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PASTORAL COUNSELING IN AFRICAN AMERICAN CHURCHES

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

by

Allen T. Smith, Jr.

Liberty University, Lynchburg, VA

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APPROVED BY:

  
Melody Smith, EdD, MDiv, Dissertation Supervisor

  
James (Andy) Wood, PhD, Second Reader

## ABSTRACT

African Americans, as a people group, are generally reluctant to pursue clinical support related to emotional or mental health issues. Black people underutilize professional services that address emotional and mental health-related problems (Hankerson & Weissman, 2012). According to Neighbors et al. (1998), regardless of problem type or severity, individuals less likely to secure assistance from professionals are those who contact pastors first. Avent et al. (2015) noted that African American Christians who seek religious support tied to a variety of circumstances choose to access their pastor in order to be supported in opposition to a professional counselor. A perception exists that individuals should seek God in order to cope with their problems (Avent Harris, 2020). Subsequently, those who may be positioned to best support an individual's spirituality, such as pastors or church leaders, may also be best positioned to counsel regarding non-spiritual matters. This qualitative interpretative phenomenological analysis (IPA) used two focus groups, one group of five African American pastors and one of five African American congregants, to explore the lived experiences of congregants and pastors from predominately African American Baptist and non-denomination churches in Northeast and Northwest Ohio.

*Keywords:* interpretative phenomenological, emotional and mental wellness, "African American," or "Black church."

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## **Acknowledgment**

I would like to acknowledge my mother, who is no longer here on earth with us but always in my heart and thoughts.

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### **List of Abbreviations**

Church-Based Health Promotion (CBHP)

Critical Race Theory (CRT)

Interpretive Phenomenological Analysis (IPA)

Institute on Domestic Violence in the African American Community (IDVAAC)

King James Version (KJV)

National Alliance on Mental Illness (NAMI)

Religiously Integrated Cognitive Behavioral Therapy (RCBT)

## CHAPTER ONE: RESEARCH CONCERN

### Introduction

Scripture communicates that the Bible is suitable for all things. It includes examples of individuals plagued by various challenges who received help from God or His servants. Aten (2013) noted that the Bible reveals general principles capable of being helpful to individuals regardless of the era they live in or the places they came from. This includes the capacity to assist people who need various types of support. Since individuals seek pastors for both counseling and spiritual matters, it made sense for leaders to be equipped to meet the counseling needs of those who came to them. However, a question could be asked, especially in relation to African American pastors: Have these leaders been sufficiently equipped to effectively provide non-clinical support and spiritual guidance to individuals who have experienced challenges in life? This was a relevant thought because, historically, African Americans tend to seek pastoral help for life issues requiring counseling, as opposed to clinical assistance. For centuries, deep cultural bonds have been laced throughout African American communities, causing Black leaders and pastors of known churches to be seen as role models, influencers, and gatekeepers. Even still, a gap remained with respect to research tied to the effect of African American pastors or church and community leaders on black emotional and mental wellness (Williams & Cousin, 2021).

According to Burse (2021), pastors' perceptions about emotional and mental health wellness concerns within African American communities are typically influenced by their educational backgrounds, knowledge, pastoral experiences, and access to community resources. All of these things could greatly impact a congregant's ability to overcome personal challenges. While faith-based entities have long been engaged in providing religiously focused services to

their congregants and clients in the communities they are established in, research regarding effective partnerships and ways in which their services can be enhanced to address needs is extremely limited (Burse, 2021). Thus, this has placed a spotlight on the need for pastors to be highly capable of effectively dealing with those who seek support from them and serves as a catalyst for why this topic is worthy of further exploration.

### **Background to the Problem**

African Americans seek pastors as opposed to clinical professionals regarding emotional and mental health counseling initiatives. While “certain demographic characteristics may account for differences in help-seeking, it is possible that the decision to seek support from a professional is more nuanced and better explained by cultural practices and beliefs held by African Americans” (Avent Harris et al., 2021, p. 75). Attitudes possessed by many African Americans tend to play a greater role than demographical characteristics with respect to clarifying why Black people have not been as likely to pursue professional emotional and mental wellness treatments (Avent Harris et al., 2021). The negative stigma associated with emotional and mental wellness is a reason why individuals from certain minority groups, who would most likely benefit from services tied to positive mental wellness, choose not to pursue or even participate in professional treatment (Gary, 2005). Unfortunately, especially for those within the African American community, there has been a negative connotation associated with seeking support to achieve and maintain positive emotional and mental wellness. help.

### **Negative Perception**

African Americans have been noted to possess more negative thoughts toward professional treatment options than other groups. Costs for clinical treatments, lack of insurance, and general mistrust of the medical profession are reasons why people of color have not readily

sought professional support to address wellness issues. The “Tuskegee Experiment” served as an example that supports African American apprehension regarding the lack of trust in medical professionals. Black men were prevented from being given treatment known to be highly effective (penicillin, which was standard for care in the mid-1940s) for their conditions while intentionally being discouraged from pursuing medical help from practitioners unaffiliated with the study (Brandt, 1978). Unfortunately, what happened to those men still impacts African American decisions to seek treatment for health issues to this day. Alsan (2018) communicated that journalists, medical researchers, and social scientists repeatedly list the Tuskegee incident as a continuing reason African Americans remain skeptical of mainstream treatment options. Though some African Americans in need of assistance choose not to seek clinical support, they do show receptivity with respect to engaging in pastoral counseling. These individuals view ministers as being capable of providing them with proper guidance; thus, church leaders need to have the awareness and knowledge of how to do so. Pastoral counseling is an obvious support option for those who believe they can be made well through faith. Consequently, ministers and other servants within the African American Church are uniquely positioned to assist those with counseling needs.

Another piece to the puzzle of how African Americans got to where they are with respect to being less likely to seek professional support for emotional or mental wellness-related issues may be tied to a lack of awareness. More specifically, African Americans had limited knowledge of the resources found within Black communities themselves. When this happens, those who are willing to present their lived experiences are able to share relevant data regarding how they addressed topical items such as stigma or discrimination while also providing insight into how they worked to overcome their wellness situations and issues on the way to feeling a sense of

belonging or empowerment (Graziela et al., 2022).

### **Community**

The lack of hyper-local resources that are relatable and capable of providing support from cultural awareness and influencer perspectives may be more relevant than what is being stated here. Graziela et al. (2022) also noted the conviction that individuals who have previous lived experiences associated with mental or emotional health-related challenges have a willingness to share in local settings. These individuals should be identified and engaged as resources to counteract those who espouse negativity regarding the necessity and importance of treatment. Actually, “Citizenship is emerging as one of the world’s leading models to shift mental health care from artificial psychiatric settings into more natural community settings by incorporating human rights” (Graziela et al., 2022, p. 538). Individuals, groups, and entities failing to see or acknowledge as being wrong or unfair societal factors associated with rationale as to why African Americans feel certain ways about support for emotional or mental wellness-related issues work against what Graziela et al. see as being a way to move positive wellness support initiatives forward. When people feel as if the world they are a part of is understood, recognized, and heard, individuals may be more willing to emerge from the community as champions to help address local challenges.

Data associated with African Americans functioning with emotional or mental health issues suggests that family members can often be unreceptive to hearing information about these types of wellness problems and, consequently, fail to provide adequate support to those even within their own families having need. It is imperative to raise awareness within African American communities regarding the legitimacy of emotional and mental wellness challenges as significant health issues, some of which may necessitate professional treatment for resolution.

(Kreps, 2017). Discomfort concerning communication about emotional and mental health issues is closely related to the stigmatization of those within minority communities who experience them; they are often categorized as “crazy, dangerous, violent, hostile, and out of control” (Kreps, 2017, p. 3).

In certain African American circles, those with emotional or mental wellness issues may be viewed as weak-minded individuals who lack discipline. While this is very sad and untrue, these types of opinions may cause individuals with challenges to conceal their issues or even try to treat themselves while refraining from any effort to seek professional assistance (Kreps, 2017). Ultimately, when there is a lack of therapeutic messaging about wellness issues, the lack of communication serves as a catalyst to increase health problems and adverse wellness outcomes for members of Black communities (Kreps, 2017). Those who suffer from emotional or mental health issues may not even recognize they need help, with others potentially interpreting symptoms they have noticed as simply being bad or inappropriate, antisocial behavior. Consequently, the stigma tied to these types of wellness challenges can often promote stereotyping and inadequate knowledge regarding the most effective ways to deal with and support persons with emotional or mental problems (Kreps, 2017).

### **Statement of the Problem**

Chatters et al. (2017) noted, “Clergy use for mental health problems is particularly important among specific population groups (e.g., African Americans) who have established patterns of underutilization of mental health services and resultant unmet need” (p. 139). Ministers are critical because they are seen as being suitable counseling sources that are generally accessible for groups or individuals who do not have health insurance or have low income (Chatters et al., 2017). Family members will refer individuals to their pastors, and



pastors will also contact congregants based on needs shared by family (Chatters et al., 2017). Consequently, it is crucial to explore what pastors and congregants associated with predominately African American Baptist or non-denominational churches think about pastoral counseling.

Research indicates that more work could be done in order to better understand the impact religious counseling has on African Americans. Literature associated with church-based programs tied to mental wellness and African Americans is, according to Hankerson and Weissman (2012), extremely limited. More specifically, Garner and Kunkel (2020) note that Black people are more likely to use religious coping methods, including prayer or community-valued social supports like senior pastors and ministerial team members, as resources for counseling.

According to Streets (2014), pastoral counseling is typically focused on individuals, couples, or families to the exclusion of expanded social contexts. A pastor who counsels needs to use experiences, listening skills, and knowledge to hear and see what their congregants need. Williams & Cousin (2021) stated, “It is important to recognize the importance of the Black pastors’ influence on health outcomes and behaviors in the Black church and community” (p. 1069). Streets (2014) noted that counseling outcomes are enhanced when pastors learn about the struggles of their members. Thus, giving pastors and congregants opportunities to share and grow in their understanding of one another can help pastors become better prepared to address the challenges they will face in counseling. Thus, studying pastors’ and congregants’ lived experiences is a vehicle that can help pastors and churches gain additional insight into what is needed to best prepare a leader for ministry.

## **Pastoral Influence**

The African American Church and pastors of these congregations are critically important to Black communities, so much so that they are able to influence certain aspects of life.

However, a gap remains in the literature tied to professional academic counselors and African American pastors. More data on the needs and challenges these leaders face is necessary. The question is whether leaders, pastors, or lay individuals possess what is needed to positively impact those whom they serve. This research explored African American pastors' and congregants' lived experiences associated with the counseling they provided or received, respectively. Hankerson and Weissman (2012) stated that additional intensive research could help church-based health promotion programs understand how to be seen as acceptable and viable resources that provide access to screenings and treatment recommendations designed to address disparities associated with mental wellness for African Americans.

## **Purpose Statement**

The purpose of this interpretive phenomenological analysis was to explore the lived experiences of both pastors and congregants of African American churches with regard to pastoral counseling. The support pastors provided those who attend predominately African American churches located in Northeast and Northwest Ohio, in the area of non-clinical counseling, is of relevance because African Americans have a tendency not to pursue clinical support. Those possessing emotional or mental support needs view ministers as being community leaders and, consequently, contact them when facing psychological distress (Neighbors et al., 1998). African Americans report a higher likelihood of not continuing mental wellness treatment facilitated by psychiatrists and professional counselors (Mowbray et al., 2018). Research to aid in understanding the roles African American pastors play with respect to

identifying and managing things like depression attributed to congregants is not being used to better develop leaders to address the counseling challenges they will face (Anthony, 2015).

Pastors ministering primarily to African Americans benefit from awareness of community tendencies. Lower rates of engagement with clinical professionals and negative stigma regarding perceived emotional and mental wellness issues among African Americans highlight the need for pastors to be capable of providing counsel (Hays, 2016). According to Taylor et al. (2000), pastors may be the first or only professionals an African American in need of counseling will encounter. An interpretive phenomenological analysis was used to better understand pastoral counseling experiences for both ministers and congregants.

### **Research Questions**

The forthcoming research questions allowed for thoughts to be shared in reference to both positive and challenging aspects of counseling initiatives. Both congregant and pastoral perspectives were equally relevant. The following research questions were selected:

**RQ1.** What, if any, initial/pre-conceived thoughts and feelings about counseling do Participating congregants and pastors hold?

**RQ2.** How, if at all, do the participating congregants report being helped by pastoral counseling?

**RQ3.** How do the participating pastors report their self-efficacy in counseling their congregants?

**RQ4.** What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

### **Assumptions and Delimitations**

Assumptions and delimitations help frame the research for the reader. Assumptions provided a starting point, and delimitations provided boundaries.

## **Research Assumptions**

The study assumed all participating congregants were Christians and, while they may not have been listed as official members of the churches, had participated in counseling with a pastor of a predominately African American attended church. It was presumed that issues such as marital problems, toxic stress, work challenges, grief, and concerns associated with substance abuse or emotional and mental health issues fell under psychological, emotional, or mental wellness.

## **Delimitations of the Research Design**

While research indicates non-African American people groups are also likely to engage pastors with respect to seeking support for counseling issues (Bledsoe et al., 2013), this study was delimited to:

1. African American pastors and congregants in Northeast and Northwest Ohio.
2. Pastors who lead Protestant churches and have been ordained to function as ministers prior to the study.
3. Congregants who self-identified as being Protestant and have engaged in pastoral counseling at least one time and
4. Participants who were between the ages of 21 and 70 years old.

## **Definition of Terms**

The terms listed below have been designated as being pertinent to this study. The definitions include:

1. *African American or Black Church*: According to Hays (2015), the African American or Black Church is a shorthand reference for Christian churches in the United States primarily attended by African Americans. These churches were typically one of the few places where African Americans were able to share anger, fears, and sadness stemming from racially influenced societal issues.
2. *Emotional or Mental Wellness*: a condition of one's interior equilibrium that impacts an individual's ability to function according to universal societal values. Those who

experience issues with wellness tied to their emotional or mental being may have challenges with basic reasoning and social skills, the capacity to recognize, communicate, and manage personal emotions, empathizing with others, and displaying adaptability and the ability to deal with challenging life situations (Galderisi et al., 2015).

3. *Pastoral Counseling*: This type of counseling includes the usage of theories (psychological) and methods centered around religion, theology, and things of a spiritual nature (Streets, 2014). Church leaders provide congregants with non-clinical support according to their needs.
4. *Clinical*: According to Hajjaj et al. (2010), biomedical information is being used for problem-solving, weighing probabilities and various outcomes, and balancing risk-benefit by individuals who have been trained and possess validating certifications or credentials.
5. *Toxic Stress*: a response based on the disruption of circuitry between immune and neuroendocrine systems that impacts several biological systems, establishing a foundation for adverse health outcomes from a long-term perspective (Bucci, 2016).

### **Significance of the Study**

The purpose of this IPA was to explore the lived experiences of both pastors and congregants from African American churches in relation to pastoral counseling provided or received. There are gaps in the literature tied to religion's association with positive emotional or mental wellness (Wiley, 2020). More specifically, since African Americans are less likely to participate in clinical treatment facilitated by licensed professionals, pastors benefit from being adequately prepared to meet the needs of those who come to them seeking help. Findings from additional research could provide new data to clergy members, social workers, or health providers who need to better understand African American individuals who might desire assistance but fail to get help (Wiley, 2020).

The capacity of African American churches to effectively address emotional and mental wellness needs must be explored to improve the relationship between intervention and the Church as an organization (Hays, 2015). The study contributes to the Christian counseling profession, especially those associated with African American churches, by serving as a resource

that helps pastors and congregants better understand counseling endeavors and, subsequently, improve the likelihood of counseling effectiveness. Ideally, as a result of reading this research, individuals and churches will be better informed about the importance of pastoral preparedness regarding the topic of pastoral counseling. The level of awareness or education a pastor possesses is something that can be used as a data point to help churches and leaders with decisions regarding services, partnerships, and funding initiatives.

If churches and pastors were better equipped to address the needs of congregants, those in need of assistance might be more likely to communicate satisfaction regarding counseling experiences. This could lead to additional confidence in the church with respect to meeting community needs, which might also positively impact the number of people who might be exposed to the gospel. Churches that provide information to help congregants understand how religious interventions help improve emotional and mental wellness, especially for those who may lack financial resources to seek other types of treatment (Wiley, 2020), prepare members to pursue support. With research tied to church-based emotional and mental wellness promotional programming being underdeveloped (Hankerson & Weissman, 2012) and underutilized, studies like this can serve as a resource that helps churches seek collaborations with their communities to better meet the needs of attendees.

The research from this dissertation can help entities gain a greater understanding of how collaborative efforts of faith-based institutions and professional health wellness providers might partner to secure better support or treatment options for individuals within African American communities. Ideally, increased knowledge stemming from enhanced community partnerships might also help mitigate the negative stigma associated with mental illness in specific communities (Garner, 2020). This research may expand the awareness and knowledge of

churches and individuals to the extent that mental wellness ministry becomes a priority.

Ultimately, the goal of most church-related initiatives should be to help individuals in some way, shape, form, or fashion grow closer to God. Scripture communicates, “and I, if I be lifted up from the earth, will draw all men unto Me” (King James Version, 1769/2017, John 12:32), but this does not preclude Him from allowing the pursuit of support for personal challenges from pastors as a resource that allows for individuals to be drawn to Him. God is quite capable of using challenging situations to drive things like enhanced scripture study, prayer, and communication in reference to God through the vehicle of counseling to help accomplish His will for those who might seek the resource of Christian counseling.

A by-product of studying scripture, church service attendance, and participation, as well as more intentionality regarding growth in Christ is awareness of one’s need to engage in counseling services. Congregants may be more likely to pursue the help they need if they see growth in the Lord as being a portion of what is needed to obtain what they need from pastoral counseling services. Growth serves as a tool, a natural accompaniment that only enhances what the Lord may have for them to receive through the resources they have been provided. Those ready and willing to submit to a counseling process may, in fact, feel as if they are also indirectly offering acknowledgment to God. The fact that they have acknowledged to someone else that they need help shows personal responsibility and a willingness to work toward positively contributing to their own wellness needs. The commitment to work with a pastor becomes a milestone marker of progress and, thus, serves as an act to recognize and take seriously, especially considering the unwillingness of many people of color to seek support for wellness-related issues. Ideally, an atmosphere where individuals, as a result of prioritizing the spiritual aspects of engaging in Christian counseling with a pastor, primarily focus on growing in Christ

and, in turn, see how God may be using a pastor to not only address one's immediate emotional or mental wellness issue but help them see that God is the best resource anyone can have to address issues of any type. The point is to get congregants to realize that even their challenges can be used by God to bless themselves and others. However, this is only possible if they fully avail themselves of the Christian pastoral counseling journey.

Signing up for counseling may challenge individuals to think about whether their pursuit and worship of God aligns with the Christian life they are living, desire, or need assistance to live. If the counseling is effective a pastor will help congregants understand the importance of acknowledging one's need for support. God is able to see this and, if He so chooses to credit the acknowledgment of a need for help as righteousness, somewhat comparable to Abraham's faith being counted as righteousness in Romans 4:3 (KJV, 1769/2017). This is only possible if congregants fully avail themselves of the Christian pastoral counseling journey.

### **Summary of the Design**

The methodological design selected for this project was interpretive phenomenological analysis (IPA). Both pastors and congregants from predominately African American attended Baptist or non-denominational churches located in Northeast and Northwest Ohio were targeted as participants. Individuals were engaged in focus groups to gather information associated with the support individuals provided or received through counseling initiatives. The goal of the research was to capture the lived experiences of pastors and congregants in order to illuminate the need for improved effectiveness through pastoral awareness, education, or training in relation to emotional and mental caregiving. Participants were organized into semi-structured focus groups and were asked to share best practices, feelings, observations, and thoughts tied to the support they received or provided. The focus groups were facilitated using the Microsoft Teams



virtual meeting tool. One group consisted of five congregants, and the other was made up of five pastors. The sessions were recorded and transcribed through the Microsoft Teams tool. Group and research question responses analyzed the data. Research questions served as a guide to develop categories and themes that surfaced from the discussions. Terms or phrases that emerged from the focus group communications were also listed in chapter four.

The following chapter provides readers with related literature regarding the topic of pastoral counseling as related to African Americans. Chapter three explores theological and theoretical theories that have been used or could be used to support African American congregants seeking assistance for emotional or mental wellness issues. Chapter four provides details regarding the participants, focus group session discussions, data collected, and analysis of what congregants and pastors said about their counseling experiences. Chapter five highlights the collective takeaways from the research and discusses what might be best for churches and pastors to consider from a counseling preparedness perspective in order to best meet the needs of congregants who come to churches looking for help.

## CHAPTER TWO: LITERATURE REVIEW

### Overview

Every day, individuals walk into churches and interact with pastors on the basis of seeking assistance with personal issues. The issues these people bring to leadership are, at times, of a religious nature; however, they can be very diverse in scope and capable of stretching anyone beyond their capacity to provide adequate support. McRae et al. (1998) defined the Black church as being a system that includes an entire congregation, along with the unit responsible for overseeing or coordinating ministries and the functioning of things such as choirs, clubs, and individual members. Within the African American community, it is acceptable, culturally, and in some circumstances expected, for individuals to seek the church over any place else as a source where one can have all of their specific needs met (Stansbury et al., 2018). A study of African American ministers from Baptist churches situated in rural and urban central Kentucky noted research participants' acknowledgment of the most essential ministerial function being pastoral care (Stansbury et al., 2018). This is because African American people identify the church as being a place where they can find help for their troubles. Many in the Black community believe pastors are capable of effectively and knowledgeably intervening to assist anxious individuals in restoring their emotional or spiritual equilibrium (Bingaman, 2010).

Congregants go to pastors with expectations that the support they will receive can benefit them. Whether or not this occurs is something to be explored. Findings indicate older African Americans will seek help from church members, specifically pastors, as the primary resource to address emotional and mental wellness concerns (Stansbury et al., 2018). Many African Americans adhere to the counsel of their elders. This, along with the historical lack of culturally sensitive service options, misdiagnosis, and racism, has led to individuals seeking solace through

the church as opposed to professional mental wellness services (Dempsey, 2016). Having a pastor who understands the importance of learning as much as possible about things congregants experience goes a long way toward becoming the best leader one can be. This is especially critical as related to the area of emotional and mental wellness for Christians. Support strategies centered on teachings from Jesus are essential for congregants believing spiritual growth can positively impact one's overall emotional and mental wellness (Bingaman, 2010).

### **Theological Framework for the Study**

#### **The African American Church**

Central to pastoral counseling for African Americans is the theological belief in the healing power of faith and spirituality. Historically, the Black church has served as a sanctuary and source of resilience for African Americans facing oppression and adversity. The African American Church has always been a significant part of the Black experience because, traditionally, it has been an institution that was ubiquitously organized for the sole purposes and benefit of African Americans (Ellison et al., 2017). The theological concept of the *Imago Dei*, which asserts that all individuals are created in the image of God, underscores the inherent value and dignity of every person, regardless of their emotional or mental wellness status.

African American pastors play a significant role in providing hope and encouragement to their congregants. They draw upon biblical narratives such as suffering, resilience, and redemption, which resonate deeply within the African American community. The stories of figures such as Job, David, and Jesus Christ offer narratives of triumph over adversity and the promise of divine comfort and restoration. By sharing these narratives, pastors inspire their congregants to find greater satisfaction in life and to overcome emotionally based issues stemming from discrimination (Ellison et al., 2017).

Counseling African Americans about wellness issues requires a nuanced understanding of their cultural, historical, and spiritual context. This is primarily because the Black experience is often the testimony of those who unfortunately experienced inhumane, economic, political, social, and spiritual systematic injustices revolving around race relations (Johnson, 2017).

