the husband was the head of the household. The article Examining Gender Dynamics in the Context of African American Families, “Women and wives were expected to fulfill their expressive roles by providing emotional support and encouragement to their husbands and children. As a homemaker, caretaker and nurturer, Black women were expected to be proud of their duty as both wife and mother.” African American women face the challenges of racism and gender bias, not only in society but in the Black Church as well. The role that women occupied in the Church were that of Sunday School teacher, head of women’s auxiliary, children’s choir, and kitchen duty.

Although women occupied these positions, they were subject to men’s authority, as women did not hold pastoral leadership roles.

Living among racial and gender biases has profound psychological effects on an individual, “this bias can be internalized and may partially explain some African American’s lack of support for female leadership.” \(^{198}\) Experiences of racism and gender bias are associated with negative psychological states, including depression, anxiety, and low self-worth. African American women feel under pressure to hide their emotions in fear of being labeled as the “angry Black women.” African American women of today takes the position of raising their children to be hard workers, independent and nurturing. “African American mothers are faced with performing mother-work responsibilities in addition to the public sphere of providing for their family economically.” \(^{199}\) It is this role that has served to pigeonhole Black women as strong caregivers and providers, depicting the African American/Black woman as one who shoulders the burden of others, while neglecting their own. Some of these scripts can be attributed to legacy loyalty dynamics, loyal to behaviors and legacies that served to be more toxic than healthy. These family loyalties are inherent and a dynamic force within the family of origin.

Even though African American/Black women still hold some of the traditional roles in the church, African American/Black women are now being ordained in pastoral leadership


positions, but there remains inequality of African American/Black women within the African American/Black Church, as males continue to dominate the role of preacher and pastor.

Men’s focus group 1: The initial focus group was held via Zoom, each participant identified as believers of the Catholic faith. The meeting was facilitated by stakeholder Mr. Mc. This researcher did not attend the focus group, upon completion of each focus group this researcher and stakeholder, reviewed and discussed the focus group notes taken by Mr. Mc. The following are transcriptions of notes recorded by stakeholder Mr. Mc. In maintaining confidentiality direct quotes of participants will be noted as “participant 1, 2, etc….etc."

Mr. Mc. began by exploring with the group the various types of counseling services, utilizing the focus group questionnaire and PowerPoint, Biblical Pastoral Counseling: An Integrative Approach to Healing. After the review of the PowerPoint slide, Mr. Mc. opened the floor for discussion, asking the group if any of the participants had experience with counseling. Those participants that shared, explained counseling experience as pre-marital and family issues, referring to Father or Priest providing the services. Each participant shared their thoughts on biblical counseling as instructions pertaining to Christian living. Participant 1 shared biblical counseling teaches the Bible, prepares you to share God’s word, stating “teaching the Bible and going out to the masses.”

Participants described pastoral counseling as seeking counseling from a pastor for pre-marital counseling, personal life issues, family, and spiritual issues, using biblical principles as the foundation. Participant 1 shared “if there is a spiritual problem, I will go to a Priest or Father.” The participants were then asked by Mr. Mc. their thoughts on pastoral counseling. The group likened it as biblical counseling performed by a pastor as pre-marital, marriage and family issues, those things pertaining to the church. There was little distinction between biblical and
pastoral counseling. When broaching the topic of mental health, it was noted that Participants 2 and 3 stated that “mental health issues should be directed to a doctor.” Participant 1 and 4 agreed, that those things which are “spiritual go to a Priest, social issues should be handled by a therapist.” When presenting the topic of integration, the participants had not given it much thought, this researcher was not sure that the participants fully understood the position that pastoral counseling has relative to mental health, participant 2 noted “if there is a spiritual issue go to the Priest/ Father, if it is a social problem you go to a therapist.” Participants shared that their counseling experiences were limited to pre-marital and marital/family issues only, noting that they never thought about seeking counseling other than pre-marital before getting married. When asked if the pastor or priest could provide both, two participants shared they would consider it. Other participants did not comment on the matter. Mr. Mc. closed out the meeting, thanking the participants for their active engagement in the focus group.

**Researcher/Therapist Assessment:** Participant views on counseling and mental health are guided by their religious beliefs, with the consistent reference to Priest or Father in the role of counseling, relative to pre-marital and family issues. Mental illness is not often addressed by the Catholic Church, but with the increase in mental health issue, specifically around the global pandemic, there is now a push to provide more resources and education at the parish level, so that Church leadership can assist those in the pews who are suffering with mental illness. In a statement voiced by Pope Francis, June 2021 on EWTN (Eternal Word Television Network) News In Depth, he states “there is a need to fully overcome the stigma with which mental illness has often been branded, in general ensure that the culture of community prevails over the mentality of rejection.” It may be that the participants of this focus group are unaware of the
resources available to them in their local parish that extends beyond pre-marital or marital counseling.

Men’s Focus Group 2: Due to CDC restrictions the meeting took place via Zoom. Focus group consisted of six participants, three identifying as pastors of neighboring churches. Focus group was opened with prayer led by stakeholder Mr. Mc., then Mr. Mc., reviewed the PowerPoint slide on Biblical Pastoral Counseling: An Integrative Approach to Healing. After presenting the power point slide, Mr. Mc. opened the floor for discussion asking the question “do you see the need for pastors to also conduct counseling on issues other than spiritual problems?” Participant 4 responded yes, “transgender and race issues, there is a need for understanding in these areas”. Participant pastor 5 shared “there is confusion in this world, to what is right and what is wrong.” Participant pastor 1 shared “There is a lack of discipline in the world today, first there is the world then God, God puts His word above all things.” Participant 3 asked “how can we navigate this world and still do what God asks?” Participant 4 “I’m just a sinner trying not to sin, there needs to be pastors that can counsel in other areas than spirituality.” Mr. Mc. asked the participants can biblical pastoral counseling help in this area? Participant pastor 3 answered “I could see biblical counseling aiding in navigating those areas pertaining to Christian living.”