### **Healing and Restoration**

The biblical theme of healing and restoration is both physical and spiritual. This is especially relevant to African American pastors who not only care for their respective congregants, families, and communities but also need to find time and resources that help them maintain minimum stress (Roggenbaum et al., 2023). Their job is to encourage individuals to seek wholeness and well-being in every aspect of their lives (Isaiah 53:5; James 5:14-15). Healing and Restoration hold significant importance in the lives of African American Christians, offering them a framework for addressing stress and wellness issues. This concept is deeply rooted in the Christian faith, drawing from biblical teachings and theological understanding. Throughout the Old and New Testaments, there are numerous accounts of God's miraculous healing and restoration of individuals and communities. These stories serve as a source of hope and encouragement for African American Christians facing various challenges, including stress and wellness issues.

Healing and restoration within the Christian context often involve community support and prayer. Worship services serve as platforms where individuals who often share religious beliefs as well as social values and other characteristics come together for activities and practices deemed to have sacred significance (Ellison et al., 2017). African American churches play a vital role in providing a supportive environment where individuals can seek prayer, encouragement, and practical assistance. This sense of community can alleviate stress and foster a sense of

belonging and connection. The Christian concept of healing and restoration encompasses a comprehensive approach that addresses the whole person – body, mind, and spirit.

In the face of adversity and stress, healing and restoration instill hope and resilience in African American Christians. This is why it is reasonably safe to suspect that Black people who seek support from those within the church are less vulnerable to emotionally damaging effects tied to discrimination (Ellison et al., 2017). Individuals draw strength from the assurance that God is actively working for their good and that suffering is not the end of the story. This hope empowers them to persevere through difficult circumstances and maintain a positive outlook on life.

Scripture is an acceptable tool for pastors to use in all situations, especially within the African American community with those who need support for personal challenges. Although theological differences do exist, the majority of Black churches subscribe to the theological thought that worship services are places in which there are opportunities for participants to personally experience Christ and learn more about God through scripture. Typically, this theological perspective is accommodated by how services may be conducted. This personal experience is encouraged and supplemented through certain rituals and standard practices, including prayer, shouting, singing songs of worship or hymns, and speaking in the spirit or tongues (Avent & Cashwell, 2015). During services, scripture is also used to encourage individuals to personally draw closer to God. The church for African Americans is not only a place to worship but “by virtue of its role as a social support network, also embodies group norms, values, role models, self-revelations, and learning experiences for its members and those in the surrounding community” (McRae et al., 1998, p. 779).

The Bible is considered a viable source because of its ability to serve as a helpful

resource in combating emotional and mental wellness, even during a church service. A deliberate study of phrases and words employed by those who wrote scripture can serve as a guide to all who earnestly seek truth with respect to people-helping approaches and initiatives (Hesselgrave, 1985). The church has always viewed the Bible in this light. Hays (2015) noted that due to the role religion plays in many African Americans' lives, religiosity should also be considered in relation to emotional and mental wellness research. As recognized pillars within Black communities, African American churches, due to their unique positions, can provide information, interventions, and services to individuals who may not otherwise be reached by resources that support positive mental wellness (Hays, 2015).

Since African American pastors have congregants who will prioritize seeking support through the church, it makes sense for leaders to become well-equipped to meet the needs of those who are going to come to them regardless of the situation or challenge. Congregant support needs are vast and include traumatic things like accidents, deaths, marital or relationship abandonment, natural disasters, post-traumatic stress disorders (PTSD), sexual assaults, or other difficult psychological situations (Stephens, 2020). These challenges can create significant stress and are, in the eyes of many African Americans, best addressed from a Christian perspective. This thought is why specific individuals choose the church over other places to seek support. Tools such as Cognitive Behavioral Therapy (CBT) provide pastors with a framework from which they can support congregants with Christian-based support that combines proven behavioral modification techniques with scripture. Churches that have implemented the use of tools like CBT have reported positive results in relation to addressing mental wellness needs (Hays, 2015).

Given that congregants come to the church for help with their issues, determining

whether pastors have the biblical knowledge and training to use scripture and adequately support these individuals is extremely important. While some African Americans choose not to seek clinical assistance, those who do seek help for their issues are wise to find it in a church or religious setting. "In the lips of him that hath understanding wisdom is found" (KJV, 1769/2017, Prov. 10:13). Thus, it makes sense for churches to consider how to message the notion that scripture supports positive emotional and mental health.

### **Church As A Resource**

Black churches are known to be places where individuals can receive assistance for more than just spiritual needs. "The Black church provided African Americans with opportunities for civic and social engagement as well as providing for the material and physical needs of congregants facing harsh social conditions due to racism and poverty" (Campbell & Littleton, 2018, p. 337). Many exist as "therapeutic settings that provide a safe place for emotional expression" (McRae et al., 1998, p. 778). God allows the church to serve as a resource to positively impact aspects of life that are considered non-spiritual. According to McRae et al. (1998), the African American church functions like a group activity capable of providing healing or other general health and education-related benefits to those who are members. "Churches have a significant impact on the emotional and mental health attitudes and behaviors of African Americans" (Hays, 2015, p. 300). Therefore, a further understanding of their role in addressing the emotional and mental health needs of congregants is needed. In particular, religion is viewed as an alternative to other forms of treatment for those in the African American community. Hays (2015) noted that Black churches should expect to be continually relied upon as being a lead resource when it comes to addressing emotional and mental health challenges of African Americans, whether these institutions have the ability to effectively do so or not. This thought is

consistent with scripture and prioritizes the remedy that one is capable of receiving from the Lord over all other things. "Seek ye first the kingdom of God, and his righteousness, and all these things shall be added unto you" (KJV, 1769/2017, Matt. 6:33).

Historically, assisting individuals so that they might become more spiritually oriented and prepared for life after death was something organized religion strived to do (Taylor et al., 2004). During the slavery, Jim Crow, and civil rights eras, churches placed great emphasis on counseling and facilitated sermons and activities that helped soothe African Americans (Avent, 2015). During these times, churches served as primary sources of support as individuals experienced life challenges. The proclivity of African Americans to view the Church as a place where they could find help, starting during the slavery era, continues to this day (Avent, 2015). Research confirms that the church not only meets the spiritual needs of attendees but is also capable of effectively functioning as a conduit that promotes positive emotional and mental wellness (Robinson et al., 2018). Considering the African American Church's historical role in many aspects of people's lives, it is plausible to understand how African Americans see their community churches as viable alternatives to clinical support (Avent, 2015).

The unique nature of the church allows it to function as a place where individuals can be spiritually, mentally, culturally, and nourished. It is also a place that can be useful for addressing various social issues and conditions plaguing African American communities (Robinson et al., 2018). Insufficient services, culturally inept providers, and unsatisfying experiences substantiate disparities tied to mental wellness care for African Americans (Smith, 2015). Unfortunately, when a pastor or leader is ill-equipped to handle complex issues, it can impact what congregants may think about other aspects of the church. This may compromise people's trust in the church, especially new or immature congregants. While some African American pastors demonstrate



their commitment to helping congregants with emotional or mental wellness by preaching about it or encouraging healthy behaviors (Williams & Cousin, 2021), there are still benefits to providing leaders and churches with training and support that will allow them to better meet the needs of their congregants through counseling.

Increased awareness and education for congregants and church leaders is essential to help reduce obstacles such as mental illness stigmas (Matthews et al., 2006) so that people can freely seek help. This is relevant because epidemiological studies propose that one in five American citizens go through some emotional or mental challenge at some stage of their lives (Matthews et al., 2006). However, there is hope because research findings consistently show that individuals deemed more religious display lower levels of mental wellness disorder (Hays, 2015).

Consequently, pastors and church leaders who intentionally seek more information to grow their awareness and knowledge regarding emotional and mental wellness position congregants to receive assistance and share promotional materials with others in their communities. In so doing, they may also show themselves approved to God, as a workman has no shame because they rightly divide God's word (2 Tim. 2:15). Counseling provides a resource that addresses spiritual, emotional, and mental health needs while helping members see the benefits that come with focusing attention on both parts of their being (Campbell & Littleton, 2018). While not everyone agrees that the Bible and Christianity are viable resources to consider with respect to assisting with counseling-related matters, those who believe have a resource capable of producing effective results.

### **Biblical Foundations for Wellness**

The Gospel authors did not present Jesus as one who just talked with other people about random things. He was especially concerned about individual spiritual wellness. Dialogues

between Jesus and others, regardless of whom they were, mattered both to Him and the groups or individuals with whom He spoke (Streets, 2014). Jesus lays the foundation for counseling to be done because He showed the world how communications “between people can result in each of them being profoundly impacted by what they say to one another. The power of such communication and how it connects us to one another and to ourselves and to God is remarkable” (Streets, 2014). The individuals He spoke with either came to Him with or developed a trust that He would be able to assist them with their challenges. He even helped them see and understand their issues. It is proposed here that Jesus’ life and teaching are presented in the synoptic Gospels and address what is directly referenced as emotional or mental wellness (Cook, 2020). Individuals belonging to religious communities have fewer emotional or mental challenges and display better outcomes upon receiving treatment (Cook, 2020). Isaacson (2021) shared that positive effects have been noted in adults with depressive symptoms who sought biblical counseling centered on Christian teachings as a foundation. Thus, wellness outcomes for all people groups are enhanced when associated with spirituality and religiosity.

The purpose of the church is to serve as a vehicle where people are consistently growing into people who are more and more like Christ. Scripture instructs believers to “Let this mind be in you, which was also in Christ Jesus” (KJV, 1769/2017, Phil. 2:5). There is a section in Scripture where Jesus asks a man if he wants to be made well. “When Jesus saw him lie and knew that he had been now a long time in that case, He saith unto him, wilt thou be made whole” (King James Version, 1769/2017, John 5:6). Jesus is asking the man, “who had been had been an invalid for thirty-eight years” (KJV, 1769/2017, Jn. 5:5), about his physical condition; however, there is more to be seen in this exchange. Indeed, it would make sense for Jesus to ask what He did because the man had been in a debilitating physical condition for years; however, the

underlying thought here may be less about the man's physiological state and more about his emotional, mental, and spiritual well-being. Being made well, in this instance, could be indicative of the man receiving the peace of God, which comes through accepting the good news and hope found only in Jesus Christ. Ultimately, a pastor's "responsibility is to help individual persons find healing and wholeness in Christ because ultimately every person stands alone before God" (Hesselgrave, 1985, p. 215).

At the beginning of scripture, in the book of Genesis, God communicates to Adam in a manner that we might consider as being consultative. According to Streets (2014), the Lord asks Adam a most critical question: "Who told thee that thou *wast* naked?" (KJV, 1769/2017, Gen. 3:11). In other words, what other source did Adam draw his meaning of life from (Streets, 2014)? This discourse sets the stage for the type of challenges pastors will face in dealing with the personal issues of congregants. The world will influence them in ways that can cause them to forget the excellent minds God has put in them. "For God has not given us a spirit of fear, but of power and of love and of a sound mind" (KJV, 1769/2017, 2 Tim. 1:7).

### **Biblical Foundations for Pastoral Care/Counseling**

There are African American churches throughout the nation that have created counseling centers in an attempt to merge theology and emotional and mental wellness services. According to Burse et al. (2021), leadership at these institutions has relied primarily on traditional customs, biblical teachings, and scriptures. The by-product is a rise in thought that the application of pastoral counseling is something that has become an area unique of practice (Streets, 2014) within the lives of ministers. Religion and spirituality are capable of serving as a beacon that points to what is actually valuable to us as humans. The promise of an eternal reward found in

heaven and the salvation of one's soul serves as a way to overcome anxiety by providing meaning with life constructed around Christian values and qualities (Dumulescu et al., 2022). As humans, we have an intrinsic need to speak with others and have them hear us. Through conversations in which listening and talking to others takes place, individuals can grow and be healed (Streets, 2014).

### **Mental Needs**

Believers are instructed to “Be not conformed to this world: but be ye transformed by the renewing of your mind” (KJV, 1769/2017, Rom. 12:2). This transformation happens as a result of God, but as a result of his provision, it often happens as a result of communication with others. Pastoral counselors are encouraged to reduce their inclination to control or direct the path a congregant may take when dealing with their issues. They should avoid feeling the need to have all the answers for every situation or circumstance (Streets, 2014).

Christians are also encouraged “to walk, even as He walked” (KJV, 1769/2017, 1 Jn. 2:6). The thought is that in order to walk as Christ did, one must be sound emotionally and mentally. These scriptures are indicative of the idea that God intends humans to function with good emotional and mental health. Spiritual guidance from pastors can influence a “change of heart” within a person. This change allows them to respond to circumstances from a scriptural and faith perspective (Isaacson, 2021). The new behavior they display is symbolic of steps taken toward the development of positive emotional and mental wellness through the pursuit of an ongoing relationship with God. The Apostle Paul recommended that believers renew their minds daily (Romans 12:2), but in order to do this, they must possess the capacity for their mental makeup to be adjusted. Those who believe in Christ and need support for issues or provide support in relation to emotional or mental wellness may find biblical counseling to be the best

possible supporting resource. According to Heath (2011), it is unlike any other type of counseling, secular or Christian, approach since it is rooted in scripture.

Scripture states, in the Old Testament, “for as a person thinketh in their heart, so are they” (KJV, 1769/2017, Ps. 23:7), meaning it is vital to have good, positive thoughts. Pastors have the incredible opportunity and responsibility to help shape how congregants, who may have underlying issues stemming from a variety of factors such as food insecurities, poor physical health, racism, domestic violence, etc., think. Churches willing to position themselves so they are best able to offer training, information, or referral support regardless of the challenges likely to be found in church settings display the type of compassion for which the African American church has become known (Hays, 2015). How does one get to a state of positive emotional or mental wellness? Solomon (1999) believes that humans have an intrinsic need to connect with God and that we cannot wholly function independently of this connection.

### **Emotional Needs**

Scripture tells us that the Bible is a great, if not the best, resource for maintaining positive emotional and mental wellness. The Apostle Paul shared in scripture that believers may seek God to assist with their challenges. The text states, “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” (KJV, 1769/2017, 2 Cor. 1:4). We also see that God helped Elijah to move through a very stressful period in his life by speaking directly to him regarding his emotional and mental wellness. The prophet was being pursued by Jezebel, who wanted to kill him after having followed the Lord's instructions. His emotional and mental wellness was such that according to scripture, "He sat down under a broom tree and prayed that he might die" (KJV, 1769/2017, 1 Kings 19:4). So he sits underneath a tree hoping God will allow for him to

die but God had other plans. He tells Elijah to "get up and eat" (KJV, 1769/2017, 1 Kings 19:5). This highlights the role that food and rest may play in helping to keep one emotionally and mentally fit. Because of his faithfulness, Elijah was one of the few individuals in the Bible to be taken into heaven without having experienced death.

Many insights are undoubtedly capable of being gained from a detailed study of the ministry Jesus (and likely, from the ministries of various apostles) facilitated while He was here on earth (Hesselgrave, 2015). Some scholars propose that spirituality is a reservoir effective for the promotion of growth and well-being, especially when confrontation tied to major stressors in life has been present (Dumulescu et al., 2022). The argument is that there is actual value found in developing effective interventions that revolve around scriptures and religious behaviors, primarily as related to addressing challenging psychological themes such as the meaning life has to oneself and others, trauma or anxiety linked with trying to understand death (Dumulescu et al., 2022). Of course, in considering the definition of one's meaning of life, there is no one size fits all, and perspectives can be separated from spirituality and religion; however, for those who seek support and already possess a degree of faith, practice religion, or have made a commitment Christ, pastors and practitioners should have a knowledge base of how to best interact in accordance with the beliefs, values or practices that are capable of guiding healing processes (Dumulescu et al., 2022).

Using scripture in a way that intentionally helps address topics such as environmental racism and inequality, according to Roberts et al. (2022), impacts all of society, not just people of color, in a positive way. This is consistent with what the Bible espouses in 1 John when it states, "But who so hath this world's good, and seeth his brother have need, and shutteth up his bowels of compassion from him, how dwelleth the love of God in him" (KJV, 1769/2017, 1 Jn.

3:17). According to Garzon (2005), the Psalms are able to bring awareness to warm emotions with a vulnerable heart and enhanced reflexivity.

### **Relational Needs**

The African American Church has served as a resource for people of color to receive assistance with all their needs. It has also been a place where burdens are shared (Galatians 6:2) and supported. The church has become, in many instances, a “one-stop shop” for African Americans in need of help. Healing practices throughout the world vary to include the seeking of divine intervention in addition to the practice of non-religious, traditional, or non-traditional practices, therapeutic in nature, all with the intent to help us feel better (Streets, 2014). When Jesus asks Peter, “Lovest thou me more than these?” (KJV, 1769/2017, Jn. 21:15) or “Do you love Me?” Thus, a desire or willingness to love others acts as a primary motivation for pastors or leaders who desire to counsel others (Streets, 2014). Streets (2014) also stated that love is the guiding principle for those assigned to care for congregants as pastors. The degree of comfort one may or may not have tied to loving others could be directly tied not only to church attendance but an acknowledgment of Christianity as being one’s religion. The faith one has in Christ being their personal savior helps to produce love. Love that helps pastors counsel and congregants receive counsel.

### **Theoretical Framework**

The purpose of this work was to explore the lived experiences of both pastors and congregants from African American churches concerning pastoral counseling. In considering this, one might question why African Americans are more prone to seek support for emotional and mental wellness issues from the church instead of clinical resources. African Americans are exposed to stressors like economic deprivation, violent neighborhoods, and racial discrimination,

which serve as risk factors for positive mental wellness (Mizell, 1999). African Americans experience situations considered racist micro- or macro-aggressive behaviors while engaging in health care (Williams & Cousin, 2021). People of color also perceive discrimination by health systems, such as a lack of options for preventive care and unsatisfactory treatment, as possible contributors to health disparities (Baskin, 2007). These barriers are why pastors regularly contend with emotional and mental wellness problems (Payne, 2014). This also serves as a rationale for why there is such passion for pastors of primarily African American attended churches to be adequately prepared to address congregants' challenges.

The African American Church remains a primary source of assistance for many people because of its trusted position within Black communities (Hays, 2015). According to Campbell and Littleton (2018), when considering how much capacity Black churches have to offer services that address mental wellness, it is essential to comprehend the preferences held by congregants as related to specifying church roles, the type of emotional and mental wellness support they expect to receive, and whether they do or do not believe the inclusion of secular resources should occur. This is important because the church and professionals in the field of emotional and mental wellness still have a way to go in order to partner and meet the support needs of congregants. There are studies in the literature showing that African Americans as a whole are underdiagnosed in relationship to depression (Wittink et al., 2009), with this representing what could be seen as a chief limitation within the emotional and mental wellness field that needs continual focus and action so that improved accuracy tied to the examination of health wellness outcomes for African Americans can occur (Scott et al., 2022).

Emotional and mental health is typically better when people have an intrinsic religious orientation (Cook, 2000), which can emanate from the church. For African Americans, emotional



and mental wellness interventions have been culturally contextualized and include spiritual elements noted as being effective (Baskin, 2007). However, not all research is clear about whether faith, religion, or spirituality are beneficial for those in need of care for wellness-related issues. “More detailed studies revolving around African American help-seeking behaviors are needed to illuminate barriers and facilitators to emotional and mental wellness service engagement and shape interventions devised to advance the psychological health of Black people (Hays & Lincoln, 2017). This is critically important because Black community members will, at times, rely on informally constituted networks to gain information, discover resources, and strategize how to move with respect to important social issues and causes (Williams, 2022).

According to Lifeway Research (2014), leaders of churches are often ill-equipped to appropriately deal with complex emotional and mental wellness challenges their congregants have. Scott et al. (2022) note that research seems unclear, with data showing religion and spirituality can be seen as having a protective influence, along with possessing risk factors, or in some instances, displaying both, especially in relationship to depression. “Increased well-being may relate to religious identity as it provides a sense of security and sameness with oneself at times where other important identities are threatened” (Phillips, 2021, p. 164). Many leaders value integrating biological, psychological, social, or spiritual strategies to address various issues (Avent, 2015). These pastors are able to become ears and eyes for their communities with respect to the early identification of people and families in need of emotional support (Thompkins et al., 2020).

When individuals do not secure the care they need, it can negatively impact their immediate sphere of influence or society as a whole. Thus, there is a great need to identify and eliminate barriers to emotional and mental wellness services (Murry et al., 2021). This is

especially relevant considering “the importance of religion in the lives of many African Americans, and its association to help-seeking; future studies should further evaluate the ways in which religion serves as a resource or barrier to improved mental health” (Hays & Lincoln, 2017, p. 136). Individuals who do not receive support for emotional and mental health issues are not only at risk of personal trauma but may also intentionally, inadvertently, or unintentionally put others at risk. African Americans are disproportionately impacted by chronic diseases as a result of not receiving adequate care in reference to emotional and mental health wellness disparities (Mama et al., 2016). This is why it is so essential to create safe atmospheres in which congregants are able to comfortably share, receive, and grow to a place of good emotional and mental wellness.

The Black church is an influential entity within African American communities, with pastors often having the most persuasion within the institution (Clemons & Johnson, 2019). Leaders play a huge role in establishing the boundaries and guidelines that allow for transformation to occur. There are individuals who, for reasons such as concerns about privacy, stigma, and personal shame, feel that what they need counseling for cannot be trusted to be shared with anyone outside other than an individual serving in some type of religious capacity. This aligns with the fact that a behavioral wellness workforce shortage, along with the need and desire to connect with underserved populations, may be feeding a “nationwide trend in the United States (and a global shift) to provide mental health service through nontraditional vocations” (Payne & Hays, 2016, p. 601). Ultimately, this study can serve as momentum for individuals who have had emotional or mental wellness challenges to better understand whom they might be most willing to share their experiences.

### **Critical Race Theory, Secular Perspective**

The African American church is essential when it comes to shaping thoughts regarding emotional and mental wellness. It very well may be that the inclusion of race is helpful in aligning the decision-making processes of pastors with respect to the epistemic processes of those they serve (Trahan & Lemberger, 2014). Understanding the truth about why some Black people feel the way they do with respect to wellness treatment or counseling initiatives is something that Critical Race Theory (CRT) can help others comprehend. Current research indicates that CRT may be used to develop guiding principles capable of assisting faith-based entities to increase access and services tied to emotional and mental wellness (Stansbury et al., 2018). The nature of the church is such that any individual, regardless of race or ethnicity, should be capable of benefiting from its' Christian teachings and practices. One might assume that the universality of these ethical principles is sufficient for most counseling circumstances, independent of considerations of race (Trahan & Lemberger, 2014). However, CRT is able to illuminate factors that may or may not serve as the rationale for emotional or mental stress.

Critical Race Theory proposes a definition of diversity that explains it as more than just a collection of "like" group differences. It is an approach that looks intently at homogeneous groups (Stansbury et al., 2018). It also offers a descriptive perspective through which racially homogeneous communities, like churches, may be viewed (Stansbury et al., 2018). Individuals build their own realities while also making wellness decisions based on collective group identities, cultural values, and norms (Stansbury et al., 2018). "Critical Race Theory (CRT) from its inception was not intended to be a theoretical framework, but rather a theorizing counter space for scholars of color to challenge and transform racial oppression" (Cabrera, 2018, p. 209). Pastors and churches can play pivotal roles by helping professional practitioners understand the

benefits associated with establishing culturally accepted standards and finding relevant partnerships. CRT provides a framework for comprehending the importance of working to develop these relationships and seeing them as being culturally congruent” (Stansbury et al., 2018).

It should be noted that Critical Race Theory is relevant in relation to other minorities in the United States as well. “CRT theorists posit that one must assess society and then radically change it, considering the ways in which systemic forces impact marginalized communities’ experiences” (Crowe et al., 2022, p. 456), with the key word being marginalized. Latinx communities often experience some of the same things those in the African American community face; consequently, there remains a lot to do with respect to combating the hesitations, fears, and doubts directed toward treatment being sought for emotional or mental wellness concerns among populations of Latino people (Crowe et al., 2022). Becoming more informed about how to engage in the arena of emotional and mental wellness care needs of African American and Latino people will definitely contribute to wellness care equity as well as improve general public health (Williams et al., 2022). Ultimately, what is taught in church, if modeled and taught correctly, can be capable of serving as an internal map for how individuals might self-manage emotional and mental wellness.