Broaching the topic of pastoral counseling, participants shared that pastoral counseling and biblical counseling is the same; a pastor who performs counseling from the Bible. Participant pastor 5 shared “when a pastor is counseling someone in his/her congregation biblical principles should and must be used as the foundation for direction and if necessary, correction.” Mr. Mc. explained, referring to the PowerPoint, the changes that have taken place with pastoral counseling. Participant pastor 1 stated “there should be a separate form of counseling to meet the needs of the people being counseled, when it is by a pastor it should be biblical principles.”
Each participant commented relative to mental health, there was a consensus that mental health is a topic that is not addressed in the Black community or the Black Church, it is very real and needs to be addressed. When soliciting the participants thoughts on integrating pastoral counseling, which includes principles of mental/behavioral health, with biblical counseling, all participants shared the same thought that this is not the role of a pastor, to provide mental health counseling. Some of the points presented were:

- The counselor should be trained in the field of mental health and pastors are not trained in dealing with mental health issues.
- Pastors already deal with so much; more shouldn’t be added to their plate.
- Lack of comfortability speaking with a pastor about mental health issues.

The dialogue between the participants extended to the topic of Christians seeking counseling, where the participants agreed that a Christian should only seek counseling from a person educated in the theological field, “as nothing is higher than God’s word.” Mr. Mc. noted that this sparked a group discuss among the men, Mr. Mc. chose not to re-direct the group, allowing opportunity to let the men speak as he observed. Participant pastor 1 stated, “All a Christian need is to follow the word of God.” Participant 4 responded to this statement with disagreement, stating that there are more to one’s problems than lack of faith. Participant pastor 3 shared “it is this type of thinking that adds to the problem of getting treatment for mental health.”

The discussion turned to the Black Church and Black community. Participants voiced a lack of understanding and recognition of mental health as a problem within the community and the Church, specifically the Black community and the Black church. Participants agreed that mental health is an ongoing problem which needs to be addressed, but not necessarily by the Church. Participant pastor 3 stated “there needs to be more education around mental health
within the Black church.” Mr. Mc. closed out the meeting, thanking the participants for their active engagement in the focus group.

**Researcher/therapist assessment:** There is no clear distinction made between biblical counseling and pastoral counseling. For these participants, pastoral counseling is as a person in a pastoral position providing scripturally based counseling utilizing the Bible as the foundation. Varying opinions of the role of a pastor, relative to providing mental health as part of the counseling process, was shared within the group. The concern is that pastors are not trained as mental health professionals and an individual may not feel safe enough to speak with a pastor about a mental health issue.

There is a consensus that mental health is a topic not readily addressed in the African American/Black church and African American/Black community. There are differing positions relative to addressing mental health issues when presented in the church, as it is not a church issue but a community issue. Some participants held to the premise that biblical counseling, using the bible as the sole tool, is sufficient to address any presenting issue. There is recognition that not all presenting problems are spiritual, pastors need to be in a position of addressing other social issues that come to the counseling room. There is an increased awareness of the lack of formal training that pastors have relative to mental health, and the key role that pastors can play in addressing mental health issues in the church.

**Noted slippages:** The back-to-school event; demographics were predominately Spanish speaking. It was noticed that parents who accompanied their children were fluent in English, those who were identified as grandparents by children that accompanied them were not fluent in English. Most opted out of completing the survey as the surveys were in English, no Spanish
version was available. This was a missed opportunity to collect additional data from the senior population of this community.

**Low return of church surveys:** Seventy Church surveys were mailed out to various denomination, six were completed and returned, three came back stamped undeliverable. After three weeks of no response, a follow up letter was mailed out. Researcher was able to reach out personally to two of the churches, who noted that it was a busy time of the season, with installations, pastor and clergy appreciate month and the upcoming holiday season. Pastor of Calvary Baptist Church received phone calls about the survey, with the question what type of counseling is being performed if not biblical pastoral counseling. Pastor M, explained to them the nature of the research project and requested if they would consider completing the survey.

The biggest hit to the Black Church was the global pandemic of COVID-19. Pastors and ministers have been plagued with numerous hospital visits, funerals, transitioning to a virtual world, as CDC guidelines limit the amount of people per gathering, as congregates opt for participating in a virtual service. Completing a survey was not on the priority list. Reported by nbcnew.com, Charles E. Blake, presiding bishop of the Church of God in Christ, the largest Black Pentecostal denomination in the United States, said seven of his bishops died for COVID-19 (http://www.nbcnews.com)

**Low participation of congregate questionnaires:** Prospective participants were informed that the questionnaires were strictly voluntary and confidential, no names were required. Prospective participants declined and opted for participation in informal interviews, and focus groups. As this group consisted of more senior members of the congregation, there was a concern as putting any thoughts and concerns in writing. The young adult congregates, ages 19- to mid to late 20’s years of age chose not to participate. The barriers that usually prevent this
population is the social stigma, embarrassment, and confidentiality associated with seeking help with mental health concerns. These stigmas associated with counseling and mental health, may serve as deterrents of participating in a questionnaire revolving around counseling.

CHAPTER 5: CONCLUSION

The purpose of this study is to present the justification for an integrative approach to the current biblical counseling process at Calvary Baptist Church. The purpose of an integrative approach of pastoral counseling to the current biblical counseling process, bridging the gap, providing a counseling experience that would address the whole individual, through a bio-psycho-social spiritual approach. With a primary focus on faith/religion and spirituality in addressing the presenting problem, there is an underlying assumption that the problem is just spiritual negating the bio, psycho, social elements that constitutes treating the entire individual. This integrative approach of pastoral counseling, which draws on the principals and theories of mental health/behavioral science along with a systemic approach, results in a broader understanding of the individuals concerns and experiences; affording the families of the individual an opportunity to express and process their emotions as well.

The overall premise of this research study is phenomenological, focusing on individuals’ realities and lived experiences. Employing a relatively small purposive sampling process, the findings are not of a generalized nature of a large sampling group, therefore not representative of all African American/Black churches or African American/Black communities.

The result of this study is comparable to published journals and articles relative to the disparities among African American/Black Communities regarding mental health. Similar research validates the need for churches to continue to advocate for mental health and assist in
eliminating the stigma and fear of acquiring assistance when plagued with a mental illness. There have been great strides but mostly among larger and mega-churches who have the resources and financial support to operate such a ministry. It is the smaller churches that struggle in getting on board with operating programs to address the mental health needs of their congregation and the community. The biggest obstacle for smaller churches, is the lack of resources, and clinical training among clergy and pastors.

There are several themes presented in this study. One common theme that presents itself is the misunderstanding of the role of the pastoral counselor. Participant’s perception of a pastoral counselor is limited to faith issues and spiritual development. A pastoral counselor is defined as a pastor that performs counseling to the congregates with a strict biblical foundation, equating to biblical counseling, with no distinction between pastoral counseling and biblical counseling. This aligns with research article 62 authors Walker, Scheidegger, End and Amundsen “The Mis-Understood Pastoral Counselor: Knowledge and Religiosity as Factors Affecting a Client’s Choice” which notes the belief that pastoral counselors only deal with spiritual issues and are unaware of the professional role those pastoral counselors occupy. A second theme is the relationship between mental health and the African American/Black Church. As this research study shows, there is acknowledgement of the growing mental health crisis specifically among African American/Black communities; is it a community responsibility or church responsibility. As mental illness continues to rise among the African American/Black communities because of the global pandemic, the question is, does mental health belong in the church or should it be left to the mental health professionals? Of the Churches surveyed, two of the Churches surveyed have a counseling ministry. Pastor H. noted that pastoral counseling is provided with a biblical foundation, no distinction between pastoral or biblical counseling,
approach to the presenting problem, referrals are made when the presenting problem is outside of
the scope of the pastors training and qualifications. Also noting that biblical, pastoral, and mental
health counseling is needed, agreeing that an integrative approach would be beneficial, serving to
strengthen their current counseling ministry.

Pastor DA notes that there is no distinction between pastoral and biblical counseling.
Pastors should only counseling from the Bible, as it is therapeutic but not necessarily therapy.
Pastor DA church has a counseling ministry, pastors provide pastoral, biblical counseling, mental
health counseling is referred to congregate(s) who possess professional degrees in
mental/behavioral health, still using biblical concepts as the foundation of the counseling
process. Psychiatric referrals are provided when warranted. Pastor SE also indicates no
distinction between pastoral and biblical counseling. The counseling ministry is rooted in biblical
principles, those presenting with mental health concerns are referred to member(s) who hold
professional license in mental health.

Several academic journals and articles speak to the need of the African American/Black
churches in taking a lead in embracing mental health as a critical need to the African
American/Black communities. Community surveys agree with academic journals and articles,
noting that there is a need for mental health resources in the African American/Black
communities. People of color are the leading group when it comes to disparities regarding mental
health. “The American Psychiatric Association reports racial and ethnic minorities suffer from
poor mental health outcomes as the result of cultural stigma surrounding mental health,
discrimination, and lack of awareness about mental health.”200 The African American/Black
Church and its clergy, holds a position of influence with its congregations which plays a key role

in most African American/Black families. This position of influence fosters a dynamic to dispel these outdated notions of mental illness, revoking stigmas, creating a welcoming inclusive environment for those seeking help with a mental illness. Just as the mental health profession has embraced one’s spirituality as a key component in the counseling process, so has the African American/Black Church the opportunity to embrace the value of mental/behavioral health in counseling to their current counseling process.

Although some pastors still view psychological counseling with suspicion and concern, there are more similarities than differences between pastoral counseling, and psychological counseling. Both pastoral counselor and psychological counselor renders beneficence and non-maleficence; doing no harm to congregates/clients in their care. Pastoral counseling, as defined by Maynard, Snodgrass, *Understanding Pastoral Counseling*, approaches mental health, with the knowledge of psychology and behavioral sciences, coupled with spirituality and theology. Just as psychological counseling, pastoral counseling focuses on promoting well-being and symptom alleviation and behavioral changes resulting in improved relationship.

A third implication of this study is the skepticism throughout some of participant narratives, citing pastors lack of training in the mental health profession. Although there are significant advancements in certifications and licensure of the pastoral counselors in the clinical field, community survey participants show a reluctance in seeking mental health counseling from pastors, not only from a training perspective, but noting mental health counseling as a secular counseling process that should be left to the mental health professionals. Although most of the community participants agreed that an integrative approach would be beneficial, some participants thought an integrative process would only serve to eliminate a person’s alternatives to counseling.
This study provides the theological and theoretical framework of the research literature applied in this study. An overarching theological implication is the African American/Black Church as a refuge and haven, supporting, and servicing the needs of the community of believers; the role of the pastor is of ministering, counseling using biblical scriptures as the sole resource, as God reveals Himself sufficiently to meet the needs of those seeking help. Those who seek help, religion and spirituality play a significant role in both one’s internal and external lives. It is the model of pastoral care, which biblical and pastoral counseling are key components, that offers the emotional, social, and spiritual support to those seeking help from the church.