### **Critical Race Theory, Christian Perspective**

The African American church has functioned as a place where truths about societal challenges are communicated and addressed. This is especially true as related to the topic of racism. There is an ongoing requirement for associations to be established between theological theory and human emotions in relation to pastoral care (Streets, 2014). Leaders such as Dr. Martin Luther King, Jr. infused the living conditions of Black people into their communications

with the intent to help all who would hear understand how the inhumane treatment of African Americans was unbiblical and, therefore, not Christian. Dr. King committed a portion of his life, which was taken from him in 1968, to fighting discriminatory American laws with spirituality and political action (Dixon, 2021).

CRT introduces individuals to leaders like Dr. King. In his *Letter From A Birmingham Jail*, “King focuses on the inferiority- and superiority-enhancing aspects of segregation—its buttressing of notions of people as things—and he argues that it has economically and morally damaging impact” (Fairchild & Robinson, 2008, p. 488). Dr. King was not known as a Christian counselor; his works may have been cathartic for those who suffered from the effects of systemic racism. McGuire & Hutchings (2007) stated, “King’s vision of racial justice and love provided hope and opportunity to African Americans beset by daily hardship and injustice and the impetus to initiate far-reaching social and political change” (p. 154). King was considered an intellectual who was able to convert beliefs tied to theology and politics into tangible steps that helped move the nation toward justice (Gist & Whitehead, 2013). Many of his speeches and teachings were driven from scripture and serve as examples of how pastors may take what they have learned from the Bible and translate it into language that supports positive emotional and mental wellness and righteous living. Dr. King’s works articulate the mindset of one who, despite living in one of the most troublesome times of his life, was able to find solace through faith in Jesus Christ. From his writings, speeches, and sermons, we see that he viewed God’s laws as being dialogical, resulting in tension being applied to the multifaceted censure of unfair human laws. He intimated that human laws have always been rooted in God’s law and that divine judgment may be invoked on influential people, institutions, or practices that misuse the law to abuse and oppress (Dixon, 2013).

“King draws from the work of George Kelsey, who was an African American philosopher and theologian who received his PhD in philosophy from Yale University in 1946” (Birt, 2012, p. 51). Kelsey proposed that racism should be seen as a type of idolatry. The racist makes their own form of identity into their god, one whom they worship in daily life (Birt, 2012). Dr. King is said to have explored concepts found in Marxism, which, according to Bolton (2019), “is essential for anyone who seeks to grasp the ideological forces that are molding contemporary societies” (p. 272). The argument is that Marxism functioned as a movement of intelligence that sought to undermine Western traditional beliefs, culture, and values while also providing a rationale capable of buttressing the Left’s stance on an astonishingly diverse array of current issues (Bolton, 2019). According to Fairclough (1983), Dr. King admired writings attributed to Reinhold Niebuhr, who worked to blend Christian ethics with what is considered a Marxian analysis associated with history and society. His seminal piece *Moral Man and Immoral Society* allegedly had a significant impact on King (Fairclough, 1983).

What often goes unexplored, with respect to Dr. King's legacy, is his reliance on scripture, prayer, and the Holy Spirit's work to help stay mentally sane during some of the most troublesome times in American history. King proclaims Jesus as both Lord and Master, lording over every nation, including America (Patterson, 2018). He was known to routinely use scripture to articulate thoughts and concepts tied to trying to help the world become a better place. Scripture embraces justice-related work in promoting that which is “pure religion and undefiled before God and the Father is this, to visit the fatherless and widows in their affliction” (KJV, 1769/2017, Jas. 1:27).

Dr. King used scripture as a resource to help elicit societal change. According to Patterson (2018), King believed a person’s exposure to love could pivot their heart directly

toward God, who is the never-ending source of love, and a change like this subsequently brings about comprehension and acknowledgment of divine law rooted in God's love. Essentially, Dr. King's Christian theology and politics started with conversion (Patterson, 2018). Some of Dr. King's material is full of information considered rigorous even in academic circles, and yet it also consisted of portions that could be used as material for counseling sessions by Lay volunteers. "As a pastor and theological, social ethicist, King believed God to be the fundamental source of human worth or dignity. Persons have inviolable worth because they are created" (Burrow, 2002, p. 229). King espoused that acting in accordance with agape was akin to suffering. Suffering derived from love redeems people by drawing them into closer proximity to God. Over time, this suffering has the potential to redeem even those who may have caused the suffering initially (Patterson, 2018). King, in speaking to African Americans about love being shown to their oppressor, encouraged them to keep loving with an understanding that the suffering could bring about the societal changes people of color were hoping to see. He was essentially counseling the world with his theories. Dr. King was protesting the laws of an allegedly Christian place. This fact caused the injustice to be even more tragic and perplexing. However, it also influenced the tactics employed by Dr. King by providing him with a robust and visible basis from which to initiate and sustain protests. Ultimately, "King was quite certain that no person or group has been imbued more or less of the image of God more than any other" (Burrow, 2002, p. 230).

### **Solution-Focused Counseling**

One type of counseling capable of engaging congregants with biblical and spiritually-based support revolves around solution-focused counsel. With this type of counseling, individuals place emphasis on the development of solution paths as opposed to focusing on

problems while assisting in identifying targets and answers as experts regarding their own specific situations and lives (Sagar, 2021). To ensure that the “social beings of humans maintain an adjusted, balanced and regular life during their whole lives, it is undoubtedly essential not to break social bonds with other people and to maintain relationships” (Sagar, 2021, p. 317). According to Der Pan (2015), “it is strongly suggested that Kollar's solution-focused pastoral counseling program should be included in the in-service training provided by seminaries” (p. 145). For both the congregant and counselor, the critical steps of building some type of working relationship is a highly vital intervention (Der Pan, 2015).

Individuals who seek wellness from emotional or mental wellness challenges may find themselves trying to compartmentalize to work through their issues. “Managing or buffering stress, resilience, hardiness, grit, optimism, positive reframing, are some of the many disciplinary labels we have for the positive thinking and feeling thought to aid psychological adjustment to adversity of all sorts, including societal injustice” (Allen & Leach, 2018, p. 318). Solution-based therapy requires a pastor to exercise trust in a congregant’s ability to move toward constructive changes in life through the utilization of internal resources. This method relies on solutions obtained from the recognition and application of cases deemed exceptional (Joker & Ghaderi, 2015). Research indicates that solution-based counseling in groups can increase participants' self-perception, self-esteem, and self-admission (Joker & Ghaderi, 2015).

### **Spiritual Self-Care**

One reason why African Americans seek out the church and pastors to provide pastoral counseling for emotional and mental wellness-related challenges could be tied to one’s need or desire to provide spiritual self-care. According to Avent & Cashwell (2015), individuals and churches who ascribe to this type of theology believe that both the psychological and spiritual



needs of congregates can be met through the church. “In fact, in churches where this philosophy is predominant, it is possible that members who seek guidance from church leaders may be discouraged from seeking services such as professional counseling outside the Black Church”(Avent & Cashwell, 2015, p. 85).

The definition of self-care revolves around basic daily living activities needed in order to sustain desired life quality and well-being standards (White, 2016). Spiritual self-care relies on a set of practices that are spiritually based and engaged in to promote long-term personal development as well as positive well-being (White, 2016). This might include prayer, meditation, or seeking the support of a pastor without assistance or a referral from someone else. If people do not want to deal with what might be encountered during the pursuit of clinical help for wellness issues or feel the prospect of acknowledging help is needed could cause them to feel stigmatized, they might try to provide care for themselves. In doing so, they may want to connect with someone capable of providing them with additional support, especially if they see their efforts as being connected to a pastor. When this occurs, an individual’s mind-spirit-body connections, upbringing, morals, ethics, religious backgrounds, and other life experiences originating from faith, feelings, or emotions shape the foundation for spiritualized self-care (White, 2016).

A person functions according to their self-care agency (SCA), an individual’s capacity to attain knowledge of suitable ways to act, decisions to act, specific action guidance, and the ability to measure change (White, 2016). Spiritual individuals who practice adhering to religious and ethically inspired principles are not as likely to engage in antisocial behaviors. This is primarily due to the fact that they typically believe that the Lord is always able to see their actions and related behaviors (Nafiseh et al., 2022). These individuals see the world as a place

where they have responsibility for work to govern their own behaviors in accordance with the agency they receive from God.

People who come to a pastor for support with self-care endeavors may see their efforts in seeking pastoral support as an attempt to connect with God through the leader. Since these leaders, in most instances, are already tasked with having to provide spiritual support to these individuals, it is crucial to understand whether they are equipped to adequately counsel. Ultimately, there are some who believe spiritual self-care functions as the most effective type of self-care. Those who engage in self-care practices have been known to overcome issues and crises experienced in life through reliance on their personal beliefs, lived experiences, religious and social activities, and inherent abilities they trust to guard their emotional and mental well-being (Nafiseh et al., 2022). Spiritual self-care is also the most straightforward strategy to employ due to the lack of a need for service outreach or professional support. With religion being considered essential to many African Americans, it makes sense for religiosity to be a significant consideration as related to dealing with emotional or mental wellness experiences of those who may be naturally inclined to apply spiritual self-care in relation to their own issues (Hays, 2015).

### **Expanded Support Options**

Whether negative or positive, Black churches still significantly impact the emotional and mental wellness thoughts and behaviors of many African Americans. Unfortunately, due to the fact that economic, political, and social challenges African Americans are faced with in America seem likely to continue, Black churches are posed to stay relevant as places that will be sought as places of refuge for some time to come (Hays, 2015). The prominent status institutions of faith play in Black communities can be seen as a reason Church-Based Health Promotion (CBHP)

programs have emerged as a promising way to address disparate health issues among African Americans (Hays, 2015).

Church-Based Health Promotion is designed to help church leaders and congregants develop levels of comfort and trust while spurring engagement with programs, activities, and initiatives designed to positively impact their overall emotional, mental, and physical health (Carolyn et al., 2019). The CBHP model gives attention to how complex the nature of a church community can be while offering a platform for intervention regarding helpful wellness behaviors and considerations (Campbell, 2007). There are a few things churches should consider with respect to the implementation of this model, including the following: partnerships, positive health values, availability of services, access to church facilities, community-focused interventions, health behavior change, and supportive social relationships (Peterson et al., 2002). All of these items are vital elements related to establishing church-based community wellness initiatives.

Wellness initiatives, capable of addressing all that comes with health challenges, are more difficult to theorize and initiate but more prone to end in lasting behavior modification (Baskin, 2007). Since pastors are often the sole provider of support for those who need counseling, insight into whether they have the capacity to address the issues found within their congregations adequately is of paramount importance. According to Flaspohler et al. (2008), the definition of capacity is to possess the skill, motivation, knowledge, and disposition required to implement adjustments or innovation. The aforementioned, being applied to meeting the needs of congregants with emotional or mental wellness issues translates into churches and leaders possessing the ability, knowledge, willingness, and make-up to help individuals grow and change. Ideally, churches would inventory their resources to make informed decisions regarding

budgets, tools, and resources that allow them to meet congregational needs (Hays, 2015). The primary assumption is that Black churches can effectively provide emotional and mental wellness activities and materials to church attendees and community members at large (Hays, 2015); however, this requires regular monitoring to ensure congregants receive the type of support they need, desire, and expect. The fact that most pastoral consultations are free and easy to schedule, as opposed to the costs and complexities associated with traditional mental wellness options tied to health insurance or managed care plans, pushes people toward the church concerning their support decisions (Payne, 2014).

The amount of awareness, knowledge, and training a pastor possesses impacts how successful a CBHP is in a church setting. This is the case with most church-based programs in predominately African American attended churches. Regardless of the types of programs a church may have, pastors are often still the lead resource congregants select to address their issues. This is true even when a pastor may not be the most qualified resource in the church to address a particular problem. When thinking about the ability of a Black church to offer emotional and mental wellness support, it is imperative to recognize the preferences congregants would prefer and, in some instances, expect to find in their churches (Campbell, 2018). Additional research would benefit the church and pastoral understanding in relation to how they might strengthen interventions, so they are best positioned to work should multi-layered approaches to support be available (Baskin, 2007).

A hypothesis exists that individual-level interventions will not be as effective as those supported and enriched by macro-level interventions (Baskin, 2007). This is yet another reason for pastors to stay aware of the latest findings associated with how they might best position themselves and the church to meet the needs of those with emotional or mental wellness issues.

Certainly, individual-level pastoral inventions and supports have their place and can be effective. This is understandable because, based on the available literature, many African Americans are okay with using pastoral counseling to help address their problems (Langley, 2016). Even if additional options outside the church are readily available, congregants will continue to come to pastors for support.

The issue of pastors' academic training is of utmost importance and urgency. There are pastors who have never participated in any educational endeavor and function according to antiquated practices and thought. Pastors with academic training possess only theological educational credentials (Payne, 2014). Unfortunately, even pastors who have engaged in theological training, including those with graduate degrees, are at times ill-equipped to help congregants make important decisions about emotional and mental wellness (Payne, 2014). In many African American churches, formal academic training is not a mandate for leadership; however, additional exposure to new data, best practices, and emerging strategies can help leaders. Scripture provides us with information that contradicts the need for human-centered intelligence or education when it states, in John 14, “But the Comforter, which is the Holy Ghost, whom the Father will send in my name, he shall teach you all things, and bring all things to your remembrance, whatsoever I have said unto you” (KJV, 1769/2017, Jn. 14:26).

The Bible also communicates, “When they deliver you up, take no thought how or what ye shall speak: for it shall be given you in that same hour what ye shall speak” (KJV, 1769/2017, Matt. 10:19). Payne (2014) noted the theological education level of leaders did not impact beliefs about whether a pastor is the most appropriate person to address depression. Ultimately, for those who believe, pastoral awareness, experience, knowledge, and training are things the Holy

Spirit can quicken to best align with what God may want to do in any particular situation. Understanding the aforementioned, as well as having a practical comprehension of what individuals need from pastors both spiritually and mentally, positions leaders to provide the best possible service to their people.

A growing way in which churches and leaders have helped congregants is through virtual counseling. There are so many ministries, radio, television, and social media pastors individuals have access to today that people need help determining whom they should listen to and whom they should not. Some of the information found online or via radio or television is capable of positively impacting believers; however, there is often other information being communicated that need not be so. Thus, it is of great importance that pastors look to develop relevant emotional and mental wellness interventions that are tailored to congregants' capacities to engage, especially in regard to using new technology (Floríndez et al., 2024). Due to the varying levels of education and exposure, “Such steps are crucial for garnering the trust necessary to work with historically marginalized populations and help mitigate health inequities in the African American community” (Floríndez, 2024, p. 233).

This new virtual world we live in provides congregants who have emotional and mental wellness issues with new platforms that allow for counseling and other support to be offered online. Virtual counseling is something that could be used to help busy African American pastors address congregational counseling while maximizing time, energy, and, in some instances, money for pastors and congregants. The flexibility that could be employed through the application of virtual counseling sessions gives leaders opportunities to meet more frequently with congregants. The virtual option also provides parties with opportunities to record sessions,

which offers pastors and congregants the ability to go back a rewatch what they chose or needed to.

### **Attachment Theory**

There is a concept that speaks to why African Americans seek the support of pastors, as opposed to professional clinical help, named attachment theory. John Bowlby, a psychoanalyst from Britain, derived this theory. Rothbaum et al. (2002) believe attachment theory focuses on dynamics associated with protection, security, and care. It has much to tell us about the hidden needs of individuals being studied. Counted and Miller (2018) stated, “The application of attachment theory in understanding broader perspectives of social relationship dynamics is, arguably, without limit” (p. 2). The theory emanated from the thought that children are already biologically pre-wired to develop attachments with other individuals who may assist with survival efforts and help them engage in the world they find themselves in (Counted & Miller, 2018). One’s desire for attachment may be associated with an innate desire to be protected from things that cause fear, anxiety, or separation. The child essentially desires attachment to that which or who protects them. According to Ainsworth (1985), the attachment functions as an affectional bond that can identify an attachment figure as someone challenging to interchange or replace, even if there are others capable of serving as an adequate substitute.

Attachment behavior may be thought of as a behavior type resulting in individuals attempting to remain in proximity to differentiated or preferred individuals, who are usually viewed as stronger or wiser (Walborn, 2014). This is especially evident in adults when people are afraid, distressed, or ill (Walborn, 2014). Ultimately, Bowlby referenced attachments infants develop for parents (Walborn, 2014). His description of this bond could be applicable to African Americans' attachment to the church or religious individuals seeking to grow closer to God.

Individuals' experiences concerning attachment with the omniscient and omnipotent God might also be described as latching onto feelings of joy and security due to the thought that the all-powerful God is ever-present (Walborn, 2014).

There is significant research that supports the thought that adults seek attachment with God (Walborn, 2014). Adults also desire a secure base perceived as being strong, wise, and capable of assisting during life trials or tribulations (Walborn, 2014). Thus, it stands to reason that African Americans, especially those who have experienced stress, sickness, or fear, might also feel a need to connect with someone or something they think is capable of helping or protecting them, especially in times of need. Thus, attachment theory might also serve as the rationale for why African Americans choose the church as a source to find help for emotional and mental wellness challenges.

Pastoral counseling may be viewed or experienced as if it were tied to an attachment to God. Some African Americans see church leadership as an extension of God, not God, but representative of Him. In working through a pastor, they actually seek to connect with or “attach” to God. Pursuing and keeping a secure connection to God provides a resource during difficult times and can serve as a foundation for a deeper exploration of God (Walborn, 2014). Consequently, it is understandable to see how individuals, considering the security of their infantile relationships or the culture in which they were brought up, might seek a relationship with God during bad times (Walborn, 2014), especially African Americans. Approaching religion from an attachment perspective permits for the making and testing of predictions tied to intervention developments for congregants (Reinert et al., 2009).

### **Religious Integrated Cognitive Behavioral Therapy**

Religiously Integrated Cognitive Behavioral Therapy (RCBT) is known as a manualized



curative approach created to aid despondent people who develop depression-reducing behaviors and thoughts informed by religious beliefs, customs, and resources (Pearce et al., 2015). It is possible to be used to support congregants in need of pastoral counseling. The lead premise of RCBT is that behavior, beliefs, emotional states, and thought patterns are interconnected (Pearce et al., 2015). When considered with comparable secular therapy, spiritually integrated approaches displayed more significant improvement in spiritual outcomes and similar improvement concerning psychological consequences (Pearce et al., 2015). In the event of a traumatic situation, when individuals suffer emotionally from things like depression, CBT focuses on two ways to modify emotions effectively. First, those being counseled are asked to identify, challenge, and change thought processes (i.e., how an individual might view a situation). Second, people are asked to change behaviorally (Pearce et al., 2015). Those who are depressed are more likely to have “cognitive errors,” like jumping to wrong conclusions, using negative mental filters, everything or nothing thinking, or catastrophizing. CBT helps people identify, question, and address or switch out maladaptive thoughts or distorted thinking practices with healthy ones (Pearce et al., 2015).

RCBT functions in the conventional way CBT does, especially with respect to principles and style. What caused religiously integrated CBT to stand out is the use of one’s religious tradition to target and address thoughts capable of being harmful (Pearce et al., 2015). Clients are instructed to apply their respective spiritual teachings and replace harmful or inaccurate thoughts with scripturally based practices that encourage emotional and mental wellness (Pearce et al., 2015). Counseling from this perspective is aimed at helping congregants foster different thoughts toward emotions that are troubling, which can result in the reduction of associated suffering (Hathaway & Tan, 2009).

## **Related Literature**

### **African American Church Culture**

African Americans who are struggling with addictive behaviors tied to alcohol or drugs often are made known as a result of concerned family or church members, ministers, or other Church leaders versus individuals choosing to self-disclose (Wong et al., 2018). Thus, Black churches often play a critical role in helping to facilitate the essential recognition of personal problems and the accompanying access to support options (Wong et al., 2018). Pastors, who receive referrals from individuals both inside and outside of churches to assist congregants with emotional or mental wellness issues, do have resources available to help them provide counseling services. While African Americans make up almost 13% of America's population, the Black community disproportionately shoulders a more considerable emotional and mental wellness burden, with 16% expressing a diagnosable psychological disorder in 2018. Black people also report significant psychological distress at higher rates, 20%, than Whites (Hong, 2020). African Americans' unemployment statistics remain elevated compared to those of other groups (Avent, 2021). Those who are employed were likely to have participated in counseling. Thus, employment may function as a protective influence that combats the lack of access for people of color with respect to counseling services (Avent Harris, 2021).

Since almost 80% of the African Americans surveyed in a Pew Research Center (2009) study identified religion as being important to them compared to the general population's 50%, the church is viewed to be an appropriate place to communicate information about resources to support emotional or mental wellness-related support. Added to this, a majority of Blacks self-identify as being Christian with church services or other religious and spiritual initiatives operated through the church, often containing components that very much function like

counseling sessions (Avent & Cashwell, 2015). However, the research discusses under-utilized emotional and mental wellness services within African American communities, noting little has been done with respect to understanding the types of messages being relayed regarding things like depression and emotional or mental wellness (Payne, 2008). Ultimately, pastoral caregivers may desire to sharpen their focus on ever-changing social landscapes because it requires precise knowledge to stay equipped in rapidly changing times (Bingaman, 2010).

### **Stigma**

Stigma is known as a word that expresses partiality or negativity concerning stereotyping. Labels generated by other people, even without malice, can nevertheless produce stigma (Gary, 2005). The challenge associated with these labels is that certain symbols or associations can open up opportunities for individuals to be labeled, which may lead to stigmatization (Gary, 2005). The negativity associated with stigmas is observable within general health systems. People suffering from issues tied to emotional or mental wellness are less likely to seek essential health assessments or subsequent care compared to individuals who do not suffer from psychological challenges (Gary, 2005). Understanding that emotional and mental wellness disorders can be managed, if not wholly resolved, in a way that still allows people to function according to societal norms is vital.

According to Cook (2000), the World Health Organization (WHO) explains mental wellness using positive-based thought. Their definition of emotional and mental health is not the nonappearance of wellness disorder but one's capacity to cope with all aspects and pressures of life while positively contributing to the broader community (Cook, 2000) effectively. Unfortunately, some African Americans not only fail to see the pursuit of wellness in a positive way but may even feel a double negative stigma instead. Double stigma comes about as members

of ethnic minority groups confront individuals possessing significant barriers (Gary, 2005). It typically occurs when members of a minority group having a psychological illness endure discriminatory actions manifested by various segments such as clinicians, politicians, and researchers (Gary, 2005).

Ultimately, ministers' attitudes and thoughts about emotional and mental wellness undoubtedly guide interactions with those in need of support (Payne & Hays, 2016). In some instances, congregants are fully confident in the advice or directions a pastor offers regarding financial, spiritual, emotional, and mental wellness (Adksion-Bradley, 2005). With respect to lower socioeconomic circumstances, bad stigma coming from within the community, along with a distrust of health systems, increase the risk of many African Americans not receiving appropriate care (Gary, 2005) or providing clinical professionals with the same levels of trust they do with pastors. Congregants view pastors as individuals with whom they can let their guard down in order to seek help for personal issues. As stated before, some of this can be traced to the history of the Black church, which some African American scholars affirm has been a reliable source of help for Black families and people (Adksion-Bradley, 2005).

Some African Americans prefer less support from the church and rely on coping mechanisms tied to religion outside of visiting specialized wellness clinics to address their emotional and mental health-related problems (Hays, 2015). The Black church provided and still provides a resource for this to occur. Oblivious to the society at large, the African American Church provided community members with opportunities to engage both civically and socially, along with providing for material and, at times, physical needs of congregants facing challenging social conditions associated with racism or poverty (Mowbray et al., 2018). Instead of

confession, altar prayer allows congregants to share personal and corporate concerns that are specifically named or absolved by a pastor or other church leader (Adksion-Bradley, 2005).