Research studies suggest there is a positive connection between religious/spiritual engagement and mental health. Biblical counseling operates within a biblical framework, focusing on a holistic approach; mind, body, and spirit, assessing an individual’s mental, spiritual, and psychological health under the guidance of the Holy Spirit. The goal is regaining a sense of hope which is found in Jesus Christ.

Church and community surveys note mixed perspectives regarding biblical and pastoral counseling. Participants used the terms pastoral counseling and biblical counseling interchangeably, noting no clear distinction between the two. Participants indicate that although the Bible is therapeutic it is not therapy. It is understood biblical counseling process can stand alone, there is no need to glean from “secular resources” as the Bible denotes all that is needed to assist those seeking help. Church survey participants that operate counseling ministries, offer mental health counseling separate from biblical counseling. Referring those that have a mental health issue to a member that holds a professional license, spirituals concerns are handled by the pastor, anything beyond the scope of expertise is referred out. Other church survey participants agreed that an integrative approach could be beneficial taking into consideration ways in which
psychology and the Bible agree, careful not to integrate psychology that does not align with the Bible.

The Bible is the fundamental tool and resource in any pastoral care ministry, serving as the theological basis for pastoral counseling. Church survey participants noted the importance and requirement that the Bible serve as the authoritative text and foundation of any biblical and pastoral counseling process. Both biblical and pastoral counseling are Christ centered models, a reflection of Jesus’ ministry of restoration and healing to those suffering with emotional pain. Just as biblical counseling, pastoral counseling incorporates faith, spirituality, and theology, as theology has the power to bring hope and consolation, assisting the individual in spiritual development and healing.

The pastoral counselor is equipped with both biblical theology and systematic theology, as both disciplines are vital to the pastor, as it forms the not only preaching but counseling as well. The use of both biblical and systematic theology provides the framework in aiding the congregate/client in making sense of their lives in relation to God and the gospel of Jesus Christ.

The pastoral counselor begins with a self-assessment, noting areas of sensitivity, values, and theological world view. One of the most appealing attributes of pastoral counseling is the emphasis on the congregate/clients potential, their present experiences, values, and spiritual dimension, forming a basis for a holistic intervention. Pastoral counselors bring a uniqueness to the model, they are skilled in theology, proficient in exegesis, clinical expertise, unique in their profession, going beyond the walls of the church into communities providing pastoral care to those individuals in need. With most participants concerned with the level of training regarding pastors serving in a clinical role, it is through theological, clinical training, and certifications that further equip the pastor to operate in the role of pastor and mental health clinician. As a best
practice, pastors take care in utilizing the social and behavioral sciences in the counseling process, with the understanding that any misuse can bring psychological harm to the client.

Working within the framework of best practices, the pastoral counselor begins with a self-assessment, noting areas of sensitivity, values, and theological world view. Maynard and Snodgrass, speaks to the theologically reflective process of the counselor, one that can discern and enact sensitivity to how scriptures provide a source of meaning and identity of the congregate/client, but also what assumptions and biases the pastoral counselor brings into the counseling room. It is this assessment that enables the pastoral counselor to exercise mindfulness; what is the counselors’ and what is the congregate/client, avoiding countertransference.

Study responses on the integration of the current biblical counseling with pastoral counseling, which encompasses the principles of mental health/behavioral sciences, is viewed with skepticism and caution. Mistrust, and racial biases have plagued African American/Blacks for centuries resulting in reluctance and hesitation in reaching out to outside agencies for assistance. With a tradition riddled with secrecy and privacy, “what is happening in the home, stays in the home,” leaving those with a mental illness to suffer in silence. Individuals of faith are ambivalent about seeking help, or resistant to seeking help, those that do seek help are concerned that the therapist will lack cultural competency and their faith will not be respected. Ambivalence and resistance to receiving mental health treatment is common among African Americans/Blacks. Stigmas regarding mental illness and mistrust are why most African/American/Black families will not seek outside help for mental illness, they seek the safety of the church for assistance. Seeking help from the African American/Black church has its own challenges, as mental illness is often met with some resistance due to the fear of shame and
judgment by the clergy as a lack of faith. African American/Black clergy could serve their congregates and the local community well by obtaining the education and understanding of mental illness, gaining the trust of the African American/Black community to dispel the stigmas associated with mental illness. Aiding in dispelling any myths and misunderstandings, by facilitating and networking with healthcare professional, will bring much needed resources to the African American/Black communities.

A theoretical Implication that can be drawn from this study is importance of family and community within the healing process. The family and extended family serves as the prominent role of the family within the African American/Black families. African American/Black families hold strong family bonds, extended families are commonplace among African American/Black families are essential for the family’s survival. A New York Times article, *Grandparents, Kin and Play Cousins: The Soul and Survival of Black Families*, notes almost a quarter of children are in foster care are Black, with a higher rate of Black children are removed from biological families. Removal of this type leads to trauma, loss, behavioral and mental health issues. Kinship care is better for children and families, placing children with kin caregivers minimizing the trauma of removal, improving children’s well-being, having a better behavioral and mental health outcome.

Congregates consist of families who experience the same social, communication issues, relationship problems of non-religious families. The pastoral counselor brings not only the spiritual, theological components to address the family issue, but a family systems approach that can help families dealing with mental health issues. A systems approach explores the elements of the family system, helping the congregate/client resolve the presenting problem in the context of their family with how that everyone’s actions affect the family unit. Family systems theory
improves family dynamics, develops healthy boundaries, improves communications, and improves the family’s problem-solving abilities. Families work within a social system, where family members interact to influence each other’s behavior, and are intensely connected emotionally.

A family systems approach allows the pastoral counselor to view the family system rather than individual elements. This approach is beneficial in treating mental health and behavioral health issues of depression, anxiety, substance abuse and impulse control. These are the most common disorders that present themselves for pastoral counseling. The pastoral counselor uses a contextual approach which considers the primary symptom, other social, emotional factors, with a focus on the family’s deficits and strengths. Including the family within the counseling process contributes to the well-being and the mental health of the individual and the family. The pastoral counselor understands the kinship bonds that exist within African American/Black families and the value these bonds bring to any counseling session, resulting in a successful intervention. The pastoral counselor comprehends the human existence as created as relational beings and for relationships with oneself, others, and God, and the power of human relationships in the healing process.

The family is an important and essential life- giving part of the church, fostering a sense of community. The church serves as a surrogate family within a community of believers. As participants shared, the church is a community which seems to be slowly leaving the church. Within the community of the church, there is a closeness and relationship among the believers that goes beyond the walls of the church. As we are created as relational beings, community fosters that sense of connectedness, encouragement, and supports. Community is important, as being social beings, we thrive for connectedness, and a sense of belonging. Community has
positive effects on mental health and emotional well-being. Community provides support, belonging and purpose. Those who are experiencing mental illness with symptoms of loneliness and isolation, having connection, and feeling accepted is critical to one’s mental health. Another implication of this study is that pastoral counseling should remain “pastoral”.

Participants indicated skepticism and concern as theology and science stand in stark contrast with each other. A concern that a pastor’s treatment of a congregate/client will be of a psychological nature rather than a spiritual nature, making the outcome psychological rather than spiritual. There are theoretical and empirical connections between religion, spirituality, and mental health. Science, religion, reason, and faith are in harmony with each other relative to one’s cognition, emotions, and behavior. It is the task of the pastoral counselor to glean and integrate insights from medicine, psychology, the Bible, and theology to understand mental illness and to help others recover from it.

Given the centrality of the African American/Black Church, clergy have an invaluable role in mental health service delivery. A National Comorbidity Survey, 2014 from the National Institutes of Health, indicates that a higher percentage of people sought help for mental disorders from clergy (25%), compared to Psychiatrist (16.7%). African American/Black clergy are also trusted “gate keepers” for referrals to mental health professionals. As survey participants of this study, participants shared the need for the African American/Black Church to take a leading role in addressing mental illness among the African American/Black community.

Pastors have a unique relationship, that goes beyond the counseling room in fostering a healthy therapeutic relationship, this special relationship enables the pastoral counselor to find opportunities for religious and spiritual integration in the content and behaviors of the congregate/client. Often when an individual seeks out pastoral counseling, there is a need that
goes beyond a “diagnosis”, most clients are seeking for a deeper meaning. When a pastoral counselor engages in the congregates spirituality and the search for meaning of life, this intervention aligns with existential humanistic intervention, which can answer the broader questions that goes beyond the perceived diagnosis. This approach emphasizes the importance of human choices and decisions, allowing the congregate or client to develop meaning and value within their lives, just as health professionals do.

As the pastoral counselor works within the congregate/ client framework, the pastoral counselor utilizes interventions that parallel existentialism. This approach to intervention lends itself to establishing therapeutic relationships that are a major component to healthy and positive outcomes for the client as well as what healthy functioning looks like.

The researcher/therapist approached this study as “learning experience”, generated by questions, ending with solutions to a problem. Answers to the questions and solutions does not only generate by numbers and literature, but by the live experiences by those who are impacted by the presenting problem. The researcher gained a heightened awareness that this setting mirrored her professional setting as a therapist, tasking herself to remain mindful of her experiences that related to the participants, and careful not to cloud the immediate experience, staying in the present. Assessing her own bias and theological beliefs as we enter any given situation with our own beliefs, negative scripts, and biases. Certain circumstances serve to reinforce these beliefs and biases and could prove to be harmful to the individual, viewing our own perspective rather than issues critical to the participants. There were varying views of the presenting problem, some potential participants did not see a problem with the current biblical counseling process, as the process was sufficient in addressing the needs of the congregates.
This study would yield different results if research was conducted with mega-churches. Mega-churches service a larger demographic and have the resources and finances to invest in an integrative counseling ministry. Most mega-churches have some form of counseling ministry and have a wide range of net-working capabilities making it possible to service a variety of communities.

A Specific recommendation for pastors is making collaborative efforts with local business and local health professionals. Collaboration provides advantages for networking with Mental Health agencies to improve quality of services and resources to the African American/Black community and their families. The African American/Black Church continues to serve as a refuge for the African American/Black community and their families. Pastors and the church are influential in the lives of their congregates and the local community. Their responsibility is to provide spiritual guidance, development, and pastoral care. Pastors, as a position of influence, can work to dispel the stigma associated with mental health/illness that prevents most African Americans from seeking help.