Prayer routinely functions as an effective agent liberally bringing emotional, mental, physical, relief, revitalization, and spiritual to worship services in many Black churches (Adksion-Bradley, 2005). While this practice may seem simple and traditional, prayer combined with pastoral counseling helps the African American church remain relevant, particularly regarding addressing emotional and mental wellness matters (Campbell, 2018).

It is crucial for church leaders to be adequately trained and possess an awareness of how stigma is embedded within African American communities. This challenge is so deeply ingrained that it requires very intentional work to address the topic and best support individuals who may not only be facing wellness issues but also stigma challenges. Pastors will likely not only need to assist someone in their congregation with wellness issues but also combat detriments to care.

### **Barriers Connected to Counseling Support**

The role of a pastor is mainly that of a spiritual shepherd responsible for tending to the specific personal needs of those under his or her care (Hardy, 2014). According to Payne (2014), ministers do not receive or participate in educational experiences designed to help them handle issues in ways that coincide with the most currently promoted counseling methods (Payne, 2014). Challenges associated with African Americans seeking wellness services from professionals (Dempsey, 2015, p. 76), along with trust in pastoral leadership, may cause some congregates to come to the church thinking they can get better through consultation. There is automatic credibility afforded to some leaders just because they function in the office of being

a religious leader. This factor can lead to particular congregates being more willing to engage in counseling because they see pastors as being acceptable to share their issues. Some of those seeking support from a pastor could be coming as a last resort concerning their particular problem, which is another reason pastors must be ready for those who go to them.

Ministers need more information about emotional and mental wellness issues (Hedman, 2014). Nevertheless, no standard, national, or global governing or credentialing entity is solely responsible for ensuring pastoral counseling (Hedman, 2014). Currently, no entity within the Protestant church has the authority to ensure ministers grow in relationship to their ability to support congregants who need counseling effectively. Clergy appear to function in a number of different roles, such as frontline responders, gatekeepers, pastoral care providers, and counselors (Hedman, 2014). Through consultation with other experienced Church leaders and healthcare professionals regarding best practices and current trends in relation to emotional and mental wellness, pastors can supplement resources, tools, and support initiatives. Organizations like the National Alliance on Mental Illness (NAMI), a mental wellness advocacy, education, research, and national service organization, have resources pastors and churches can use to aid in the creation of strategies, protocols, and procedures (Wong, 2016). These organizations, if nothing but confirming what pastors or leaders may be doing is appropriate, possess the expertise to support pastoral work toward wellness. They are equipped to lead educational programming that targets multiple audiences focused on adjusting negative attitudes, behaviors, and beliefs toward mental wellness (Wong, 2016). NAMI declared religious communities function as a pillar of strength that supports many African Americans suffering from challenges (Payne, 2008).

## **Readiness for Counseling**

Congregants benefit from pastors being adequately trained. Some believe that seeking help through religious sources is a legitimate option for those seeking to address personal challenges (Hardy, 2014, p. 5). Consequently, pastors need support to appropriately understand how to deal with congregants who come to them with issues. The challenge is that spiritual caregivers and pastors find themselves continually working, called to work as agents God shows His love through while also being the source of grace in an anxious world (Bingaman, 2010). This may or may not accommodate time or resources that support awareness, educational, or training needs. According to Payne (2014), “more pastors with some secular education yet no degree felt that they were the best person to treat depression than pastors who had no secular education or pastors who had at least a secular bachelor’s degree.” What this means is that some education provides leaders with greater confidence to address specific issues.

The main reason churches and pastors should be concerned about providing appropriate support to congregants who suffer from emotional and mental health issues is to help mitigate potential physical or psychological harm or even death associated with those who need assistance. However, literature tells us that church leaders are not engaging in educational experiences designed to equip them for the counseling tasks they have (Payne, 2014). The Black church has been a place that works with individuals regardless of their issues. It has been uplifting and spirit-restorative in nature and is a location where African Americans have been able to seek refuge (Dempsey, 2016). However, some Black Christians are amenable to professional care options as opposed to pastors and staff helping at church (Hardy, 2014). Even when members feel that they have not received adequate support from a pastor, they are still willing to continue working with the same leaders because of their loyalty to the church and their

desire to keep personal information from being shared with others. Church leaders are highly esteemed by congregants who see them as being able to provide solace when suffering, stress, or other more serious emotional or mental wellness concerns occur (Bledsoe, 2013). Unfortunately, when poor service is rendered, congregants develop negative feelings toward leadership and fail to get the support they need related to their wellness.

A by-product of good pastoral support for individuals who suffer from emotional or mental wellness challenges is that these individuals may communicate positive experiences with others. Training helps to ensure this happens, but the appropriate awareness and educational experiences are required. There are all types of training that pastors might engage in before assuming the pastoral role at a church. “There are a multiplicity of faiths, sects, denominations, and doctrines, and with this diversity, there is a range of seminary and bible college experiences” (Payne, 2014, p. 1399). Support to help pastors make relevant training decisions is something congregations can do to support their own needs.

Quality counseling can also be a positive thing for the church because if an individual's experience with a pastor is good, the individual may equate that with the pastor's or congregation's ability to support spiritual and personal needs. “Spirituality is viewed as a crucial part of the “psycho-social” part of the model, addressing all dimensions of mental health and illness” (Farris, 2007, p. 163). According to Romans 12:2, transformation is a favorable outcome associated with renewing one's mind. “Be not conformed to this world: but be ye transformed by the renewing of your mind, that ye may prove what is that good, and acceptable, and perfect, will of God” (King James Version, 1769/2017, Rom. 12:2). The nature of some congregant issues dictates there will always be opportunities for professional counselors to help churches



by providing in-service training to church staff for challenges requiring specific training (Hardy, 2014).

According to Krause et al. (2018), African Americans participate in or rely on religion more than other racial groups, so they deal with minor religious issues before they become full-blown spiritual struggles. According to Vermaas et al. (2017), ministers can identify particular points of critical concern but sometimes lack the training to appreciate how severe some symptoms may be. African American ministers may benefit from training religious leaders of all denominations, age groups, educational attainment levels, and regions could benefit from enhanced mental wellness literacy, according to Vermaas et al. (2017). Historically, the African American church has been a community recreation and service center, social club for multiple purposes, and training center (Dempsey, 2016). It is a place where African Americans go to escape daily problems. Furthermore, many see the church as the one entity capable of addressing psychological issues that will not be brought to those outside the African American community (Dempsey, 2016). For many, conditions of African Americans' general welfare and health regarding the Civil Rights Movement, Jim Crow, and other social justice efforts such as suffrage are inseparable from being affiliated with the church. These events still shape how African Americans view society, fit in, and understand the world (Griffith et al., 2018).

### **Christian Support**

The fundamental basics associated with counseling theories that may be considered as being Christian are rooted in the understanding of a commitment to Jesus Christ as being recognized as Lord and accepted as one's Savior (Hesselgrave, 1985). In addition to this, Hesselgrave (1985) also noted the need for believers should trust that the Holy Spirit functions

as an Enabler and internal Guide and resort to scripture, believed to be inspired by God, as the ultimate actual sourcebook regarding God and human beings.

According to Roggenbaum et al. (2023), “clergy members are typically in long-term relationships with individuals and their families in which they assist in providing specialized care not only immediately following traumatic experiences but also for those facing mental illnesses such as anxiety, depression, and PTSD” (p. 2). Because of the connection that pastors build with congregants and their families, it makes sense that a natural fit for pastors or congregants, from a practice standpoint, would be to participate in counseling that uses scripture and is specially intended to support or develop believers. According to Hesselgrave (1985), the foundational distinctives classified as Christian counseling theories are rooted in one’s commitment to Jesus Christ as being their Savior and Lord and reliance on the Holy Ghost as being the Enabler and Guide for meaningful dialogue. When the fullness of Jesus' earthly ministry to those who were His contemporaries is considered, the model Jesus provided becomes encompassing so as to process biblical counseling as if it were indistinguishable from regular Christian ministry (Hesselgrave, 1985).

“Love is a common factor within the variety of ways people have understood and experienced religion and spirituality and by which they have been motivated to minister to one another” (Streets, 2014). The biblical model of counseling at face value is tied to Jesus’s love for humankind. Love is at the core of the Counselor and serves as both a resource and catalyst according to His will. There has been scholarly discussion regarding love serving as the “primary witness of the church and motivating factor for offering pastoral counseling and care to those who seek it” (Streets, 2014, p. 1). While there will always be a great need for pastoral counseling as long as humans and their complex situations exist (Streets, 2014), the act of supporting others

with love is authored by and role-modeled through Christ. It is important to note, as Hesselgrave (1985) does, that even though pastors or leaders may have been “thoroughly trained in his/her own discipline and, perhaps, in theology or Bible, few Christian counselors have taken so much as one or two courses in cultural and social anthropology and comparative religion” (p. 208).

Thus, there is a strong rationale for those who facilitate counseling services to seek God in order to help them best accomplish their tasks, providing a reassuring and confident approach.

Scripture notes, in relationship to the importance of seeking God to aid pastoral counseling services, the following: “It is the spirit that quickeneth; the flesh profiteth nothing: the words that I speak unto you, they are spirit, and they are life” (KJV, 1769/2017, Jn. 6:63).

There are pastors who will make recommendations for congregants to seek professional assistance for their emotional or mental wellness challenges. It is possible that seminary training pastors engaged in may have included emotional and mental wellness training or that ministers who sought seminary education may have received exposure to other emotional and mental wellness training opportunities that enhanced the recognition and importance of making referrals to professional service entities (Wong et al., 2018). The integration of emotional and mental wellness training education as a part of pastoral training during seminary or workshops facilitated through denominational institutions or ministerial associations could be potential platforms used to strengthen the capacity to address emotional and mental wellness issues, providing a hopeful and optimistic outlook (Wong et al., 2018).

### **Rationale for Study and Gap in the Literature**

Anyone who has driven through a neighborhood where societal issues are prevalent can see how the lack of emotional or mental wellness support or treatment might negatively impact a community. Consequently, pastors need resources to help them understand how to best counsel

individuals suffering from addiction, drug abuse, high emotional stress, psychotic or neurotic reactions, suicidal thoughts, and sexually deviant behavior (Baldwin, 1984). According to Williams and Jenkins (2019), given the resources found within African American churches, especially considering its activist history, capacity to touch significant numbers of people, and credibility within communities, there is great potential to address issues of violence. The church could play a more significant role with respect to prevention and intervention, and this is not just in relation to the challenges adults face.

Unfortunately, young people are just as stressed and in need of support as adults due to the challenging environments and situations they find themselves in. “African American adolescents are at increased risk for dropping out of schools and in health risk behaviors due to contextual stressors such as poverty, neighborhood disorder, community violence, and racial discrimination” (Cheng et al., 2019, p.3). The status quo for Black young people has been, “with the exception of in-school services, most African American youth do not receive adequate mental health care or support” (Cheng et al., 2019, p.15). What makes this worse is that according to discrepancies between mandates for training and what researchers found when the topic has been studied, it is entirely rational for one to question if counselors have been adequately developed to reasonably convert cross-cultural awareness, understanding, and know-how into practice with an ever-growing population of African American adolescents who need help (Cheng et al., 2019). Thus, professional counselors need assistance in order to meet community and individual counseling needs of African Americans. This is where the church has worked to fill the gap. Churches leaders and pastors, like professionals, should be understanding of the ever-changing “cultural and contextual characteristics that contribute to identity development during middle adolescence for African American youth, along with knowledge

of systemic influences and barriers of society impacting resiliency and mental health outcomes is paramount” (Cheng et al., 2019, pp. 15-16).

Unfortunately, there is more and more violence happening in African American communities. Individuals who have been impacted by acts of senseless and unnecessary violence that have taken place within the African American community need places they can go for assistance. Organizations like The Institute on Domestic Violence in the African American Community (IDVAAC) “has, for many years, attempted to address the issue of domestic violence in the Black community in a number of ways, including faith-based initiatives” (Williams & Jenkins, 2019, p. 22). Entities like IDVAAC have “organized a number of community forums around the country in which faith leaders held discussions on religion and domestic violence” (Williams & Jenkins, 2019, p. 22).

“African Americans’ mental wellness is greatly affected by the social (e.g., homelessness, unemployment) and physical health issues (e.g., HIV/AIDS) that plague many African American communities” (Avent, 2015, p. 32). Unfortunately, “Only 15.7% of all African Americans diagnosed with a mood disorder seek help from a mental health specialist” (Avent, 2015, p. 32). Thus, the need to better understand the emotional and mental wellness impact of stressors is urgent (Williams, 2018). Payne & Hays (2016), “There is a dearth of literature that explores clergy attitudes, perceptions, and beliefs about mental illness. Little is known about clergy members’ beliefs about the etiologic, course, and common responses to mental and emotional problems” (p. 599).

Giving more attention to an issue many African Americans have as a barrier between them and positive emotional or mental wellness is employment. One’s employment standing is critical when discussing emotional and mental wellness because employers, in certain instances,

provide some type of employee assistance program benefit. The importance of considering the role employment may impact African American assistance-seeking patterns cannot be overstated. (Avent Harris et al., 2021).

It makes sense to explore the effectiveness of pastoral counseling because some congregants are only willing to share their issues with ministers (Brown, 2014). Opportunities for congregants to share lived experiences regarding the support they received, not only with the pastor but other entities within the church, could aid accountability efforts for pastors and churches. Some pastors lack comprehension regarding specific challenges they will face and, as a result, could negatively affect parishioners' help-seeking behavior (Salwen et al., 2017). Some congregants may be better off by not engaging in pastoral counseling because the pastor is ill-prepared to appropriately support them and may do more harm than good while counseling them. A leader deciding not to support a congregant due to a lack of awareness, knowledge, or training, while on the surface may seem questionable, may make a wise decision.

Church and religious community roles have not frequently been described in terms of mental health literature (Blank et al., 2002); however, Dein (2020) communicated that there is support for the idea that religious involvement positively influences emotional and mental health and well-being. Research that provides insight into how pastors and congregants feel about their emotional and mental wellness-related interactions may be uncommon but is valuable. Vermass (2017) noted that pastors often function informally as helpers or conduits to formal healthcare systems; however, few researchers have examined whether these ministers maintain the necessary information to truly help their people. Little discussion has been found regarding how pastors' views influence their decisions about mental wellness referrals and interventions (Payne, 2009). Black people are more likely to rely on spiritually-related coping mechanisms such as

prayer or trusted community informal social supports like a senior pastor who counsels (Garner & Kunkel, 2020). As such, African American leaders can often be the initial line of defense for congregant mental wellness (Avent, 2015).

Tovar-Murray (2007) communicated that despite findings of the damaging impact racism has had on African Americans' psychological and physiological well-being, little research has been directed toward acute racism reactions due to the long-term impact of racism exposure. There is evidence that stressful life situations erode emotional and mental wellness because they foster an elevated feeling of spiritual confusion and struggle. Stressors and struggles of a spiritual nature undermine psychological functions and work against positive psychological wellness (Ellison, 2010). Stressors like bereavement, serious interpersonal conflicts, and financial loss are capable of taking a significant toll on the well-being of individuals who do not have access to things like pastoral counseling (Ellison, 2010).

Unfortunately, the need for mental wellness treatments increases according to where individuals live. This is especially true for individuals who live in impoverished areas (Burkett, 2017). Increasingly, education-related problems tied to counseling and social work have started to include curricula that address the impact spirituality and religion play on human life courses and service utilization (Kane & Green, 2009). People of color, according to Kane & Green (2009), perceived self, family, or clergy as being the top, most accessible sources for help. This information came from a study of university students surveyed regarding their thoughts regarding the assistance they received from either mental health professionals or pastors (Kane & Green, 2009).

### **Profile of the Current Study**

This qualitative study was an IPA that explores the lived experiences of those who

received or provided pastoral support for emotional or mental wellness issues. Focus groups served as vehicles through which pastors and congregants were able to share their respective stories, perspectives, challenges, and victories. This format also functioned as the place where participants heard research questions associated with this study. The research questions were:

1. What, if any, initial or pre-conceived thoughts and feelings about counseling do participating congregants and pastors hold?
2. How, if at all, do the participating congregants report being helped by pastoral counseling?
3. How do the participating pastors report their self-efficacy in counseling their congregants?
- and 4. What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

Pastors, as respected leaders in their communities, are often sought out to provide counseling services for congregants due to fears about prospective treatments and mistrust of clinical staff and environments. The study provided both congregants and pastors with opportunities to share their lived experiences in order to gain perspective on leaders' abilities to effectively support congregants in need of assistance with emotional or mental wellness issues. Research participants included both pastors and congregants who engaged in informal counseling support services as a result of a need to address emotional or mental wellness challenges. Those who committed to the project participated in one of two separate focus group sessions (one session with five pastors and one session with five congregants).



## CHAPTER THREE: RESEARCH METHODOLOGY

### Research Synopsis

#### Research Problem

The exploration of lived experiences revolving around emotional and mental wellness issues shared by congregants and pastors from predominately African American attended Baptist and non-denomination churches will help institutions and leaders to better meet the needs of those who choose not to seek clinical assistance for their issues. The negative stigma connected to mental illness within the African American community serves as a reason some minorities, who might otherwise benefit from engaging in mental health professional services, elect not to do so (Gary, 2005).

Unfortunately, especially for those within the African American community, there are negative connotations associated with seeking support to achieve and maintain positive mental health. “African Americans have higher levels of self-stigma than women and Caucasians. Perceived stigma and self-stigma affect willingness to seek help in both genders and races. African Americans demonstrate a less positive attitude towards mental health treatments than Caucasians” (Latalova, 2014, p. 1402). Within African American communities, a perception exists that Black people who have mental health challenges should depend on God, preceding any other treatment option, as their primary source of support (Avent Harris, 2020). Subsequently, those who may be positioned to best support an individual’s spirituality, pastors, or church leaders, should be knowledgeable regarding how to do so.

#### Purpose Statement

The purpose of this interpretive phenomenological analysis was to explore the lived experiences of both pastors and congregants of African American churches with regard to

pastoral counseling. The support pastors provided those who attend predominately African American churches located in Northeast and Northwest Ohio, in the area of non-clinical counseling, is of relevance because African Americans have a tendency not to pursue clinical support. Those with support needs respect ministers as being community leaders and, consequently, contact them when facing psychological distress (Neighbors et al., 1998). African Americans report a higher likelihood of not continuing mental wellness treatment facilitated by psychiatrists and professional counselors (Mowbray et al., 2018). Research to aid in understanding the roles African American pastors play with respect to identifying and managing things like depression attributed to congregants is not being used to better develop leaders to address the counseling challenges they will face (Anthony, 2015).

Pastors ministering primarily to African Americans benefit from awareness of community tendencies. Lower rates of engagement with clinical professionals and negative stigma regarding perceived emotional and mental wellness issues among African Americans highlight the need for pastors to be capable of providing counsel (Hays, 2016). According to Taylor et al. (2000), pastors may be the first or only professionals an African American in need of counseling will encounter. An interpretive phenomenological analysis was used to better understand pastoral counseling experiences for both ministers and congregants.

### **Research Questions**

**RQ1.** What, if any, initial/pre-conceived thoughts, and feelings about counseling do participating congregants and pastors hold?

**RQ2.** How, if at all, do the participating congregants report being helped by pastoral counseling?

**RQ3.** How do the participating pastors report their self-efficacy in counseling their congregants?

**RQ4.** What are the primary causes of dissatisfaction among those who received

counseling support from African American pastors?

### **Research Design and Methodology**

The methodological design was a qualitative interpretive phenomenological analysis. The goal of the study was to understand and make sense of the experiences people had as they provided counseling services or were counseled. Pastors and congregants were informed to share their sincere thoughts about the counseling experiences they engaged in. The qualitative research considered why participants thought, felt, or acted as they did as a result of the counseling. Denny and Weckesser (2019) noted how important it is for those with research responsibilities to comprehend emerging deep thoughts or behaviors expressed in reference to specific counseling situations. This was the aim of the researcher.

According to Alase (2017), an IPA approach used in qualitative research reiterates the thought that its chief objectives and intentions revolve around the exploration of lived experiences connected to research participants. Helping pastors and congregants to understand how others may genuinely benefit from learning about experiences may be used as a tool to assist with making participants feel comfortable sharing. Participants were engaged in small focus group settings to gather information about their perceptions regarding support provided or received regarding congregant emotional and mental health challenges.

### **Setting**

Focus group sessions took place virtually utilizing the Microsoft Teams platform. While the virtual meeting was not the same setting in which the participants facilitated or were offered counsel, for the purposes of the study, the platform functioned appropriately. It seemed appropriate to select a location in which all participants felt comfortable and capable of freely contributing. The virtual resource provided the aforementioned atmosphere. Microsoft Teams

served as a safe, neutral location that mitigated the prospect of re-traumatization for participants who experienced challenges where they were counseled. The participants were from residences located throughout Northeast and Northwest Ohio. The distance between where participants live validated the need for the virtual option to be used.

### **Participants**

The target population for this study consisted of African American men and women who were congregants and pastors at predominately African American attended churches located in Northeast and Northwest Ohio. The sampling frame included the recruitment of pastors and congregants for two separate focus group sessions centered around communication regarding participants' shared life experiences of having been counseled or provided counseling services. These individuals were selected for the study as a result of outreach to pastors and congregants located primarily in Toledo, Ohio, and Cleveland, Ohio. The required sample included a total of five pastors and five congregants. Participants were referred by other congregants who were aware of other candidate's availability to get involved with the study or their engagement with counseling services through their church or pastor.

Church leaders were provided with recruitment information to share with congregants to recruit those who were interested or willing to participate. The researcher secured demographic data for the participants. "Convenience sampling involves recruiting study participants on the basis of their availability" (El-Masri, 2017, p. 17). This non-probability type of sampling will be used to select participants for this survey.

Study participants had to be congregants or pastors of primarily African American attended churches located in Northeast or Northwest Ohio, who participated in informal counseling sessions, either as a counselor or recipient of counseling services. Pseudonyms were

used to ensure participant anonymity. Participants were at least 18 years of age, received or provided support within the last ten years, and capable of accessing and utilizing the Microsoft Teams platform. Participants were asked to complete a confidentiality statement to enhance study security.

The participating pastors served at predominantly African American churches in Northeast and Northwest Ohio and counseled individuals on emotional, mental, relational, or other matters suitable for pastoral counseling. All participating pastors had previously facilitated informal counseling services for congregants who sought to address their mental wellness. The leaders had differing levels of formal academic training or exposure to other mental wellness educational endeavors. The pastors were leaders of various churches with varying levels of experience, years of service, and expertise in counseling support.

### **Role of the Researcher**

The study was personal in that the author of this document was professionally employed at the time of the study in a leadership role that, at times, required the facilitation of counseling services for others. Since qualitative research intends to prioritize the subjective experiences of research participants, the researcher's responsibility was to take the sensitive topic of pastoral counseling and use focus groups to encourage discussions that truly captured participants' unique experiences, whether good or bad. The researcher for this study assumed the role of convener with respect to participant engagement. Those involved were encouraged to consider how others might benefit from their contributions. Research tasks also included the recruitment of participants, verification of participant qualification information, and the facilitation of two focus group sessions.

### **Ethical Considerations**

The researcher created a study environment that mitigated concerns and functioned according to guidelines put forth for the completion of dissertations by Liberty University students. An application was completed by the researcher and submitted to the Institutional Review Board (IRB) at Liberty University. All participants were adults, provided with consent agreements to engage in the study, and were provided with opportunities to disengage during the process if they felt the inclination or need. It should be noted that the researcher was granted IRB approval for the study, a testament to their adherence to program expectations and guidelines. Participants were asked to complete a confidentiality statement to ensure that participant information was safely maintained. Pseudonyms were used for security purposes.

### **Data Collection Methods and Instruments**

The methodology for this study was an Interpretative phenomenological analysis (IPA). The information was gathered through a set of virtual sessions that engaged participants in semi-structured discussions regarding their lived experiences tied to either providing or having received counseling services related to emotional or mental wellness challenges. No challenges associated with the collection of data online, potentially including difficulties tied to sample selections or variations associated with instrument reliability, were noted (Ward et al., 2014).