To effectively integrate mental/behavioral health into biblical counseling, pastors and clergy need to develop competency when assessing congregates. Pastors and clergy can educate themselves about mental illness by attending educational workshops and lectures on mental health; in so doing gaining an understanding that mental illness is not a spiritual weakness, but an illness in which treatment is available. Increased awareness and insight into mental health will aid the pastor to view the mental illness as a biomedical concept rather than a poor relationship with God. The American Psychiatric Association Foundation offers resources to help faith leaders better understand mental illness and treatment. *Mental Health: A Guide for Faith Leaders* is a resource that will assist the pastor in helping individuals and families within their
congregations dealing with mental health challenges. The Association for Clinical Pastoral Education (ACPE) offers clinical pastoral education, equipping pastors with both theological and psychological training, addressing psychospiritual issues in addition to traditional spectrum of counseling.

In fostering collaborative support and networking within the community, African American/Black pastors can invite individuals from various community health centers and mental health professionals to host seminars, a brief session on mental health during Sunday morning worship. Mental health agencies and African American/Black clergy can work to foster a collaboration between the health professional and the church through active dialogue, formulating a partnership in meeting the mental/behavioral health needs of the community.

A follow up qualitative study would be warranted to address the slippages that were identified. Further research would require more of a diverse sampling plan that would include more diversity in gender, age, and various denominations within the African American/Black Church. Sampling tools to meet demographic needs; conducting surveys in Spanish for example would serve to increase the validity of the study from a community standpoint. Data gathering tool that would elicit responses from the millennials would also be warranted. Although interviews with two local community leaders, town councilman of Haverstraw N.Y., and the National Association for the Advancement of Colored People (NAACP) Regional director, survey or interviews with additional community leaders would be advantageous in gaining their understanding and perception of the advancement of the African American/ Black church in addressing the mental health needs of the Black community. These elements would serve to increase the validity of the study as well. Identify concerns relative to the pastoral counselor/pastoral counseling still presents itself throughout the study.
This study reveals there is confusion around who and what a pastoral counselor is and does. There is a need to differentiate between pastoral counseling and biblical counseling as unique and two distinct disciplines. Study results showed little distinction between both, noting that pastoral counselor exercises biblical counseling within counseling sessions. With the consolidation of the American Association of Pastoral Counselors (AAPC) with the Association for Clinical Pastoral Education (ACPE), now broadens the scope of pastoral counseling, offering a spiritually integrated psychotherapy with a multi-disciplinary, multi-faith approach. The results also show the need to the prompt knowledge of the advancements in pastoral counseling.

Research literature presents qualitative studies on “pastoral counseling” advancements in mental/behavioral health, and the need for these advancements to be practice within the African American/Black Church.

The results of this study also suggest the need for further education among African American/Black pastors and clergy in the field of mental health. As the African Americans/Black community rely on the Church as a place wherein they can trust, advanced education in mental/behavioral sciences would serve to educate Black clergy in mental health, gaining a better understanding of mental illness in turn would minimize the need for referrals. Advanced education in mental/behavioral health, would aid the Black clergy in dispelling the stigmas that surround mental illness in the African American/Black communities, and encourage those that are suffering from mental illness to seek help.

**Conclusion:** It is important to consider African American/Black individuals and families fear and discomfort when starting counseling. A major challenge of African Americans/Blacks is speaking out their experience, having been taught to be silent, cautious in divulging information
for fear the information will be used against them. Mr. W.A, regional director the NAACP noted that mental health is at a crisis state for African Americans/Blacks. African Americans/Blacks come to the Church because they have issues, seeking help from the church as their lives are plagued with mistrust, racial disparities, and stigma, causing many to sit silently with their pain. Most African American/Black families look to the Church as the Church was the answer to everything. The church is equipped to meet spiritual needs, but ill-equipped to meet the minor mental health needs of depression, anxiety, and stress. When these mental health issues present themselves within the church, and the pastor or clergy are not qualified, the church has the responsibility to refer when any situation is outside the scope of their qualifications.

A study by the National Alliance on Mental Health (NAMH) (1996-2018) reports that American’s stigma against depression may finally be fading. Americans may be dropping some of the stigma they once had toward depression, but attitudes towards other mental health conditions still seem stuck in the past. One major change is the shift in society’s attitudes. People are becoming more accepting of mental health problems, and more supportive of people with mental health issues.

With consistent documentation of the disparities among African American/Blacks regarding mental health treatment, there must be culturally sensitive interventions that consider values, beliefs, race, and ethnicities.

African American/Black Mega-churches with larger congregations, have moved in the direction of dispelling the stigma of mental illness, as these churches have the finances, staffing, and resources to operate such a counseling ministry. Smaller African American/Black churches, with smaller amounts of congregates, have not moved in that direction partially due to lack of

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resources and finances that are needed to have an effective counseling ministry that will meet the needs of the congregates. Although theology and clinical trainings are now offered in seminaries, bible colleges, certification programs, most pastors do not have the time to attend traditional classroom training due to their hectic and overcrowded schedules. The American Psychiatric Association and the National Alliance on Mental Health offers resources to help clergy better understand mental illness. Pastors and clergy leaders can take advantage of certification courses for example, Certified Substance Abuse Counselor (CSAC), certified Alcohol and Drug Counselor (ADC).

With certifications and licensure in mental/behavioral health /sciences and endorsements from the ACPE, the pastoral counselor is equipped to address not only spiritual concerns, but mental/behavioral issues as well. Interventions that are coupled with family systems approach only serves to enhance the counseling experience, as a systems approach is effective at getting to the root cause of the presenting problem.

Skepticism and concern exist with participants relative to the potential of an increased reliance on the sciences forfeiting the power of God’s word. With a structured protocol, both disciplines can work in harmony with each other. With appropriate boundaries in place, the pastoral counselor can glean those principles of mental/behavioral health and sciences which aligns with biblical scriptures. Biblical scriptures serve as the foundation, mental/behavioral health and sciences serve as one of the building blocks to spiritual, mental, and emotional well-being.

The African American/Black Churches have the power to tear down the walls of mistrust and break the barriers of stigmatism. Pastors and clergy can help normalize the discussions of
mental health, hosting seminars, inviting speakers, during mental health month, incorporating mental health information in the monthly church newsletter.

Cultural pride can buffer against not only racism and prejudices, but also foster acceptance of a mental health problem as noted by Lauren Mizock’s article in Psychology Today, *Cultural Ways Culture Imparts Acceptance of Mental Health Problems, Cultural Factors in the Road to Recover*, notes depression advocacy groups for people of color can prove to be a source of cultural support, that can aide in one’s acceptance process.

A survey conducted by “The Conversation” dated 2018, reports 45% of African American congregations offer some form of mental health service. Half of all African American church goers attend such a program. Also noting that the African American/Black church spearheads initiatives for advocacy for what is defined as “mental wellness” removing the stigma that is attached to “illness”, focusing on prevention, instead of deficiency.

Although there have been great strides in the African American/ Black churches recognizing and moving forward in addressing the mental health crisis among our African American communities, there is still work to be done in debunking the stigma of mental illness, normalizing mental health among African American/Black communities. Larger and mega-churches have taken steps towards embracing mental health, with trained license professionals, programs, and counseling ministries. It is those smaller churches that need to embrace those presenting with mental illness and becoming advocates for mental health. Although small churches may not have the financial resources or trained personnel on staff to service those that present with mental illness, there are ways in which pastors and clergy can provide support.

Pastors and lead clergy member can obtain certifications relative to mental and behavioral health. This will aid the pastor in assisting with minor mental health issues such as
depression, anxiety, and stress related disorders. Those mental health issues that goes beyond the scope of certification should be referred to a local mental health agency. Referrals are an important component of networking with mental health agencies, as these agencies can become a referral service for the church.

Pastors hold an influential position, they can speak about mental illness in sermons, as part of a Sunday School or Bible Study lessons. Speaking openly about mental illness will assist in debunking the stigma and discrimination that surrounds mental illness. The church can provide psycho-educational segments to educate the congregation, bring in speakers from the mental health agencies, these agencies welcome the invitation to come to churches in dispelling the myths and stigmas associated with mental illness. Pastors and leadership clergy hold a position of influence, which can be used to encourage those that are suffering with a mental illness to seek professional help, normalizing the illness as a biological issue that can affect anyone. Taking this position will aid in removing the shame and guilt that many have internalized as a sense of weakness or lack of faith. Whether a mega-church or small church, all can do their part in addressing the mental health crisis so prevalent in the African American/Black communities.

Future Initiatives: As a result of this study the following are future initiatives for Calvary Baptist Church.

Senior Socials: Senior socials will be held the first Sunday of each month, from 10:00am to 11:00am. A light breakfast will be served. This initiative is in its early stage, the goal of this initiative is to provide a space for Calvary Baptist Church senior congregates to come together for fellowship, and support, fostering a sense of community. The Senior Social will also serve as
a platform for Seniors to have a voice, sharing ideas and collaborating in hosting future events sponsored by Calvary Baptist Church.

**Noon Day Check-Ins:** Noon Day Check-ins are held on a weekly basis. Senior Congregates are encouraged to call in every Wednesday at 12:00 noon. This initiative was initiated at the onset of the COVID-19 pandemic. Pastor and Minister would check-in with senior congregates. It was formalized, with a call-in number to connect with one another on a weekly basis. The call is 30 minutes which allows for sharing, testimonies, and prayer request.

**Community Outreach:** Re-examine the current outreach ministry, with a focus on initiatives that will service the demographic of the local community. A brief discussion with town councilman, of Haverstraw N.Y., Mr. J. Ortiz, focused on the possibility of partnering with existing local mental health agency in a collaborative effort in addressing the current rise in mental and behavioral health in the local community.

**Counseling Ministry:** Enhancement to the current biblical counseling process to include the principles of pastoral counseling. With the integration of pastoral counseling, which includes mental/behavioral health, it will broaden the scope of the counseling process to meet the various problems that present themselves in the counseling room. With the foundation of biblical scripture of biblical counseling coupled with pastoral counseling, the counseling process will provide a Christ centered, multi-dimensional, holistic approach to healing.

**Let’s talk about Mental Health:** Mini-series during mental health awareness month, providing psychoeducation on various mental health issues. Utilizing biblical scriptures as the basis for showing that the Bible not only meets the emotional needs but the psychological needs as well. Weekly newsletter will feature one mental illness per week.
Family Support Group: Operate a family support group for those families that have a family member dealing with mental illness.
June 19, 2021

Sonya Cook
Jeffrey Cockrell


Dear Sonya Cook and Jeffrey Cockrell,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

(2) Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word research with the word project throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office
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Title of the Project: Biblical Pastoral Counseling: An Integrative Approach to Healing
Principal Investigator: Ms. Sonya Cook, LMFT, BCPCP, Calvary Baptist Church

Informed Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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

Printed Subject Name

Signature & Date
Appendix B

BIBLICAL PASTORAL COUNSELING: AN INTEGRATIVE APPROACH TO HEALING

5/2/21
Appendix C

Basic Needs Assessment

Over the course of 12 weeks the CBC Counseling Ministry will gather data reflecting the basic needs of those seeking counseling from the CBC Counseling Ministry. The Counseling Ministry’s primary stakeholder will keep a log, in the journal supplied during the introduction phase, of types of services rendered and at the end of 12 weeks will complete the form below. The primary stakeholder will ensure to maintain strict confidentiality, no data is to be entered that will lead to the identification of any client.