### **Collection Methods**

The study's author conducted two semi-structured information-gathering focus group sessions utilizing the Microsoft Teams platform. According to Palmer et al. (2010), group discussions can elicit a more significant amount of experiential reflections than traditional one-on-one interviews. Each focus group included five individuals selected to participate in their respective focus groups according to their geographic locations and respective counseling roles.

Pastors were grouped with the other pastors and congregants with one another. Prior to sessions, the researcher provided consent forms to the participants, which sanctioned the meetings to be recorded. Each session lasted approximately 60 minutes and was recorded and transcribed via the Microsoft Teams application. Again, the recordings were transcribed for content analysis purposes.

The facilitator provided overviews and introductions of the sessions and followed up with questions to ensure participant accounts were related to informal counseling they offered or received. This was done in adherence to the IPA premise of focusing on the lived experiences tied to a specific phenomenon (Cooper et al., 2012). According to the plan, focus group questions catalyzed participant involvement in the sessions and created opportunities conducive to maximum communication. The sessions included the application of a semi-structured focus group discussion format that allowed each participant to share specific lived experiences centered on their respective interpretations of the study questions and premise. The interview questions used to facilitate the focus group conversations were designed to address and support the study's research questions.

### **Instruments and Protocols**

The study explored the lived experiences of congregants and pastors from African American churches in relationship to the counseling they received or facilitated. Participants were asked questions in the focus group session to spur thoughts and feelings tied to their counseling experiences. Questions spurred discussion about pre-conceived thoughts regarding counseling, whether pastors or congregants felt the counseling worked, if pastors felt capable of doing a good job, and what types, if any, dissatisfaction occurred as a result of the counseling engagement. Payne & Hays (2016) noted that "in order to fully understand the impact of social

support provided by clergy members, we must better understand the attitudes and beliefs they hold about mental illness.” (p. 600). The questions mentioned above helped participants to answer the actual research questions. They also led participants to answer questions that support the need for additional research to be done in the topic area of emotional and mental wellness. Separate protocols for congregants and pastors were used.

According to Al-Jundi & Sakka (2016), protocol demonstrates the guidelines for conducting a study. The research project captured participants' lived experiences through the use of focus groups. The data was analyzed, coded, and segmented into emerging themes. Participants were asked to keep all information private and signed a confidentiality statement.

### ***Focus Groups***

The focus groups consist of two separate pairs of participants. One group included five pastors who provided counseling to congregants with emotional, mental, relational, or other matters fitting for pastoral counseling. The other group was made up of congregants who received pastoral counseling. The focus group discussions encouraged participants to revisit feelings they experienced as a result of having participated in counseling. The focus group setting created an atmosphere that would only have been capable of occurring if an individual interview process had been selected. Participants were witnessed authenticating what others shared during the sessions while no one seemed to be conflicted as a result of what was communicated to participants (Peoples, 2021).

### **Procedures**

The principal investigator for the study obtained institutional review board (IRB) required approval prior to moving forward with the study. Participants were recruited from churches in Northeast and Northwest Ohio. Focus group sessions (two) consisting of five pastors



and five congregants each were facilitated, with data being recorded, analyzed, coded, and grouped according to emerging themes. The researcher also scheduled the sessions and served as the lead facilitator during discussions with participants. The sessions were recorded via video. A journal was used to assist with the analysis of participant responses and other noteworthy information obtained from the focus groups. This was done to help highlight and capture key topics for coding purposes. Themes were cross-referenced with transcripts in order to confirm relevant issues. Focus group interview questions were considered prior to the facilitation of the focus group sessions for clarity purposes. The research questions served as a basis for the protocol interview questions designated for pastors and congregants.

### **Data Analysis**

This study provided participants with opportunities to share both successes and failures from their unique perspectives and lived experiences. Recorded data was reviewed for accuracy, coded, categorized, and then synthesized by emerging themes.

### **Analysis Methods**

Since semi-structured sessions tend to produce lengthier transcripts than more tightly structured interviews and close-ended questionnaires (Craig et al., 2021), the researcher recorded the sessions via Microsoft Teams. The recorded audio was transcribed, from which emergent data was summarized, coded, categorized, and separated into themes. Tables were used to document and explain captured information. The analysis accommodates an exploration of comments found inside the margins, a “reading between the lines” of communicated text. The similarities that emerged from the study were broken into categories. The categorized groups were used as a baseline to establish themes.

**Trustworthiness**

Participants were offered the opportunity to confirm that their transcripts were accurate to ensure that data was recorded correctly and free of error. The researcher listened to the study session recordings multiple times to ensure that the transcribed information best accounted for what participants communicated.

***Credibility***

Member-checking was used with the transcription of focus group data. Participants were sent a copy of their respective transcribed communication for word accuracy and confirmation purposes (Houghton et al., 2013). Transcripts were sent via email. Follow-up with participants utilizing this strategy was done to assist with validating data collected during the sessions. Completing this process helped substantiate the reliability of the study (Morse, 2015).

***Dependability***

The researcher recorded the focus group sessions and provided participants with opportunities to review session information outside of the focus group session facilitation day. Data from the study was duplicated, separated, and documented to ensure lived experiences of congregants and pastors were credibly captured, interpreted, and categorized.

***Confirmability***

The researcher paused during the focus sessions to ensure that information was accurately communicated and received. The study leader also asked for clarifying information to ensure that the appropriate information was gathered. As the sessions were recorded, a data trail was created outlining the individuals who spoke and the times in which they communicated. This was done to aid in tracking communications and maintaining session time parameters.

### ***Transferability***

The IPA study met Liberty University doctoral program requirements and achieved intended study objectives while contributing to rigorous research. Information from the respective focus group sessions was documented in a manner that allowed readers to make informed decisions about what was transferable from the research (Houghton et al., 2013). The separation of pastors and congregants, with respect to participation in the focus group sessions, provided atmospheres in which emerging themes and everyday lived experiences stood out for both the researcher and readers of the study.

### **Chapter Summary**

This chapter serves as an overview of the study the researcher completed upon receiving approval from the assigned dissertation committee and IRB. The goals of this research were to (a) generate and secure essential qualitative data connected to the lived experiences of participants; (b) employ IPA of the data; (c) identify primary themes of the pastors' and congregants' shared experiences; and (d) describe to the best of the researcher's ability the interpreted experiences; and (e) make recommendations (Cooper et al., 2012) as to how the information might assist pastors, congregants, and churches in moving forward with respect to best-preparing leaders to support congregants who need assistance with emotional, mental, relational, or other matters fitting for pastoral counseling. The work included in this chapter provides readers with a synopsis of the research design. It outlines information associated with the study setting, participants, roles of the researcher, ethical considerations, data collection methods, and instruments and data analysis found in the document. The analysis from this study describes how the research found meaning in participants' lived experiences (Cooper et al., 2012).

## CHAPTER FOUR: ANALYSIS OF FINDINGS

### Overview

This interpretative phenomenological analysis gave congregants and pastors the opportunity to share how they felt about their respective counseling experiences. The individuals who participated in the study were not only able to reflect on what they remembered from their personal counseling experiences, but they were also able to learn about and relate to experiences that were shared by others. Ultimately, the purpose of this interpretive phenomenological analysis was to explore the lived experiences of both pastors and congregants of African American churches regarding pastoral counseling.

This study was conceived to provide churches and pastors with information that will help them serve the congregants more effectively. A few years ago the researcher was in a public meeting where he witnessed a woman communicate that she had a need to be counseled. She displayed a willingness and eagerness about the prospect of receiving support for her emotional and mental wellness needs from her pastor. After scheduling and participating in the counseling, she walked away from the initiative disappointed with respect to the pastor's inability to effectively address her issues. In a public meeting with strangers, she indicated that the counseling was so poor that she felt as if she was worse off for having engaged in it. Consequently, this chapter was written with the thought that congregants and pastors need platforms in which to learn about real-life experiences associated with pastoral counseling. These opportunities could support better counseling practices and help lead to congregants' overall emotional and mental wellness health.

Following this overview, the chapter will provide readers with insight regarding the protocols and measures used for the study. This section will also include study demographic and

sample data, data analysis, and findings and conclude with an evaluation of the study's research design.

### **Compilation Protocol and Measures**

The research for this study was conducted using interpretative phenomenological analysis. Focus groups were facilitated to secure data that was recorded, transcribed, and coded for review purposes. The intent was to identify common emerging themes, note relevant statements, and ensure that the captured data was analyzed accurately.

#### **Protocol**

Parameters that guided the congregant portion of the study were shared with study participants upon receiving receipt of their willingness to engage in the research. Congregants and pastors were thanked for their commitment and encouraged to view the opportunity of hearing from others regarding their lived experiences as an opportunity to not only share but learn and grow. The researcher communicated that the information collected would be analyzed and hopefully serve as a catalyst capable of helping churches and pastors to become more effective with respect to meeting the emotional and mental wellness needs of those needing help. Both groups were instructed that their session would take approximately sixty minutes to finish. They were also told that their specific, authentic, personal lived experiences were essential to the research. Participants were reminded that the study was not an evaluation and was focused on congregants and pastors from predominantly African American attended churches located in Northeast and Northwest Ohio.

The session was recorded, and while participants were told the session could potentially be stopped should a relevant reason manifest, there were no reasons to pause. Research questions were outlined for the congregants. Each research question was accompanied by interview

questions devised to draw out more information from the respondents. The researcher built the protocols for this study around the following research questions:

**RQ1.** What, if any, initial/pre-conceived thoughts, and feelings about counseling do participating congregants hold?

**RQ2.** How, if at all, do the participating congregants report being helped by pastoral counseling?

**RQ3.** How do the participating pastors report their self-efficacy in counseling their congregants?

**RQ4.** What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

Research question three was not presented to the congregant focus group due to a lack of relevance for that focus group. Comparatively speaking, research question number two was not presented to the pastoral group. All participants were reminded that session information was confidential and that their personal information would not be able to be tied to study data. Research questions with their respective associated interview questions were included in the communication. More details regarding how congregants and pastors responded to research and interview questions during each of their respective focus groups can be found in Tables 1 through 6 within the Data Analysis and Findings section later in this chapter.

### **Data Collection**

Each of the project participants was assigned to participate in one of two focus groups. The groups were made up of pastors or congregants with five individuals being selected to engage with each group. Only a few of the participants knew one another in the congregant group, while none of the pastors knew one another prior to the focus group. The researcher served as the focus group session facilitator for both sessions. While the facilitator was not affiliated with any of the churches represented by the pastors, he was a member of both Baptist

and non-denominational churches. As a part of those ministries, he participated in pastoral counseling sessions years prior to the research project. The researcher was also ordained as a Baptist minister and planted a non-denominational church several years before the research was completed.

Data collected for the research was secured using the Microsoft Teams application. The sessions were recorded and transcribed using the application's features. The application also converted the transcripts into Microsoft Word, which allowed the data to be sorted by participant and research question for coding purposes. Tables 1 through 6, found later in this chapter, will provide an overview of the themes and categories that emanated from the data collected during focus group discussions.

### **Demographic and Sample Data**

All of the participants in the study were residents of either Northeast or Northwest Ohio. More specifically, their churches and residences were located in the Cleveland, Toledo, or Sandusky metropolitan areas. The participants varied in age, educational attainment, profession, and levels of church engagement. Below is a generic overview of the participants. Names have been changed to protect the identities of all study participants.

#### **Congregant Focus Group Participants**

The study participants who agreed to be a part of this research study were congregants of predominately African American attended churches located in northeast Ohio. These individuals attended churches that varied in congregant size, denomination, and church staffing structure. Their focus group discussion was facilitated with all five congregants and the facilitator present. Information regarding the participants from the congregant focus group, according to pseudonyms for confidentiality purposes, is as follows:

**Ann.** Mrs. Ann is from Toledo, Ohio, and has been a Christian for several years. She worked for a local non-profit in the city and attended a Baptist church for a number of years, where she was active in a couple of ministries, including dance and young adults. She possesses a master's degree, is a licensed social worker, and regularly attended church as a child.

**Rym.** Ms. Rym is a member of a large Baptist church in Cleveland, Ohio. She is a long-time member, having led the church praise and worship team for years. Rym works a couple of jobs, one as a teacher with the local school district and the other after school at a non-profit youth-serving agency. She has a master's degree and one teenage child. Rym and her pastor have had a very close relationship over the years. She considers church leadership to be family, although no blood relationship was acknowledged during the research.

**Mantha.** Ms. Mantha is a local administrator for a non-profit agency. She has two children and regularly attended church for much of her teen and adult life. Mantha participated in counseling before as a result of a romantic relationship that did not work out. She previously worked at a large church in the Cleveland, Ohio, area, where she was responsible for the initiation of a new youth ministry. Ms. Mantha possesses a master's degree, plans to attend law school, and is a licensed social worker. She is the mother of two young children and has worked in a few different non-profit professional settings outside of a church.

**Lan.** Mr. Lan is a local musician who has played for a number of churches throughout Northeast Ohio. His parents were involved in ministry for many years, so he grew up in the church. He works for a local automotive company and has a small child. He and his wife live in a suburb outside of Cleveland, Ohio. He has an online music ministry and regularly posts videos of him and his friends playing music and singing. Lan has always established strong relationships



with church leaders, where he has worked and played music. He has also been a member of a number of different types of churches.

**Ria.** Ms. Ria is the leader of a local public school. She has two adult children and moved to the Cleveland, Ohio, area many years ago from Michigan. The long-time principal is passionate about her faith and regularly prays. She is a member of a sorority, possesses a master's degree, and loves the youth and staff she leads. Ria was formerly married and desired to be more engaged in the church.

### **Pastoral Focus Group Participants**

The individuals who agreed to participate in this study were leaders of predominately African American attended churches located in northeast Ohio. These pastors were leaders of churches varying in congregant size and church staffing. The focus group discussion was facilitated with all five pastors and the facilitator. Information regarding the participants from the pastoral focus group, according to pseudonyms for confidentiality purposes, is as follows:

**Pat.** Pastor Pat is a pastor at a large contemporary non-denominational church located in a suburb of Cleveland, Ohio. He moved to the area after having lived in the Southeast with his family. Pastor Pat has a doctorate and is someone congregants regularly interact with as a result of his ministry responsibilities.

**PS.** Pastor PS is the senior pastor of a church in Cleveland, Ohio. The bi-vocational pastor also works as an operations manager for a local business. He is heavily involved in community-related endeavors and seeks to reach individuals for Christ through church outreach and creative partnerships.

**Jerry.** Pastor Jerry has been in ministry for a number of years. He grew up in Cleveland and understands the difficulties that can be associated with growing up in an urban area. Jerry

possesses an engineering degree and attended seminary. The married father of three children is active in the community serving on a local board associated with juvenile delinquency and working at a youth-serving agency in a director's role.

**Romey.** Pastor Romey is seen as a leader in his community. He serves as the pastor of a small non-denominational church in Northeast Ohio outside of Cleveland. He also works in a lead role with a local non-profit organization. Prior to his current role at work, he was a leader within the local school district. Pastor Romey is known for being a great singer and mentors a number of youth in the area.

**Shai.** Pastor Shai has been in ministry for a number of years. She ministers at a large non-denominational church in Toledo, Ohio. Shai has three adult children and three grandchildren. Pastor Shai owns her own business and frequently travels to visit family. She has lived in Toledo most of her life and has been a mentor and counselor for many people. Pastor Shai is known to be an expert in the praise dance arena, having participated in or consulted with a number of praise dance teams over the years.

The two focus groups were held on the same date but at separate times. The sessions were virtual, so neither of the groups was able to interact with one another on a one-on-one level. Participants were provided with the research questions prior to participating in the focus groups. They had the opportunity to ask the facilitator questions regarding any information they may have needed additional insight into. The pastoral session was held first during morning hours and the congregants got started mid-afternoon. Tables one through six, documented later in this chapter, will provide an overview of both themes and categories that emanated from the data collected during focus group discussions.

## Data Analysis and Findings

The focus group sessions included discussions revolving around research questions designed for each group. The transcripts were converted into Microsoft Word and sorted by focus group, participant, and research question. The information was also classified according to category, emerging themes, and noteworthy observations. There was some commonality between the research questions for congregants and pastors. This was due to the fact that most of the research questions needed to be asked of both parties in order to gauge any significant differences or likeness. Only one question per focus group differed from the other. Congregants were not asked research question three, “How do the participating pastors report their self-efficacy in counseling their congregants?” Pastors did not receive research question two, “How, if at all, do the participating congregants report being helped by pastoral counseling?”

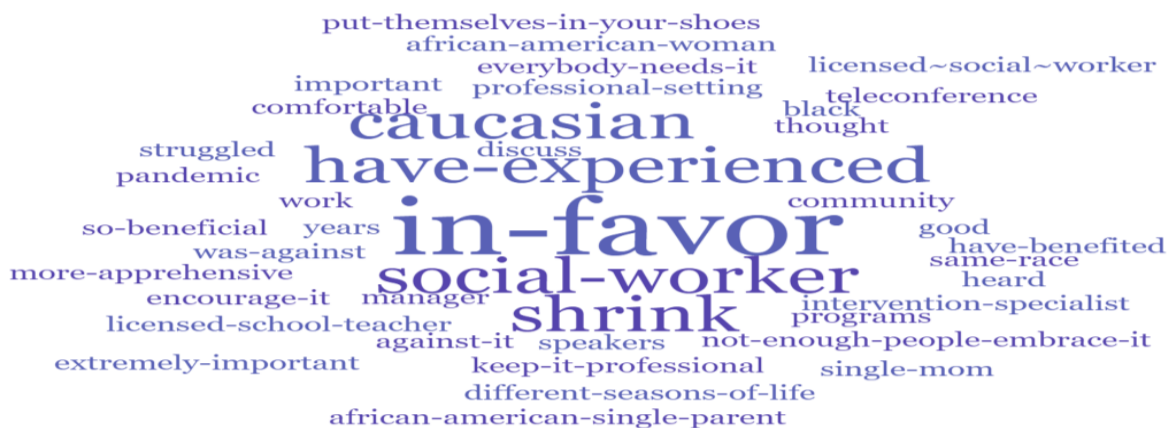
The following highlights the study’s findings with respect to each research question:

### **RQ1: Congregants’ Preconceived Thoughts and Feelings About Pastoral Counseling**

Research question number one was used to gauge thoughts, experiences, and feelings associated with what research subjects engaged in or were exposed to prior to participation in pastoral counseling. The following words or phrases, included in Figure 1, were noted for their relevance during the focus group research question one discussion with congregants.

*Figure 1*

*RQ 1 Congregant Key Words or Phrases 1*



Based on the congregant focus group communications, the following terms or phrases were illuminated during the conversation: in favor, social worker, have experienced, shrink, and *Caucasian*. The phrase, *in favor*, was connected to the congregants' overwhelmingly popular opinion that they were in favor of personally seeking support for their emotional and mental wellness issues. They were also in favor of others being willing to seek help if needed. A few of the participating congregants communicated that due to them being a licensed *social worker*, they had additional insight into what counseling endeavors might consist of because they were close to the work. The phrase was also mentioned to accentuate the importance of people working with or through social workers to find support for their emotional and mental wellness.

*Have experience* was referenced in relation to congregants thinking there was a correlation between pastors having experience counseling others effectively and the overall usefulness of counseling endeavors. Whether this was true or not the majority of the congregants seemed to see this as being factual. The term, *Caucasian*, was discussed when two of the congregants acknowledged feeling less comfortable when counseling with Caucasian professionals than they did with counselors of their own race. Most of the congregants thought it would be challenging to connect with a Caucasian counselor primarily due to cultural differences between races.

One of the first discussions that took place during the focus group was associated with the term *shrink*. Congregant Ria stated, "The first that I ever heard in terms of counseling with shrink, but I didn't know how a shrink related to counseling." Other congregants agreed that the term shrink was something they had heard of; however, they did not see it as being something positive. To the congregants, someone who was referred to a shrink or needed to see a shrink

was someone with severe emotional or mental wellness issues. Obviously, this is not a bad thing, but perceptions years ago were different. The times have changed, and this term is not used as frequently as it was in the past, but even if it were to be, opinions have changed too. Ria referenced that once she got older, "I understood it more and definitely was in favor of it." She began to see the term shrink as solely "being an expert like a doctor."

After being asked the first research question, congregants immediately displayed that they were in favor of engaging in counseling initiatives. Each participant in the group expressed positivity in reference to counseling initiatives. Ria stated, "I think having the internet and being able to do research has been an advantage for us. Now, you know, I equip myself with questions and have some type of foundation prior to going in." This was with respect to seeking a professional counselor. She continued, stating she "thought it was important to do your research on who you are going to see." Ann, who is a licensed social worker by trade, also said that "there are definitely barriers that prevent African American people who are under the poverty level from having access to doctors." However, overall, she thought the world was getting better with respect to promoting the importance of seeking help for emotional or mental wellness issues.

Race, gender, familiarity, and maturity were a few areas the congregants felt could positively or negatively impact one's counseling experience. A couple of the congregants discussed negative experiences they had with professional counselors. In both instances, the congregants indicated that they came to a point where they felt as if the professional was unable to culturally connect. It wasn't as if anything wrong had been done or for a lack of effort as much as it was a lack of understanding regarding what was happening in the lives of the congregants. Both individuals ended up seeking support for emotional and mental wellness issues. Ironically, one of the parties ended up choosing not to seek counsel from her pastor and

selected a completely different pastor (Caucasian) at a different church from which to receive counsel.

Ann communicated, in reference to a referral she received to engage with a licensed therapist, that she did not gain as much from her as she believed she could have because they failed to connect from a cultural standpoint. This was after having participated in a virtual counseling session with a professional of a different race. Ria stated, "Whether you have a man or woman therapist that you know does play a factor." With respect to maturity, Ria also communicated that her counseling experience was impacted according to the stages of life she was in at the time of her counseling. Mantha indicated that she thought anyone might benefit from participation in counseling at various stages of life. Ria took things a step further by communicating; in her opinion, she believed that as individuals mature and age, they better understand the needs and benefits that counseling can provide.

The direction of the conversation changed when the topic of the counseling provider was introduced. A few of the group members felt it was essential to be connected to a counselor with whom they felt a degree of cultural connection. Aligning with this, Lan thought that it was extremely important to know whether the counselor could see themselves in the counselee's shoes. This may come about as a result of the counselor and counselee sharing a race or culture or through experience the counselor may have. The importance of having experience was something the participants expressed this sentiment a few times. Having a counselor who understood what they had gone through from a relational standpoint was a critical piece of the puzzle with respect to effective and consistent counseling engagement from the counselee's lens.

The data from the session was broken into themes and categories. Ultimately, the goal of separating the data into categories is to "capture the fullness of the experiences and actions

studied” (Kvale & Brinkmann, 2015, p. 227). The information found in the table below and other tables will highlight themes that emerged and were genuinely reflective of the facilitator’s interpretation of what participants said occurred during their counseling experiences (Rubin & Rubin, 2012).

*Table 1*

*Emergent Themes and Categories for RQ1.*

Congregants’ Focus Group	
(RQ1) Pre-Conceived Thoughts and Feelings	
Themes	Categories
Openness to Counseling Endeavors	<ul style="list-style-type: none"> <li>• Counseling can be beneficial</li> <li>• More people should engage</li> <li>• Life seasons influence appreciation and engagement</li> </ul>
Hurdles to Overcome	<ul style="list-style-type: none"> <li>• Stigma is real</li> <li>• Counselor/Counselee connection helps</li> <li>• Issues with confidentiality</li> </ul>
Seeking and Receiving Assistance	<ul style="list-style-type: none"> <li>• Participants praised individuals who sought help with emotional and mental wellness challenges</li> <li>• How can support be better promoted and accessed</li> </ul>

### ***Openness to Counseling Endeavors***

Each of the participants shared insight reflective of individuals who, as a whole, thought counseling was a good thing. Actually, all of the participants supported the importance of having outlets and resources, either secular and professional or through the church, for individuals with emotional or mental wellness issues. No one indicated otherwise, and all saw the value in having pastors available to assist those who with need. Ann noted that we are “seeing all kinds of ads on

television now promoting mental health and getting the support you need." Thus, the group aligned with the thought that "the ability of religious communities to frame health and wellness in a theological light may provide substantive health benefits for those engaged in church-related programs" (Abbey & Keogh, 2020, p. 1960).

### ***Hurdles to Overcome***

The stigma, which typically serves as a barrier for many African Americans, did not seem to prevent any of the study participants from engaging in pastoral counseling or from seeking help from a professional outside of the church. However, once the initial portion of the focus group discussion moved beyond the introductory period, occasional frustration surfaced, primarily attributed to challenges encountered by participants in their interactions with pastoral counselors. Participants also referenced hesitation to engage in counseling services as a result of familiarity with other church members and leaders. In a couple of instances, participants communicated a desire to seek counseling outside of their church because they feared other members could become aware of their personal information due to a lack of professionalism and unethical behavior by the pastor. They were also leery of church members being able to gain access to their personal information. Rym shared that she heard a sermon about her and her significant other shortly after being counseled by her pastor. She believed the content was so specific that the message had to have revolved around what they had shared with their pastors. The thoughts above, along with other stigmas, such as others potentially identifying them as being "crazy" due to their desire to seek assistance for emotional or mental wellness-related issues, were real challenges for participants.

### ***Seeking and Receiving Assistance***

Research participants verbalized thoughts about the importance of overcoming stigma or



fear because having a resource to get support for emotional and mental wellness is a good thing. They were in agreement that churches should provide the service even though congregants, in some instances, might be better served by having another pastor or leader within a church provide counseling services if they were better equipped to do so. Mantha believed that certain pastors were not adequately trained or equipped to provide appropriate support. She thought churches and pastors should seek additional training for those tasked with counseling responsibilities. This is especially relevant because, according to Stanbury et al. (2012), African American pastors function as gatekeepers to formal emotional and mental wellness health systems.

**Summary of Findings.** The conversation began with all of the participants positively communicating thoughts in reference to the concept of counseling from both a Christian and secular or professional perspective. While stigma came up and would be elaborated on as the discussion continued, participants expressed the need for counseling services to be available to as many people, African Americans in particular, as possible. The congregants were not impeded by stigma from seeking support for their emotional and mental wellness challenges.

The topic of race came up in a few of the participants' responses. Individuals shared that they were fine having been given access to a professional counselor who was of a different race. The challenge was that once counseling services began, they felt as if they were unable to connect in meaningful ways to their counselors. This was communicated to be a result of the lack of understanding or knowledge regarding cultural differences or preferences demonstrated by the counselor. Congregants communicated that they lacked interest in returning to engage with their counselor due to either perceived disinterest from the counselor or their own discomfort with continuing the process. Ironically, this seems to conflict with the fact that at least one of the

participants chose not to engage in counseling with an African American pastor due to a lack of trust. This individual decided to engage with a Caucasian pastor at a primarily Caucasian church due to the prospect of inappropriate and unprofessional behavior that might occur should their African American pastor have provided counseling services.

### **RQ1: Pastors' Preconceived Thoughts and Feelings About Counseling**

Pastoral participants as a whole thought it was important for congregants needing assistance with emotional and mental wellness issues to seek help wherever they felt comfortable. This included seeking professional assistance if necessary and possible. Pastor PS noted, "When I hear somebody say I want to go to the doctor, I actually get excited about it because we have a long history in the African American church where we praise everything out."

Research question number one was developed to gauge thoughts, lived experiences, and feelings associated with what research subjects had received, engaged in, or been exposed to prior to participation in pastoral counseling. The following words or phrases, included in Figure 2, were noted for their relevance during the focus group research question one discussion with Pastors.

*Figure 2*

*RQ 1 Pastoral Key Words or Phrases 1*



The pastoral discussion highlighted several essential terms and phrases: *preconceived thought*, *judgment*, *seek counsel*, *our culture*, and *lines get blurred*. The phrase, *preconceived thought* was a key topic because the pastors felt that congregants had set expectations for pastoral counseling sessions, which sometimes acted as barriers to progress and engagement. The term, *judgment*, was discussed in relation to how congregants questioned the leaders' decision-making due to preconceived thoughts. *Seek counsel* was noted as something women did more often than men. The pastors also acknowledged that some sought counsel for issues they could not assist with and helped them find alternative support. The phrase, *our culture*, was used to discuss the stigma around seeking mental and emotional support within the African American community and the need for cultural development in this area. Finally, *lines get blurred* was mentioned in regard to the close relationships between pastors and congregants potentially hindering open communication.

Once the pastoral session began, the discussion happened organically. All parties adequately engaged in the conversations and displayed great interest in what was communicated by their study peers. Pastor Mike stated, "There are people who said I have been in church all of my life and never had a pastor to ask them for feedback." One pastor noted that he was inspired by a situation in which congregants gave feedback and used it as a means to improve effectiveness, increase sales, meet customer needs, develop training regimens, and develop marketing and promotional strategies and materials. Pastor Mike noted that if their world does this from a capitalist perspective primarily to help them secure profits, should pastors and churches also be working to secure feedback from congregants and other church leaders? This seemed logical, yet somehow, according to Pastor Pat, this is not being done with any degree of regularity, if at all, in most instances.

The pastors mentioned that they believed some leaders were hesitant to seek feedback because they were worried it might make them look bad. The idea of people potentially sharing helpful or even critical feedback about the pastors was enough to stop leaders from creating or using methods that could improve their performance. One pastor pointed out that while receiving feedback could be difficult, it was necessary because no one else in the congregation could help pastors address their challenges except for the pastors themselves. Since they were the ones most likely to benefit from hearing about issues, they needed to figure out how to put feedback plans and processes into action.

*Table 2*

*Emergent Pastoral Themes and Categories for RQ1.*

Pastoral Focus Group	
(RQ1) Pre-Conceived Thoughts and Feelings	
Themes	Categories
Diverse Responsibilities	<ul style="list-style-type: none"> <li>• Pastors are asked to do a lot</li> <li>• Many things well (teach, preach, lead, support flock)</li> <li>• Desire to please God</li> </ul>
Inadequate Capabilities	<ul style="list-style-type: none"> <li>• Training/Education</li> <li>• Support from other church members</li> <li>• Self-awareness is necessary to help others</li> </ul>
Member Expectations	<ul style="list-style-type: none"> <li>• Need to understand biblical and spiritual support is prioritized</li> <li>• Should be willing to seek other support sources</li> <li>• May have challenges a pastor is not equipped to support</li> <li>• Confidentiality</li> </ul>
Fear and Stigma	<ul style="list-style-type: none"> <li>• Judgement from others</li> <li>• Failure</li> </ul>

### ***Diverse Responsibilities***

Pastors communicated the thought that in their roles, they were required to do multiple things. This is part of the assignment and was expected; however, when it comes to being effective at everything, things can get complicated. Pastor Romey stated that there is a preconceived notion that the pastor is able to fully address every issue in the congregation. “There is a burden on our shoulders.” Avery et al. (2015) added context to Pastor Romey’s thought, stating that the burden is related to “African Americans’ strong allegiance to religion and their preference to seek out religious support over support from mental health professionals, as well as the potential compounding effect of mental illness” (p. 77). Thus, the pastors communicated that they understood the significant work they were committed to doing; however, the question is whether they were always capable of doing it.

### ***Inadequate Capabilities***

The number of different types of challenges pastors were asked to deal with was met with the acknowledgment that due to the diversity of issues, congregants often seek counsel, for it was necessary to be honest and share one’s inability to assist when applicable. Multiple pastors indicated that congregants often come into counseling settings with the perspective that pastors are capable of handling every possible situation. It was noted that churches and leaders should work to help congregants understand that the concept of pastors being capable of handling every prospective challenge individuals may have needs to change. It was noted that ministers can play a role in moving congregations toward this direction by sharing what they may be trained or gifted to do from a counseling perspective ahead of time. By doing so, the ministers felt like individuals who might come to pastors in the future, knowing their strengths or expertise, might

make different decisions based on having greater awareness of their leader's capabilities. Only one of the pastors felt adequately equipped to handle a variety of different issues, and that was because he had extensive pastoral counseling experience, educational training, and awareness of where his boundaries were. The importance of referring people to someone or someplace where they could receive help was reiterated multiple times.

Pastors understood that part of their responsibilities were to counsel congregants even in areas they may not have had much expertise in. The challenge is when a congregant comes to a leader seeking assistance but the congregant's own personal assessment of what their issue is does not align with what the pastor comprehends as the issue. According to Pastor Tim, at times, congregants may not realize that there may not be as much wrong with them as they think, but because they have had some much trauma in their lives, they are incapable of understanding the root of an issue. In some instances, the challenge being brought to the table is directly related to a foundational issue congregants fail to acknowledge because they have dealt with challenges so long they normalize the issue and lack the ability to see base challenges. Pastor Tim noted that in some of these instances' congregants have been inundated with traumatic situations and experiences that are not even their fault. Still, they view these issues through a lens that causes them to place blame on themselves.

### ***Member Expectations***

The issue of pastors feeling as if congregants were acutely aware of potential confidentiality concerns was something most shared. The irony here is that pastors are often trusted as the source to help address one's issues; however, those same individuals may lack confidence in pastors being able to keep their challenges private. It was noted that this is a significant issue within African American churches primarily due to how close-knit Black

Church communities are. Depending on the size of the church, Pastors were said to often have connections with other congregants and church-affiliated individuals, so in some instances, it might be difficult for a leader to keep congregant communication protected from exposure to other individuals within a church.

The breakdown of the African American family structure was seen as a critical factor as to why many individuals never seek assistance from anyone regarding emotional and mental wellness issues. Pastor PS noted that in his experiences, a Black man sharing his issues with another Black man was viewed as being weak or soft by others. He said that few African American men in households positively promote the need for individuals to pursue or engage in things that lead to healthy emotional or mental wellness. PS's thought was that when an emotionally or mentally challenged male is in the home and fails to seek adequate support to address his issue, there is a likelihood that other individuals within that household will also develop, experience, or self-effort to restrain their own challenges independent of seeking assistance. The lack of emotionally and mentally healthy African American men positively present and actively engaged in their homes functioned as an underlying reason for why people some people needed to be counseled in the first place.

During the focus group discussion, some congregants emphasized that others tend to attend counseling sessions, believing they can address only the symptoms associated with their issues rather than tackling the core challenges. This tendency arises from their preference to avoid counsel that may suggest addressing their sinful behavior or intentions. Some congregants found value in working with a secular counselor, as it offered them a perspective beyond what they could find within the church. They believed that the insights gained from secular counseling

could complement the spiritual guidance received through sermons, bible study, and pastoral counseling.

### ***Fear and Stigma***

Pastors fear being judged by others, especially if they hold a position or stand within a community. Pastor Dave noted that pastors were at risk of being labeled in ways they would prefer not to be if they were ever deemed incapable of being able to address specific congregant issues. Pastor Dave made the following comment tied to counseling:

You need assistance, and life is hard, so erasing the stigma of someone going to pastoral counseling or even other counseling is important, and sometimes, unfortunately, I have seen clergy condemn those who seek counseling. No, I have friends who have taken medication, so as a psychologist twenty years ago, the medication does not cure you, but it loosens the shackle so you can function and work parallel with it. It is like the psychologist and pastor working together in a cloaked relationship.

Fear was capable of causing leaders to alienate themselves from other individuals because they did not want to risk being viewed as ineffective. The fallout from something like a poor evaluation from a congregant could adversely impact a church's membership, participation, and reputation. Consequently, some pastors become isolated, leaving themselves with no one to speak with regarding their fears. As noted earlier, African American men seem to be less willing to seek counsel from other African American males because they fear being viewed as inadequate. Some pastors felt as if congregants believed they put on a scarlet letter when they sought counsel. This deters them from seeking or continuing pastoral counseling.

**Summary of Findings.** Concerning all the aforementioned themes, Pastor Mike noted that when people have headaches, they take aspirin, and when they do not feel well, they go to the doctor. This was a call for congregants to be more intentional about seeking support and not letting anything get in the way of preventing people from getting what they need to be well from either pastors or clinical professionals. Pastor Pat communicated, "Not every pastor has the time



to counsel. Not every pastor has the gift to counsel.” He followed that up by noting that churches need to have gifted people on staff, or those within the congregation who are capable of functioning in roles where a pastor may be weak, unskilled, or untrained, support counseling initiatives.

The participating leaders felt pastors may not always fix an issue; however, they are capable of presenting the gospel and helping people come to solutions themselves, as a result of what they get through scripture. The pastor has the responsibility of illuminating scripture in a way so that it becomes like medicine or ointment for an individual in need of a cure. According to the pastors, some think that Christians should not have issues, but there are individuals in scripture, such as King David, who had problems and were able to overcome them with assistance from God. Pastor Shai communicated,

People do not want to go to their friends (pastors) once they have developed that type of relationship with a leader or pastor. That relationship, while it can be good, can also prevent people from being able to share their intimate needs and thoughts because they are afraid of damaging the friendship they have with the pastor or leader.

Thus, it is imperative for a pastor to keep the line from being blurred between pastor and friend. Leaders need to maintain a professional distance, if possible, that allows for the creation of atmospheres that best allow congregants to feel comfortable bringing their issues to their leaders.

### **RQ2: Congregants Helped by Pastoral Counseling**

All of the research participants shared that they thought counseling facilitated by a pastor or church leader had the potential to be beneficial. Still, they were not as optimistic about their own counseling experiences. Rym communicated that she and her former pastor “have a very close relationship.” This is due to the fact that she grew up in her church and served as the worship leader for many years. Lan stated, “I have problems with getting close to pastors to be able to talk to them about personal things.” The critical factor is whether their respective pastors

were helpful concerning their specific situations. The overarching response was that congregants did not feel as if they received help with the topic they engaged in counseling for. The following words, included in Figure 3, were noted for their relevance during the focus group research question two discussion with congregants.

*Figure 3*

*RQ 2 Congregants Key Words or Phrases 1*



The words or phrases included in the figure are a reflection of what congregants most often referenced during their focus group session. The most prevalent terms or phrases were *small church*, *support*, *preach about*, *suppressed*, and *marriage*. The phrase, *small church*, was communicated often in reference to challenges that present themselves as a result of the “everyone knows everyone” dynamics associated with small churches. Very little can occur from a ministry or support standpoint without others knowing about it when church members are friends, family, and members of the same church. Rym noted she had been a member of her church since childhood and felt terrible when she overheard things being said by her pastor during sermons that were communicated during counseling sessions. Her close proximity to the

leader was possibly too close. The term, *support*, was discussed on multiple occasions as a result of most research participants feeling as if they needed support but failed to receive what they needed from their counseling experiences. The support Mantha referenced from her pastoral counseling endeavor lacked substance. She stated that some people felt like instead of going to a pastor for counseling, they “should fix our own problems.”

Unfortunately, Ria ended up leaving with feelings of frustration, mistrust, and doubt tied to the unprofessional behavior displayed by her former pastor. This came about as a result of her former leader deciding to *preach about* personal information from her and her former husband’s counseling session during a sermon. She ultimately left the church. Rym also had a comparable situation where her pastor used information from her counseling session with him while preaching. With respect to the term *suppressed*, four of five of the participating congregants ultimately found themselves suppressing information and not wanting to share or even be counseled at the churches they attended. One of the participants, Lan, stated, “I have problems with getting close to pastors to be able to talk to them about personal things.” Lan also stated, during another portion of the session, that he was open to speaking to pastors for “advice and things like that.” The dual nature of thought exhibited how complex congregant-pastoral relationships can be. This is especially true if they have close relationships with one another. Lastly, *marriage* was a topic most of the congregants referenced as a trouble spot with respect to the counseling they received from pastors.

The main challenge with counseling was that participants needed to receive what they believed they needed to address their emotional and mental wellness-related challenges from their counseling sessions. Time after time participants share how their needs went unaddressed. More specifically, the congregant’s pastor focused more on spiritual counseling and biblical

teaching, which the congregant's thought was good but desired more with respect to learning about best practices, video references, breathing exercises, etc. According to participants, their leader's lack of proficiency may have been due to a lack of experience with their particular needs or knowledge regarding counseling practices in general. Mantha noted, "There weren't any real guidelines that they could reference or even resources outside of maybe a book that another pastor wrote." Congregants did not reference their respective pastors' educational or training backgrounds which led the researcher to believe their pastors were limited in their awareness, education, or training in relationship to their congregant's emotional and mental wellness needs.

Participants were left thinking about whether they had made the right decision to seek counseling or if they should have gone outside of the church for assistance. Doubt about future church counseling engagement by the participating congregants was a reality. Negative thoughts about not only their pastors led to a decline in church attendance and enjoyment in a couple of instances, namely with (Ria and Rym).

The initial communication regarding congregants reporting whether they were helped by the pastoral counseling they received focused on the hopeful expectations that congregants had toward their participation. Given the overwhelming support for counseling services among the participants, one might have assumed that most had positive counseling experiences. However, when asked whether they had felt helped, the majority shared that they had not experienced improvement or had even felt worse after participating in pastoral counseling. A couple of the research participants noted how they felt betrayed by pastors, they trusted to lead their counseling initiatives. As a result, confidentiality stood out as a topic that impacted participant's willingness to engage with the pastors of primarily African American churches they attended. Unfortunately, this behavior from two of the pastors who facilitated counseling sessions for two

participants ended up being the rationale for the congregants to leave the churches where they sought support. Fear of what the leader might do or say next, along with a lack of trust in their pastor's abilities to adequately address their issues, were stumbling blocks for the participants. The following table outlines themes and categories that emerged from the focus group discussions regarding research question number two with congregants.

*Table 3*

*Emergent Congregant Themes and Categories for RQ2.*

Congregants' Focus Group	
(RQ2) Congregants Report Being Helped by Pastoral Counseling	
Themes	Categories
Pastoral Preparedness	<ul style="list-style-type: none"> <li>• Training or lack thereof</li> <li>• Doctrinal reliance</li> <li>• Recommendation based on personal knowledge or opinion</li> </ul>
Counseling needs of Congregants	<ul style="list-style-type: none"> <li>• Marriage counseling and scripture</li> <li>• Spousal discomfort</li> <li>• Counseling goals and objectives</li> </ul>
Roadblock to Effectiveness	<ul style="list-style-type: none"> <li>• Pastoral maturity and tenure</li> <li>• Jealousy, envy, and trust</li> </ul>

### *Pastoral Preparedness*

Congregants felt their pastors were not adequately prepared to meet their needs. Their enthusiasm about seeking counseling and engaging with their pastors at the onset of the discussion was surprisingly positive; however, the discussion quickly began to highlight congregants' frustration and disappointment with their experiences. A few participants felt their pastors did not display behavior or knowledge reflective of one who might be qualified to counsel. Participants came to these conclusions based on personal knowledge of their pastor's backgrounds and their poor experiences during their counseling sessions. Failures of these

leaders to make appropriate support recommendations in terms of development resources for congregants, such as books or website recommendations or counseling homework assignments and exercises, were reiterated in the focus group discussion. It was highlighted that one congregant had extensive knowledge regarding personal background information for leaders at her church.

One study participant stated that the counsel she received was solely based on church doctrine and lacked information coming from outside of the church, even as a support resource. The researcher saw her situation as one in which the counselor was not as interested in addressing the issue as they were in reiterating church doctrine. One could either follow the mandates outlined according to the doctrinal statement, choose not to participate in counseling, or engage in counseling with an understanding that one may not get what was needed from counseling sessions.

Congregants shared that in some instances, pastors shared thoughts on how to address their emotional or mental wellness needs solely according to their backgrounds, or lack thereof, with the issues. Congregants did not think pastors would have the insight or understanding to address every issue brought to them. However, they did think that if there was a limited amount of awareness or knowledge, pastors should make additional support recommendations or acknowledge their lack of experience with the issue.

### ***Counseling Needs of Congregants***

The diversity of counseling needs possessed by study participants were varied. Congregants came to their pastors for emotional or mental wellness support regarding issues such as marriage, divorce, and marital intimacy. Upon engaging with their pastors, some participants felt their leaders were not capable of providing effective counsel due to a lack of

awareness, knowledge, or understanding regarding their specific needs. Some in the group believed that pastors would be better served by focusing their counseling efforts on spiritually-related matters only. Mantha indicated that she witnessed a young person engage in counseling that went so poorly that, as a result of participating in counseling, the person had to leave their residence and stay with her. Mantha believed that the leadership needed help to effectively address the issue. It was noted that some pastors saw fit to engage in counseling services with congregants with the thought that even if they did not adequately address a congregant's issue they would at least provide them with support that might help them from a spiritual perspective. Participants believed spiritual development and support are good things but would also like to have had their specific, respective challenges addressed as well as having received spiritual counseling.

### ***Roadblocks to Effectiveness***

Based on feedback from the focus groups, the most concerning issues were related to frustrations regarding professionalism and confidentiality. More specifically, two congregants mentioned instances where they felt information they shared with a pastor was later divulged to others in the congregation during sermons or counseling sessions. Not only was this an ethical problem, but it was also a spiritual one. These leaders needed to gain the maturity to effectively counsel their congregants. These types of poor decisions and behavior not only negatively impacted the desire of congregants to attend church but also called into question the legitimacy of their leader's ability to function in the office of a pastor. One of the congregants this happened to stated, "Church folks can be the worst folks, and I'm just keeping it one hundred percent. If your pastor is not trying to make those situations better and kind of caught up in the mess of it,

then that is one of the reasons why I left a church.” The urgency of addressing these issues was apparent from the congregants' experiences.

The congregation members were not only frustrated by the lack of support they received from a counseling perspective but also struggled to connect with the church leaders on Sunday mornings after having such poor counseling experiences. With respect to sharing personal information, Ria communicated, "If I'm confiding in, entrusting you, and, you know, laying it all out, my hope and prayer is that you're not taking your work home."

**Summary of Findings.** Participating congregants communicated that there was no consistent outlet where they reported their successes or failures related to counseling explicitly tied to the church. They did acknowledge that they shared counseling thoughts, feelings, and information with family and friends, but unfortunately, most of those communications were rooted in bad experiences. Congregants also communicated that they were not likely to refer others to the same pastor or church leader with respect to counseling endeavors they engaged with. It should be noted that the participants were not anti-pastoral counseling as much as they were united in wanting to emphasize the positive benefit counseling could have if one finds the appropriate pastor to counsel with.

The individuals who were enthusiastic about seeking advice from their pastor and fully committed to the counseling process were ultimately disappointed. The actual experience did not meet their high hopes, leaving them feeling let down. This was especially disheartening because they had expected pastoral counseling to provide substantial support and opportunities for personal development. For some of the participants, the disappointment from their counseling experiences strongly influenced their choice to end their involvement with the churches they had been associated with.



### RQ3: How do Pastors Report Their Self-efficacy

Participating pastors indicated that most of them rarely report anything associated with their self-efficacy to any specific or consistent source. They did not share resources that aided in supporting how they felt about their experiences and only occasionally shared information with Others regarding feelings toward their ministry work in general. The following words, included in Figure 4, were noted for their relevance during the focus group research question three discussion with pastors.

Figure 4

RQ 3 Pastoral Key Words or Phrases 1



The words listed in the figure reflect those that were communicated most, including *know*, *pastor*, *family*, and *say*. The term, *know*, stood out due to the pastor's thoughts about the importance of them needing to know those whom they might share anything from a ministry perspective with, well, prior to sharing. Another term that came up was *pastor*. This term was highlighted because the ministers believed it was easier to communicate when the other individual was involved in ministry. Obviously, pastors were more comfortable communicating with other pastors. Another term that stood out was *family*. In most of these instances, they were explicitly referring to their wives; however, other close relatives were also sources they periodically communicated with. Due to the depths of the emotional wellness challenges

congregants presented, a few of the pastors said that they left sessions feeling heavy.