Name of Religious Institution: Calvary Baptist Church

Name of Ministry: Counseling Ministry

- What specific services are requested? (i.e., pre-marital, parenting, spiritual, biblical..)
- Are referrals made? If so, what is the nature of the referral?
- What is your perception of the needs presented by these individuals?
- What type of counseling services are provided?
- What are some of the presenting problems that the individual(s) bring to counseling?
- Are services restricted to congregates? Does these services have any community impact?
- What is the theoretical orientation/style, approach used in the counseling sessions?
- Who seeks these services, singles, couples, parents or families?
- What community benefited from these services?
- Who/Whom sought services from the Out-Reach Ministry, single individuals, single parent, couples or families?
- What specific services were requested?
- Does the recipients of these services share their hardships, if so, what stories do they share? (Health issues, family issues, emotional issues, financial issues, other stress related issues)
- What are the thoughts of receiving counseling services?
- What is your/Stakeholder perception of the needs presented by these individuals?
Appendix D

FOCUS GROUP QUESTIONS
The facilitator/stakeholder will use the questions below to elicit dialogue and guide the focus group. Using the Post-It Flipchart document responses, parking lot issues and action items generated by the group.
The facilitator/stakeholder will use the space below to document what type of responses were generated among the group for each question.

What are your thoughts on Biblical Counseling?

What are your thoughts on Pastoral Counseling?

What are your thoughts on Mental Health?

What are your thoughts on integrating the behavioral/mental health sciences in the current Biblical Counseling process?

What are your thoughts about a Christian seeking counseling or therapy?
Appendix E

CONGREGATE QUESTIONNAIRE

How long have you been a member of Calvary Baptist Church?

Are you a frequent visitor?

Have you taken advantage of any of the services offered by CBC?

What CBC services have you utilized?

Please describe what you have learned or heard about counseling.

How would you define biblical counseling?

How would you describe pastoral counseling?

What are your thoughts about the current counseling ministry?

What are some of your experiences with counseling?

What would a good counseling ministry look like for you? Please describe.

What are your thoughts of a Christian seeking counseling or therapy?

What are your thoughts on integrating psychology/mental health with biblical counseling?
Appendix F

SURVEY

What are your thoughts on Biblical Counseling?

What are your thoughts on Pastoral Counseling?

What are your thoughts on Mental Health Counseling?

Does your Church have a counseling ministry/provide counseling? If yes, what type of counseling is provided? If no, would your Church consider instituting a counseling ministry?

What is the theoretical orientation/style approach used in the counseling session?

Who in your Church performs the counseling?

Are counseling services provided to congregates only? Or are the services extended to the community?

Who receives counseling services, individuals, couples, family?

Does your Church/counseling ministry provide referrals? If so, when would a referral be made?

When counseling is sought, what are some of the presenting problems?

Do lay members provide counseling? If so, are lay members provided training? What type of training do they receive?

Would your current counseling ministry/counseling method consider integrating principles of behavioral science/mental health in the current counseling process? If yes, how would the integration serve your current counseling ministry/counseling method, if no what would be the concern of considering an integrative approach to your current counseling ministry/counseling method?
Appendix G

COMMUNITY SURVEY

As a Doctoral Student in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctoral of Ministry degree. The purpose of my research is to introduce and present data relative to an integrative approach of current Biblical and Pastoral Counseling practices, which would include concepts of the behavioral sciences and mental health. The goal of this research is to answer the question as to whether an integrative approach would be advantageous to current Biblical, Pastoral Counseling practices.

Name (optional) ________________

All data is strictly confidential. Participation is completely voluntary.

Thanking you in advance for your participation.

What are your thoughts on Biblical Counseling?

What are your thoughts on Pastoral Counseling?

What are your thoughts on Mental Health Counseling?

What are your thoughts of an integrative approach to counseling; Biblical/Pastoral counseling including mental/behavioral health concepts

Have you or any family member participated in counseling? If so, was it Biblical, Spiritual, Pastoral or Mental Health Counseling?

What was the presenting problem, what did you need help with?

Were the counseling services provided by your local Church or by a Counseling Agency

Were you satisfied with the services? What suggestions would you provide to improve the services?

If a Counseling Ministry was offered within your community, would you take advantage of the services?

What type of counseling services would you like to see within your community?

Please feel free to provide any additional thoughts or comments relative to this survey.
Appendix H

INTERVIEW QUESTIONS

The objective of this informal interview is to acquire genuine feedback from those impacted or indirectly impacted by the presenting problem. The interview will be a narrative approach allowing the interviewee the opportunity to share their story on their own terms. The interview will be approximately 1 hour. The interviewer will perform member checking throughout the interview, checking their understanding by paraphrasing and summarizing for clarification.

Tell me a little about your background, where are you from? A little about growing up, what was family life like?

How long have you been a resident of Rockland County?

How long have you been a member of Calvary Baptist Church?

What ministries were you involved in at Calvary Baptist Church?

What are your first memories of church life?

What was a typical Sunday at church when you were a child?

What were some of the most memorable events in the life of Calvary Baptist Church in the early years? (Revivals, Sunday school, fellowship dinners, baptisms, choir services)

How do you feel the church has changed in the years you have been a member?

What was it like for you when the church closed for a year for construction?

What do you think a new member ought to know about the history of this congregation?

What are your thoughts, feelings about the life of Calvary Baptist Church today?

As the Church continues in its transition, what would you like to see?