Unfortunately, much of what they heard was absorbed, and, in most instances, they have yet to deal with their own personal feelings regarding what they heard. One of the other words that was often communicated was the term *say*. This is because the pastors felt as if they could not and should not tell others or say things about their counseling sessions for the sake of maintaining confidentiality.

The following table includes themes and categories that emerged from the focus group discussions with pastors regarding research question number three.

*Table 4*

*Emergent Pastoral Themes and Categories for RQ3.*

Pastoral Focus Group	
(RQ3) How Pastors Report Their Self-efficacy in Counseling Their Congregants	
Themes	Categories
Limited Support Sources	<ul style="list-style-type: none"> <li>• No pastoral reporting outlet</li> <li>• Concern about confidentiality</li> <li>• Pastors are expected to cope</li> </ul>
Need for Support	<ul style="list-style-type: none"> <li>• Trauma from congregant challenges</li> <li>• Own personal challenges</li> <li>• Humility</li> </ul>
Relationship with God	<ul style="list-style-type: none"> <li>• Importance of prayer</li> <li>• Support from other ministers</li> </ul>

### ***Limited Support Sources***

The participating pastors did not reference any particular groups or affiliations they relied on to assist with the support needs they had. A few of the pastors were affiliated with denominational alliances, but they did not make reference to those entities serving as a support resource or network for them. The pastors were also concerned with making sure they did not

share information that was private or confidential. Instead of utilizing resources such as journaling or meditation, pastors essentially listened to congregants, absorbing what they heard, and had no outlet to deal with what was shared. Thus, most of the leaders had not dealt with any related issues stemming from what they heard. This would be consistent with the thought that pastors intrinsically possessed abilities to cope with anything they had been told.

Those leaders who participated in the focus groups functioned as if part of their responsibilities were to deal with their own issues independently of seeking or receiving any assistance. Ultimately, they expressed a need to be able to deal with the things that they heard regardless of what those things were. One of the pastors did indicate they had a more mature pastor (Minister Shai) they spoke with regarding issues. Another (Pastor Pat) stated that he had an outlet consisting of a “couple of pastor friends, colleagues outside the local area who know nothing about the church.” They served him well in that he went to them when “I need some prayer and additional insight.”

### ***Need for Support***

An obvious takeaway from the focus group discussion with the pastors was the need for ministry leaders to have outlets to share their experiences not only for the purposes of emotional and mental wellness and self-care for themselves but also for the benefit of other pastors and leaders. One of the things that was shared and reiterated upon closing the focus group with the pastors was their appreciation for the forum. It functioned somewhat like a small group counseling session that allowed pastors the freedom to express their thoughts with others they had multiple things in common with in a safe environment.

One of the leaders (Pastor Romey) communicated, “Thirteen years of pastoring, after year five, I said to myself ‘to thy own self be true.’” His comment was tied to the fact that after

ministering for a while, he began to understand that he would not be capable of appropriately handling everything that came his way. He realized that he would suffer if he did not take and adhere to the position of addressing only what he felt capable of being able to do. Pastor Romey also stated, "I was not qualified to handle some of the topics." The challenges pastors were tasked with helping congregants overcome were, at times, challenging and required an expertise or background that some just did not possess. Leaders took their own thoughts and feelings with them after having engaged in counseling sessions regarding topics in which they were not versed. A few of the participating leaders had their challenges that needed to be addressed. Their issues may have functioned, for congregants who came to them seeking support, as barriers to receiving adequate support for their problems. One pastor (Pastor PS) shared that he had a personal need to engage in counseling.

Pastor Jerry communicated that his area of pastoral counseling comfort included "emotional and marriage" related counseling. The sentiments expressed by several pastors indicated that certain vital topics were not discussed, leading to a lack of comfort among the leaders. It was emphasized that being able to recognize when a situation is beyond a pastor's capabilities is essential and requires humility. Pastor Pat mentioned that during his Master of Divinity program, he received extensive training in pastoral care, including "thirty hours of counseling." However, having spent time focused on a variety of different counseling areas, this pastor thought it was still crucial for him to know when to refer. Pastor Pat noted this even after stating that counseling was an area of gifting for him. The research participants were in agreement that though it could be humbling in some instances, it was better to communicate one's inability to counsel than it would be to take on a person and be able to assist them.

### ***Relationship with God***

The humility referenced in the previous paragraph is something that pastors who participated in the focus group felt was enhanced as a result of their relationship with God. They believed that having a consistent and personal relationship with God was a necessity for effective leadership. Pastor Romey stated, “The Holy Spirit will guide you.” Romey also shared, “The Heavenly Father is also very vital in our council.” Prayer was mentioned multiple times and served as the most consistent resource the pastors turned to with respect to helping others. The pastors not only sought God’s help through prayer, but they also asked others to pray for them. Pastor Pat shared that he has been helped “tremendously” by seeking the prayers of others, unaffiliated with the counseling he was providing at the time.

Minister Shai mentioned there were times when she really believed, “I can help, but I’m not getting anywhere.” In those times, she found support in sharing her situation with a senior pastor. Other pastors are a vast resource for those needing or looking for assistance with counseling-related items. Pastor Romey shared that if he had any questions or concerns, he still took them to his mentor, the pastor he grew up under. “I go to him, you know, for that advice.”

**Summary of Findings.** Pastors were concerned about keeping information communicated to them by congregants confidential; consequently, they infrequently sought outlets to help them process what they heard. A youthful enthusiasm was prevalent during the focus group discussion because many had never participated in an initiative where they could be heard and understood by others with like perspectives. One of the pastors even referenced how he wished the focus group could continue meeting on a regular basis. The major takeaway from the discussion was that pastors need a place, platform, or setting where they can share and

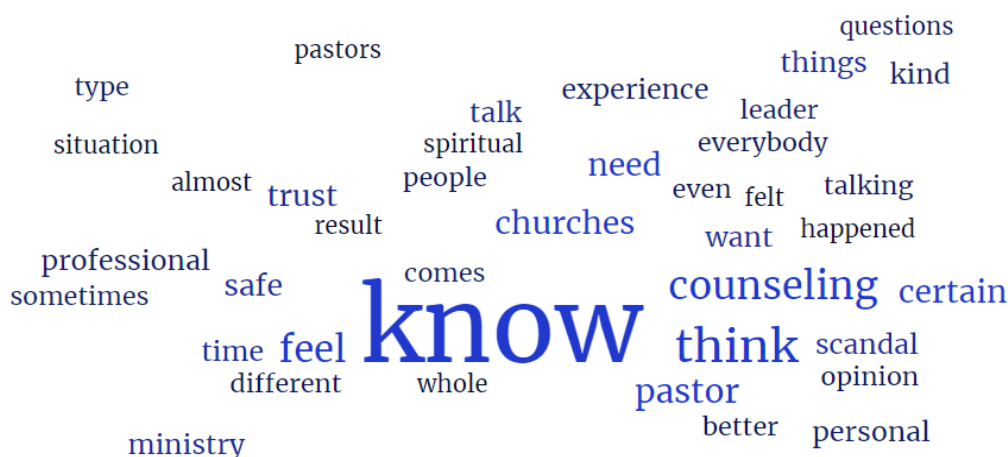
receive from other leaders on a consistent basis. This could benefit them from emotional, educational, spiritual, and possibly even physiological perspectives.

#### **RQ4: Primary Causes of Dissatisfaction for Congregants**

Research question number four was developed to gauge thoughts, lived experiences, and feelings associated with what congregant research subjects felt negatively impacted their pastoral counseling experience. The following words or phrases, included in Figure 5, were noted for their relevance during the focus group research question four discussion with congregants.

*Figure 5*

#### *RQ4 Congregants Key Words or Phrases 1*



The words that took on highlighted significance with respect to congregant responses to the focus group discussion that took place regarding research question number four were *know*, *think*, *professional*, *trust*, and *experience*. The following table provides an overview of themes and categories from the focus group discussion with congregants regarding research question number four.

The term, *know*, was used often with congregants in reference to their desires to comprehend or understand what was wrong with them. They also discussed the importance of

pastors knowing what to do from a counseling perspective. Some did not know what to expect. Rym noted with respect to one who might be tasked with facilitating counseling sessions with her, “If I don't feel that you have a vested interest in my well-being, then I won't trust you.”

*Think* was a term the congregants used often because they felt it was important not to be bound by what others may think about one who seeks support for assistance with wellness issues.

The participants were adamant about the importance of ignoring what others thought if it was contrary to putting forth effort to get help. The term, *professional*, was also used during this portion of the discussion. Unfortunately, it was primarily used to express negative feelings congregants felt toward pastors who facilitated counseling practices with them. A few of the congregants (Ria, Rym, and Mantha) witnessed behavior from their counseling facilitators that was inappropriate and deemed unprofessional in their eyes. This included things like failing to keep session material confidential, repeating information shared during counseling sessions in sermons, and failing to provide resources to aid counseling initiatives.

*Trust* emerged as a significant part of research question four discussions. Ann noted how pastors were capable of engaging in behavior that one would think they would or should be above. This type of behavior ultimately created doubt in her mind about the pastor's ability to appropriately address her needs and led to her choosing another resource for her counseling needs. Several of the participants had comparable stories where their trust was compromised by leaders who displayed inappropriate behavior. The last word, *experience*, was something that congregants questioned about their pastors. Congregants thought, “How bad could their pastors be at counseling if they had previous experience facilitating counseling sessions in the past?” The challenge is that congregants had no way of knowing specific details of their counseling facilitators' backgrounds and experiences. This is something that also impacted congregant

expectations of the support they were anticipating. Their expectations were higher than the capabilities of those responsible for providing their counseling services.

The following table includes themes and categories that emerged from the focus group discussions with congregants regarding research question number four.

*Table 5*

*Emergent Congregant Themes and Categories for RQ4.*

Congregant Focus Group	
(RQ4) What are the Primary Causes of Dissatisfaction	
Themes	Categories
Training	<ul style="list-style-type: none"> <li>• Lack of experience or training</li> <li>• Limited awareness of resources</li> </ul>
Professionalism	<ul style="list-style-type: none"> <li>• Trust</li> <li>• Confidentiality</li> </ul>
Proximity to Leadership	<ul style="list-style-type: none"> <li>• Relationships</li> <li>• Familiarity</li> </ul>

### ***Training***

Pastors and congregants each noted the topic of experience or background as the rationale for why counseling experiences may not have been as effective as they could have been.

Congregants believed that a lack of training, awareness, and or knowledge played a part in why congregants were dissatisfied with their pastoral counseling support. While many of the pastoral research participants did have academic, theological, or Bible-related training, congregants believed that the pastors who facilitated their counseling sessions were unlikely to have engaged in counseling-specific training or education. Since we did not poll participants regarding whether or not their pastors participated in counseling, the perception that their respective pastors had



not participated in training was only an assumption. Even though a few of the pastors had participated in formal theological training, they had not engaged in counseling-specific training. It is also important to state that none of the leaders communicated that they were collaborating with a professional consultant or partner organization that provided counseling services to congregants or training for leaders.

A few of the pastors did have multiple years of pastoral experience yet still felt inadequately prepared for some of the topics they were being asked to address with respect to the specific support needs of their congregants. The impact of this inadequacy was keenly felt by the congregants, whose expectations were dashed when a few of their respective pastors failed to provide them with adequate counseling support resources (books, workbooks, links to resource websites, etc.). These congregants did not think it was necessary for a pastor to have completed a four-year degree program; however, they did believe some degree of training would have benefitted their leaders. The topic of training was reiterated frequently by the congregants, underscoring the gravity of the situation.

### *Professionalism*

Three of the congregants agreed that confidentiality was a significant issue regarding their dissatisfaction with the counseling they received. Ria referenced how trust can be easily broken down between congregants and pastors independent of outside counseling initiatives. She communicated, “Where I’m from, there are churches on every corner and a whole bunch of them.” “We do hold pastors to a standard.” “When you find out there’s a scandal, it breaks that trust factor even if it’s not your church. Even if the scandal did not happen with your pastor.” Rym stated, “I know for me and my personal experience, I think the greatest cause of dissatisfaction is, in my opinion, having a pastor who is giving counseling, who I feel needs

counseling himself.” A lack of professionalism and knowledge regarding counseling practices led to discomfort and, in a couple of instances, congregants choosing to leave their respective churches. Mantha noted that due to a counseling situation facilitated by pastors at her church, a young person “was kicked out of the home and was displaced for some time.” She had to intervene and provide the youngster with shelter until the situation could be resolved. Upon being told how their counseling impacted the youth, according to Mantha, the facilitating counselors displayed a lack of sensitivity for the counselee.

Ria spoke of a situation in which she and her ex-husband were counseled but, shortly after that, heard a sermon from their pastor that contained information very comparable to what they shared with the pastor during their counseling session. As a result of what was shared that day, Ria believes their pastor at the time communicated in the pulpit, “I will pray that your marriage doesn't work.” Unfortunately, Ria was not the only individual to develop trust issues with her pastor. Rym stated the following, “For me, it's just my personal opinion, trust being an issue, feeling that I have a safe space. If I come to you and I talk to you, then I need to know that I am safe.” This was communicated after she shared that her pastor seemed to be out of touch with today's world and stuck in his way of doing and thinking about things. Ultimately, congregants were less likely to find counseling meaningful and remain engaged when they suspected a lack of awareness, education, or training. Trust issues were not solely tied to how congregants felt about their pastors. Some of the congregants, as a result of relationships their pastors had with other members in their churches, felt as if leaders might share information with others. This was especially concerning because of the apparent breach of professionalism by pastors and the inability to control or manage personal information that was no longer confidential. Individuals who were considered friends or relatives of pastors were noted as being

in a position to receive inappropriate information from pastors. There was also a lack of trust shared by some of the congregants with respect to the faith they had in their pastor's abilities to effectively counsel. Martha noted:

So, if you're not an expert and you prefer to support that person through that referral, You don't have to be totally hands-off. You also don't have to act like you know how to do something when you're not an expert.

She continued by stating “I think that it might help churches, who want to be more responsible when it comes to counseling, to have some more education.”

### ***Proximity to Leadership***

A few of the congregants felt that the closer they were to their pastors, from a relationship standpoint, the more difficult it might be to share personal issues in a counseling setting. Two of the participants shared that they had a closeness with their pastors that allowed them to easily access them and seek them for counsel. Lan communicated, “My bar is like set so high when it comes to ministry, and I feel like as a musician, I get a different, a different connection than somebody just attending the church.” He went on to state, “Realistically, it's a lot of, uh, behind the scenes that, you know, you really can't trust. You know, you really gotta have kind of good discernment because you never know.” Rym noted, “I have a very close relationship with my former pastor, so I would go and talk to him about things, and in that moment, I would feel better. But then after, like, far after, I would feel terrible because, you know, people have a tendency to preach about things.” It should be noted that Lan’s father was a pastor. As a church musician who had played for multiple churches in the past, his perspective on leadership was rooted in having numerous personal relationships with pastors over the years. With respect to his situation, family played an important role in how churches and pastors are viewed by congregants.

A lack of trust in a pastor's ability to effectively counsel was a central discussion point during the focus group conversations. Ria noted in reference to participating in counseling initiatives, "The trust piece with your counselor or therapist is critical." A few of the issues with trust came as a result of the relational proximity with which congregants possessed with their pastor. Rym, who grew up in her church and saw the church leadership as family, expressed her personal opinion about trust and feeling safe. She said, "If I come to you and talk to you, then I need to know that I am in a safe space. Rym continued, "So you know, I need to feel safe, and I think that when people don't feel safe, that causes them not to trust, and so everything is circles back to trust." Unfortunately, trust was broken for several of the congregant research participants.

**Summary of Findings.** Congregants primarily communicated negative feelings toward counseling sessions they experienced with their pastors. They thought pastors were too casual with data communicated during private counseling sessions. This was such a challenge for a few of the congregants that a couple of congregants left their respective churches. As they further discussed their experiences with pastoral counseling, it seemed as if the pastors they counseled with had made serious mistakes. All participants shared experiences from their counseling processes that had a negative impact on their well-being. Pastoral leadership needed to function more effectively. Counseling pastors did not provide documented expectations, guidelines, or procedures that could have helped temper congregant expectations or offer assurances that content discussed during their sessions would not be shared with others. In a couple of instances, congregants (Rym and Ria) spoke about how their pastors shared information they received during counseling sessions. Congregants regarded this behavior as a significant breach of appropriate professional conduct.

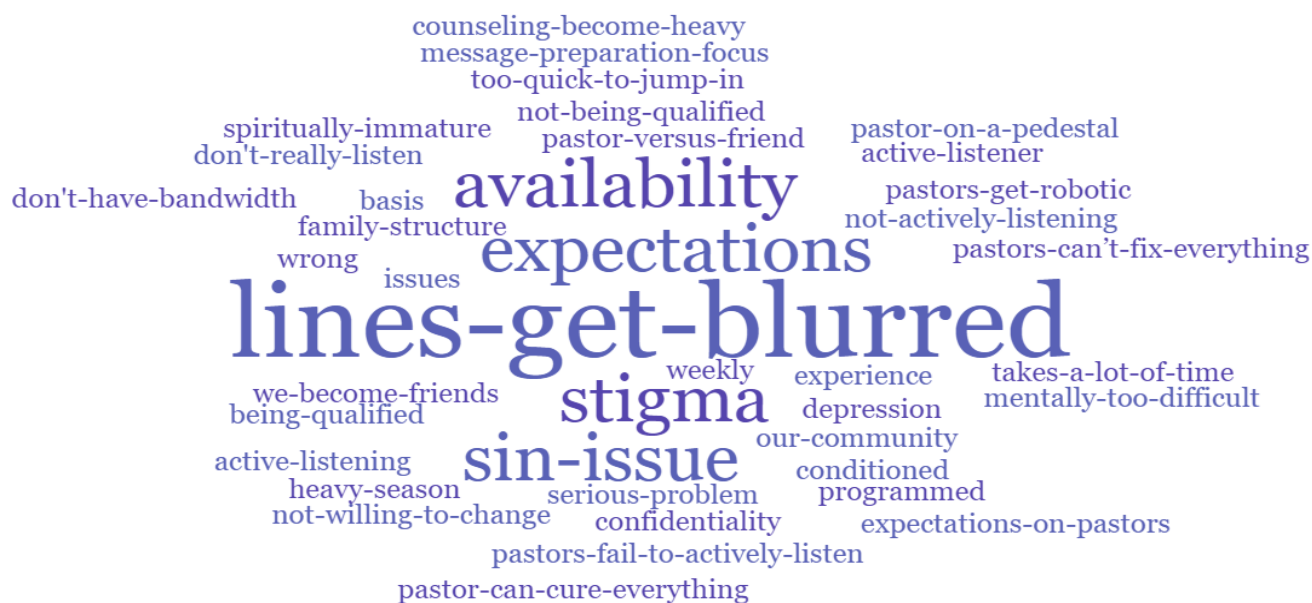
#### RQ4: Primary Causes of Dissatisfaction for Pastors

Participating ministers, on the whole, did not express the same type of negativity congregants did with respect to their lived counseling experiences. They expressed concern for wanting to get things right. A few pastors expressed frustration about not being able to meet the needs of congregants. In one instance, the burden of not being able to assist was a source of personal stress and emotional discomfort. Pastor PS spoke about sporadic, “on the spot” counseling that may need to take place immediately after service due to the seriousness of some issues. He noted, “You get done preaching, and somebody says, ‘Pastor, I need to talk to you about some emergency which happened to me,’ and somebody pops into your office, and you have to counsel right there on the spot.”

The following words or phrases, which are included in Figure 6, were noted for their relevance during the pastoral focus group discussion for research question number four.

*Figure 6*

#### *RQ 4 Pastoral Key Words or Phrases 1*



Terms and phrases that stood out during the pastoral focus group research question number four were availability, sin issues, stigma, expectation, and lines get blurred. The term, availability, was a major topic of discussion because many of the leaders did not have support in the form of other leaders or administrators who were assisting with counseling practices at the respective churches. Pastor Pat explained that sometimes pastors feel overwhelmed when they spend ten, fifteen, or even twenty hours a week preparing a message for Sunday.

It is understandable for church members to seek help with their struggles with sin, but leaders generally find that counseling is most effective when individuals genuinely want to improve. Those who prefer to continue with their *sin issues* and disregard the advice of a leader may struggle to benefit from counseling. Pastor Sims commented that when it comes to church members, they may not be receptive to hearing about God's way and might prefer to seek advice from a secular counselor instead. *Stigma* emerged as a barrier pastors believed could negatively impact counseling endeavors before they even got started. Pastor Pat even noted, "I've seen clergy condemn those who seek counseling." Participating congregants were initially excited about the prospect of engaging in pastoral counseling, but this did not seem to be the norm from the pastors' perspectives. There was more than one congregant who possessed an unrealistic *expectation* of what pastors do in counseling sessions. This primarily centered on pastoral desires to utilize scripture and spiritual growth for enhancing emotional and mental well-being, rather than relying on secular methods. Pastor Jerry noted that there was an "invisible mandate that says that we must know how to address some of these issues, and sometimes we're not even qualified to do so." The phrase, *lines get blurred* was tied to the close relationships congregants developed with leaders and other church members. Pastor Romey stated, "Although you're their pastor, you could be their neighbor's nephew." He felt this was especially challenging in small communities

or close-knit neighborhoods.

The following table provides an overview of themes and categories from the focus group discussion with pastors regarding research question number four.

*Table 6*

*Emergent Pastoral Themes and Categories for RQ4.*

Pastoral Focus Group	
(RQ4) What are the Primary Causes of Dissatisfaction	
Themes	Categories
Background	<ul style="list-style-type: none"> <li>• Limited Awareness, Knowledge, or Training</li> <li>• Support Resources</li> <li>• Ability to Engage in Development Opportunities</li> </ul>
Capability to Support	<ul style="list-style-type: none"> <li>• Lack of Assistance</li> <li>• Multiple Responsibilities</li> </ul>
Expectations	<ul style="list-style-type: none"> <li>• Congregant Mindset</li> <li>• Spiritual Maturity</li> <li>• Required Commitment</li> </ul>

### ***Background***

While a few of the pastors included in the research did have theological biblical experience, most of their training did not include counseling-specific information. Consequently, when faced with specific topics, the pastors did not feel adequately equipped to support their congregants. Aligned with that was a limited awareness from pastors of additional resources capable of supporting individuals with emotional and mental wellness-related issues. One of the pastors (Pastor PS) even stated he may have needed support for himself from a counseling perspective, let alone being able to meet all of the counseling needs of those at the church he leads. While pastors were open to making referrals on behalf of congregants who needed professional assistance, they lacked a clear understanding of the appropriate contacts and

organizations to refer congregants to. None of the pastors mentioned they were participating in any type of academic educational training at the time of the focus group session, nor were they working in collaboration with any other outside non-religious entity. Consequently, the leaders expressed that they had a limited amount of knowledge regarding resources that might be able to assist them with counseling practices from a resource, awareness, or knowledge perspective. The pastors did communicate a willingness to partner with the other professionals and or institutions capable of assisting themselves or congregants but did not discuss any formal partnerships or relationships that were in place. A barrier to finding additional resources was the amount of time pastors had to engage in developmental endeavors.

### ***Capability to Support***

One of the pastors, PS, stated that he felt it was important that leaders had others they could count on to serve as an outlet they could go to in order to stay sharp and minimize stress. Pastor PS noted, "I believe that it's very healthy to have a pastor in your life that you can be held accountable to and also to have a counselor in your life, which are two different things." A few of the leaders communicated that they did not have support in the form of other individuals who could assist with counseling practices. This was amplified by the fact that, As pastors, they were responsible for multiple other things outside of counseling services. Despite this, they constantly had to consider the prioritization of their work. A couple of the leaders indicated a willingness to work with other sources who might be able to assist with counseling services, but that would require additional work tied to exploring who those sources and potential partners might be. Pastors would also need a person within the church to help support or manage such a relationship or support person.



None of the pastors referenced partnerships with professional entities with respect to supporting the needs of congregants at the churches they were leading. The pastors also failed to reference a tool or individual that they used or were engaged with, who served as a model or resource they could use to assist with the implementation of pastoral counseling practices. The leaders were not utilizing other congregants or leaders within the church to assist with counseling initiatives, with the exception of Pastor Pat and Pastor Shai. There were also no references to church leaders inviting secular counseling professionals to their churches to provide additional awareness or training for congregants or leaders. Unfortunately, even the topic of emotional and mental wellness was not regularly being addressed from the pulpit in a consistent manner.

### *Expectations*

The pastors who took part in the study believed that the expectations of the people seeking their help before starting counseling sessions affected how satisfied the congregants felt about their counseling experiences. The congregants expected the pastors to drop everything and attend to them immediately when they needed support. However, this was often unrealistic due to the time and responsibilities of the pastors. These leaders understood that congregants who participated in this research expressed enthusiasm about the prospect of participating in pastoral counseling. Pastors felt congregants' expectations were inflated. Pastors shared that congregants should be expectant that counseling would be primarily focused on scripture and coming from a Christian perspective. This is different from what one might expect if they participated in secular professional counseling initiatives. A congregant who needs support from a pastor might also report a negative experience according to the level of spiritual maturity they may or may not have. Leaders thought the more mature spiritually a person was, the more likely they were to accept and benefit from pastoral counseling focused on scriptural and theological concepts.

These individuals are not expecting counseling initiatives to occur in the same manner that secular counseling initiatives might and consequently, they were better prepared to accept Christian-based practices.

Another topic discussed during the pastoral focus group session was the fact that men fail to attend church as regularly as women; consequently, they are less likely to engage in counseling endeavors. Pastor PS believed that African American men, in particular, were less likely to form close bonds with other men because they felt uncomfortable building the kind of connections with pastors or other men that could lead to the sharing of personal information. Specifically, he believed that the lack of African American men in the church was not only a disadvantage for their own personal development but also for their families and the church as a whole. During the session, Pastor PS made the following statement:

There's the stigma there that I'm coming to another man talking about my problems, especially in the African American culture. So when you have that going on, and African Americans are looking at other men and having to tell all their business and talk about all the dos and don'ts in their lives. I think it was uncomfortable for some men.

Pastor PS's perspective was that African American men chose not to communicate private things to other men out of fear of being perceived as being weak. This aligned with much of the literature documented in chapter two. Pastor PS noted that the number of women who came to him seeking counsel for emotional and mental wellness issues greatly outnumbered the total of men. From his perspective, this was tied directly to men's unwillingness to engage in church. Pastor PS stated, "If the man is getting better, their family gets better."

**Summary of Findings.** Pastors communicated a desire to help as many people as they could by facilitating pastoral counseling sessions; however, they expressed a need for assistance with counseling initiatives. Only a couple of the leaders were in a position where they even had

the potential to delegate or assign counseling-related tasks to others. Volunteers who could assist were not sought because the pastors viewed counseling as being their responsibility. Finding ways and time for pastors to engage in developmental training opportunities they need is essential, especially if they choose not to seek additional support from volunteers or staff with counseling initiatives. This is an endeavor that both churches and pastors can significantly benefit from, but one that requires intentionality and support that may need to come from outside of the church.

Pastors believed that congregants felt as if their specific counseling needs should be prioritized over other church-related things; however, this may only be perception. Additional research is necessary to know whether congregant perceptions are as such. Pastors also felt that because they were in a leadership role, they automatically needed to provide support for congregants even if they suspected they did not have the ability to adequately help.

### **Evaluation of the Research Design**

The premise of this was rooted in the author's desire to contribute research affiliated with the pastoral preparedness of African American leaders. In reflecting upon the study design, while a qualitative study was appropriate for the task, it is possible that more information could have been secured from individual one-on-one interviews as opposed to focus group discussions. Even with the congregant and pastoral groups being separated, there was so much discussion that the focus group format may have stifled some of the discussion that may have occurred independent of having others in the virtual space. If the discussion facilitator had been in person within the same space as the study participants, more body language and gestures could have been observed.

## CHAPTER FIVE: CONCLUSIONS

### Research Purpose

The purpose of this interpretive phenomenological analysis was to explore the lived experiences of both pastors and congregants of African American churches with regard to pastoral counseling. The support pastors provided those who attend predominately African American churches located in Northeast and Northwest Ohio, in the area of non-clinical counseling, is of relevance because African Americans have a tendency not to pursue clinical support. This research aimed to shed light on the unique role of pastors in addressing mental wellness issues within their congregations, particularly in the context of African American churches where clinical support is often underutilized. Those with support needs respect ministers as being community leaders and, consequently, contact them when facing psychological distress (Neighbors et al., 1998). African Americans report a higher likelihood of not continuing mental wellness treatment facilitated by psychiatrists and professional counselors (Mowbray et al., 2018). Research to aid in understanding the roles African American pastors play with respect to identifying and managing things like depression attributed to congregants is not being used to better develop leaders to address the counseling challenges they will face (Anthony, 2015).

Pastors ministering primarily to African Americans benefit from awareness of community tendencies. Lower rates of engagement with clinical professionals and negative stigma regarding perceived emotional and mental wellness issues among African Americans highlight the need for pastors to be capable of providing counsel (Hays, 2016). According to Taylor et al. (2000), pastors may be the first or only professionals an African American in need

of counseling will encounter. An interpretive phenomenological analysis was used to better understand pastoral counseling experiences for both ministers and congregants.

### **Research Questions**

**RQ1.** What, if any, initial/pre-conceived thoughts and feelings about counseling do participating congregants and pastors hold?

**RQ2.** How, if at all, do the participating congregants report being helped by pastoral counseling?

**RQ3.** How do the participating pastors report their self-efficacy in counseling their congregants?

**RQ4.** What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

### **Research Conclusions, Implications, and Applications**

#### **Conclusions**

The premise of this research was to provide pastors and churches with information that could help them better serve those who come to the church for assistance with emotional and mental wellness-related issues. According to Dejun et al. (2021), “understanding perspectives on health needs from both churchgoers and pastors would be important for developing culturally appropriate health programs that can address health needs of congregation members and are supported by church leadership” (p. 1181). Dejun et al. underscore the importance of collecting additional information on how pastors have addressed the counseling needs of their congregants. When we initiated focus group discussions, we observed the active involvement of both the congregants and the pastors, with congregants freely sharing their perspectives and expressing optimism about the subject of pastoral counseling.

One of the more challenging findings was that some pastors who provided counseling services for members involved in the research occasionally did not function in a professional

manner. As a result, a few members left the churches they attended due to negative experiences with those leaders. In defense of pastors, some of the pastors who engaged in the pastoral focus group felt unprepared to address the issues that members brought to them for counseling and support. This acknowledgment, however, is no excuse for the poor professionalism displayed by the leaders who counseled some of the congregant focus group study participants. A few of the pastors even admitted that they could benefit from receiving support for their own emotional and mental wellness. Additionally, congregants expressed the need for marital counseling, and the pastors agreed that they felt most comfortable providing this type of counseling. However, congregants also reported dissatisfaction with the marital counseling they received, even though the pastors felt they were most capable in this area of counseling ministry.

The pastors who took part in the discussion felt that congregants needed a better understanding of the pastoral guidelines and expectations related to counseling support services. They believed that congregants should expect pastoral counseling to focus on biblical teaching and scriptural concepts. This is not to say that the pastors were against professional counseling outside of the church, but rather, they were limited in their ability to address various issues. They felt comfortable using the Bible as the primary resource for counseling practices and believed it to be the most essential. The pastors also expressed concerns about their capacity to counsel due to the high number of individuals seeking support and the wide range of topics needing attention from congregants.

### **Implications**

Pastoral counseling is supposed to offer a holistic and culturally relevant religious approach to addressing emotional and mental wellness among African Americans. According

to Stanbury et al. (2012), it is “viewed as a specialty that encompasses theology, faith, and psychotherapy and engenders a relationship in which participants would meet one-on-one with congregants to assist them with addressing a variety of socio-emotional and faith-related problems” (p. 967). It is important to remember that the African American Church is still viewed “as being well-positioned to address the unmet mental health needs of Black Americans, reduce mental health stigma in Black and Christian communities, and deliver culturally appropriate, community-based mental health services to these groups” (Campbell & Winchester, 2020, p. 105). Pastors, upon assuming the role, must be aware of the need for them to support the varied needs congregants have in relationship to counseling. This research indicated that at least a few leaders still have a long way to go with respect to both their knowledge and abilities regarding counseling and their overall professionalism. Mantha summed up what congregants related in reference to their own experiences when she stated that churches and pastors should “show the benefits as well as the consequences when you provide people with counseling, and you are untrained. You know, because listening to all of us, most of the things that we said, unfortunately, about our experiences were negative.”

Finally, establishing a governing body with the authority to credential, commission, or decommission churches and counseling leaders could be an invaluable resource for independent counseling initiatives. This body could provide pastors and churches with certification verifying that they have completed a training program and adhere to specific guidelines. The goal would be to instill trust in congregants and leaders by ensuring that pastors have received adequate training and are accountable to an authoritative body.

### ***Theological Implications***

One key point that participating pastors emphasized was the importance of incorporating

scripture exploration and the application of biblical principles into pastoral counseling. This is particularly significant because some members of the African American community believe that the church should take a more active role in promoting mental health and wellness and in helping Black and Christian communities understand the significance of maintaining optimal mental health for overall well-being and spiritual health (Campbell & Winchester, 2020, p. 119).

It is the responsibility of pastors to help congregants comprehend the theological concept of believers being made in "The Image of God," irrespective of the emotional or mental wellness challenges they may be facing. While the recommendations from congregants to pastors, based on this study, revolved around engaging in additional training specifically focused on counseling, it is also crucial for leaders to continue "studying to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth" (KJV, 1769/2017, 2 Tim. 2:15).

Pastors who help congregants understand that "in the image of God, He created him; male and female He created them" ((KJV, 1769/2017, Gen. 1:26-27) provide them with insight that can support them outside of counseling sessions. This idea holds significant theological implications in that it proclaims the worth and value every individual possesses, regardless of race, ethnicity, gender, or any other characteristic with respect to God. African Americans' participation in pastoral counseling should provide counselees with platforms to learn, grow, and share without fear of repercussions for what may be stated. Pastors should create environments that lead to a decrease in stress and anxiety.

The belief in being made in God's image can help African American Christians anchor their identity and purpose in something transcendent. As a result of the findings from this study, it should be clearly stated that a pastor's role is to ensure they support congregants in ways that



are professional, confidential, and spiritual. Any compromising of the role with respect to support, as aforementioned, might not only negatively impact how individuals may feel about their pastor or church but possibly stunt one's growth as a Christian. Congregants should expect pastors to "hold the values of their faith tradition to be normative for their work. This is in contrast to a secular model of counseling that may view self-actualization and personal fulfillment as the highest goals of health" (Felicity, 2002, p. 138).

### ***Practical Implications***

African Americans are likely to continue visiting churches to seek pastors' help in addressing their emotional and mental wellness challenges. According to Balkin et al. (2022), Black Americans often prefer seeking assistance within their social and religious communities rather than using conventional mental health services. This means pastors at these churches need to be committed to improving their counseling skills to better serve their congregants.

For pastoral counseling initiatives to be effective, it is essential for those involved to focus on their spiritual development. Ideally, counselors should have the knowledge and skills to help those in need find the support they require. Unfortunately, some congregants have found that these expectations are not always met. It is essential for churches and church leaders to set clear expectations for leadership that include seeking out counseling resources. Mentorship, relationships, and denominational offerings aimed at helping pastors better serve their congregants through counseling should be prioritized.

Since there is not a universal governing body within the church with the authority to mandate counseling guidelines across denominations, churches and leaders need to take on this responsibility themselves. This is why research projects like this dissertation are necessary. The more information churches and pastors have, the better equipped they will be to support their

congregants with their emotional and mental wellness needs, leading to a healthier church community overall. In the future, it is crucial to continue advocating for culturally competent and accessible emotional and mental wellness services that recognize the diverse strengths and experiences of African Americans. Collaborative efforts between faith communities, mental health professionals, and policymakers can help create a future where all individuals have the opportunity to thrive emotionally, spiritually, and psychologically. It is imperative for pastors to receive more training, as both congregants and pastors have expressed the need for this. This is especially relevant because, as noted by Stanbury et al. (2012), "African American pastors function as gatekeepers to formal emotional and mental wellness health systems." Increased training could enhance their ability to provide adequate services.

### **Applications**

Research has indicated that providing pastors with additional training and raising awareness could greatly benefit both congregants and pastors, particularly in increasing their self-efficacy in offering pastoral counseling services. According to Balkin et al. (2022, pp. 418-419), there is a strong correlation between religion, spirituality, and relational health among Black Americans. The presence of higher levels of religion/spirituality has been found to have a positive impact on community and mentoring relationships. It has been suggested that individuals experience an improvement in addressing their issues when religion is incorporated into the process. Another thing to consider, especially in reference to challenges pastors may have with their time and calendars, would be to implement a virtual counseling option. Leaders need time to take care of themselves in order to best care for congregants. Felicity (2002) stated, "Leaders also need to take care of themselves by spending time in prayer. Study spiritual

psychological in spiritual renewal, including periodic retreats, continuing education events and such basics of self-care as adequate sleep” (p. 139).

When asked, none of the pastors or congregants except Ann mentioned that they had participated in virtual counseling sessions. A professional outside of the church conducted Ann's counseling. Virtual resources like Microsoft Teams are used for the focus group sessions, and Zoom allows pastors to schedule sessions more flexibly, take notes, transcribe discussions, and keep a record of what happened. While these resources have been available for several years, the popularity and use of virtual platforms for connecting people have increased and become more user-friendly, especially with additional application features, due to global events such as the coronavirus pandemic that started in 2020.

Pastors, often working in isolation, could greatly benefit from being part of a pastoral group or mentorship program. Many leaders struggle with internalizing the feelings and thoughts that arise from providing counseling services to their congregants. Adhering to a code of ethics or best practice guidelines associated with Christian counseling would be beneficial for both pastors and congregants, addressing concerns about professional expectations. Church leaders believed that the majority of their time should be spent on preaching, teaching, and supporting the congregation. This belief is supported by Acts 6:3-4, which states, "Therefore, brethren, seek out from among you seven men of good reputation, full of the Holy Spirit and wisdom, whom we may appoint over this business; but we will give ourselves continually to prayer, and to the ministry of the word" (KJV, 1769/2017). Due to their primary focus on preaching and teaching, pastors paid less attention to counseling. Most pastors indicated that they felt most comfortable providing marital counseling, primarily because it was what they did most.

Given the limited awareness, education, or training that many pastors possess, church leaders often struggle to identify available resources to support pastoral counseling initiatives. It is worth noting that when pastors and leaders feel unequipped to address specific issues, they will refer congregants to external emotional and mental wellness professionals. Additionally, it is important to acknowledge that within the Black community, there is a lingering belief that mental health clinicians "cannot be trusted or will not understand them." This perception creates barriers that hinder many African Americans from seeking help through traditional mental health services (Campbell & Winchester, 2020, p. 118).

Leaders need to be well-informed so that they can offer some level of support either before referring congregants or in collaboration with external professional resources in order to best serve the congregation. According to Moore et al. (2022), the process of individuals becoming pastoral leaders often involves a deeply personal calling, selection by a religious body, appointment, or training, all of which are influenced by their religious doctrine. Following thorough preparation, these individuals typically earn full authority from congregants to assume leadership roles within the church organization or place of worship. Since the pastors involved in the research did not mention any specific ministerial alliances or other resources capable of assisting them, it is evident that there should be more exposure and training on potential support resources, reference materials, and contacts. This underscores the urgent need for more research and resources to support pastors in providing effective pastoral counseling services. Ultimately, pastors and leaders can involve their churches in practices and partnerships to create effective emotional and mental wellness service models, which may open up new opportunities for addressing issues and well-being. These new opportunities, if utilized effectively, may help

reduce negative attitudes and behaviors and help people achieve and maintain their desired quality of life (Burse et al., 2021).

### **Research Limitations**

Two focus group sessions were conducted, one with five congregants and the other with five pastors. Each session lasted for one hour. It would have been helpful to have more information on pastoral education levels and training backgrounds in order to determine if there was a correlation between training or education and congregant satisfaction with pastoral consultations. Thus, better understanding the education, awareness, and training of the pastors who provided counseling services to the congregants could have been beneficial, especially considering the lack of competency referenced by the congregants in relation to their respective pastoral counselors. Individual interviews might have provided more detailed information on the participants' experiences compared to the group discussion. Additionally, conducting in-person focus groups might have encouraged more interactive discussions among the participants.

It should be noted that the study's focus on pastors exclusively may have limited the breadth of insights gained, as other church members such as staff, volunteers, and lay members could have also provided valuable perspectives on counseling initiatives from a leadership angle. In addition, the study's scope was further constrained by its exclusive focus on congregants and pastors of Baptist or non-denominational churches in northeast Ohio. Including a broader range of church types and geographic locations could have yielded more comprehensive data. Furthermore, exploring the resources, training, and collaborative opportunities offered by denominational alliances and other organizations in the Christian counseling field could provide valuable cross-cultural insights relevant to pastors and churches with primarily African American congregations.

### **Further Research**

It is essential to conduct further research to identify specific opportunities for pastors, especially those in the African American community, to receive additional awareness, education, and training. In addition, in-depth studies regarding the self-efficacy of African American pastors in counseling practices can shed light on particular areas where pastors may feel less equipped to provide adequate support to their congregants. Gathering this type of information and sharing national and local data resources containing support materials for leaders could significantly enhance the counseling experiences for pastors and congregants. Furthermore, it would be beneficial to conduct a comprehensive study solely focused on identifying the primary frustrations of congregants in their counseling experiences. This type of detailed insight could immediately aid pastors and churches in coordinating tailored training and exposure experiences for their leadership, offering hope for improved pastoral counseling in the future.

According to Dejun et al. (2021), “There has been a rather limited effort in getting pastors’ perspectives on health needs in their churches and the barriers for churches to address unmet health needs” (p. 1181). This, along with the fact that counseling initiatives taking place within African American churches could be led by non-pastors, staff, volunteers, or other lay ministers, indicates that more information regarding who actually provides counseling services within these churches would be helpful with respect to whom and where awareness and training emphasis should be placed.

Overall, more attention to the awareness, education, and training church leaders possess is a significant point that emerged from this work. It would be interesting to study congregants’ feelings about their counseling experiences based on the years of experience or educational background their pastors possessed. Independent of extensive academic backgrounds or

professional experiences, “most congregant leaders were able to recognize when individuals desired or were in need of a higher level of mental health services, rather than the usual services they are typically offered through prayer and counseling” (Burse et al., 2021, p. 137). However, congregants had no frame of reference for background information pertaining to their pastors. They had no way to know other than word of mouth or internet searches. Consequently, research focused on tools, supports, or understanding in reference to diagnostic capacities of African American leaders could serve as a resource that could help pastors better understand the areas in which they might choose to seek development. It could also help congregants by providing them with information about how and where to explore background data on their leader. This type of research could also help churches to potentially support pastors by providing churches and other leaders with greater insight into areas in which they could possibly seek training or resources.

Researching the utilization of virtual counseling resources by African American pastors holds the potential to provide valuable insights into how pastors can effectively address the challenges of time constraints and consistency in engagement when offering counseling services. Furthermore, delving into pastoral engagement in counseling services as counselees could yield significant benefits. By gaining a deeper understanding of the experience of receiving counseling, pastors may enhance their counseling skills and be better prepared to facilitate counseling sessions, mainly if they prioritize their own emotional and mental well-being. Moreover, pastoral participation in counseling could offer leaders a unique perspective, allowing them to empathize with congregants and gain insights into the challenges and rewards of engaging in counseling practices from the standpoint of those seeking guidance.

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**APPENDIX A:**  
**IRB APPROVAL LETTER**

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**LIBERTY UNIVERSITY**  
INSTITUTIONAL REVIEW BOARD

May 19, 2023

Allen Smith  
Melody Smith

Re: IRB Approval—IRB-FY22-23-1458 Pastoral Counseling in African American Churches Dear Allen Smith and Melody Smith, We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from May 19, 2023. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

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

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

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration. Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

**G. Michele Baker, PhD, CIP**  
*Administrative Chair*  
**Research Ethics Office**

**APPENDIX B:**  
**FOCUS GROUP CONSENT FORM**

Principal Investigator: Allen Smith  
Phone:

The purpose of this interpretive phenomenological qualitative study is to explore the lived experiences of pastors and congregants of African American churches regarding pastoral counseling. As part of this study, you will be asked to participate in a focus group and answer structured and open-ended questions. This study will take approximately sixty minutes.

**Participants' Rights**

I understand that my responses will be kept in the strictest of confidence and will be available only to the researcher. No one will be able to identify me when the results are reported, and my name will not appear anywhere in the written report. Please do not share other people's identities or responses from the focus group with others to maintain the anonymity of the participants outside of the focus group. I also understand that I may choose not to answer or respond to any question. I understand that the consent form will be kept separate from the data records to ensure confidentiality. I may choose not to participate or withdraw at any time during the study without penalty. I agree to have my verbal responses video-recorded and transcribed for further analysis, with the understanding that my responses will not be linked to me personally in any way. After the transcription is completed, the recordings will be destroyed.

I understand that upon completion, I will be given a full explanation of the study.

I understand that I am participating in a study of my own free will.

**Consent to Participate**

I acknowledge that I am at least eighteen years old and that I understand my rights as a research participant as outlined above. I acknowledge that my participation is fully voluntary.

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPENDIX C: CONGREGANTS PROTOCOL

### Introduction

Thank you for being willing to participate in this study. It is the hope of this researcher that the information collected and analyzed through this focus group will serve as a catalyst that helps churches and pastors become better prepared to meet the needs of God's people. The session will take approximately sixty minutes and will provide you with opportunities to share your own personal lived experiences. My hope is that you will not only have an opportunity to share your perspective but will become more informed about counseling initiatives. Please note that this study is not an evaluation. It is an exploration of the lived experiences of congregants and pastors from predominantly African American attended churches located in Northeast and Northwest Ohio.

The session will be recorded, and we may stop to ensure communications are clear and capable of being understood.

**RQ1.** What, if any, initial/pre-conceived thoughts and feelings about counseling do participating congregants and pastors hold?

### Interview Questions

What have you been told about going to see doctors in the past?

What have you been told about going to see therapists in the past?

Do you tend to believe that, or do have you (or someone you know) had a different experience?

Do you feel you would trust doctors or therapists?

**RQ2.** How, if at all, do the participating congregants report being helped by pastoral counseling?

### Interview Questions

Have you sought out the help of a pastor for counseling purposes?

What was the nature of the problem (grief, family issue, emotional, spiritual issue)?

How did you feel when you left the counseling session?

Did you feel you understood God better, or did you feel any closer to God afterward?

Has there been any lasting improvement since your counseling experience with the pastor?

**RQ4.** What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

### Interview Questions

Can you describe a counseling situation in which you believed your counsel definitely led to a breakthrough with someone?

Can you describe a counseling situation in which you felt you were simply unable to help? What do you believe might have been helpful, as far as training or some other competency?

### **Closing**

Thank you for your time and communication. I hope to accurately capture all of the information provided today. Please know that session information is confidential, and your personal information will not be connected to this study in any way. Should you have follow-up questions or thoughts, please feel free to contact me. Thank you again, and have a wonderful day.

**APPENDIX D:**  
**PASTORS PROTOCOL**

**Introduction**

Thank you for being willing to participate in this study. It is the hope of this researcher that the information collected and analyzed through this focus group will serve as a catalyst that helps churches and pastors become better prepared to meet the needs of God's people. The session will take approximately sixty minutes and will provide you with opportunities to share your own personal lived experiences. My hope is that you will not only have an opportunity to share your perspective but will become more informed about counseling initiatives. Please note that this study is not an evaluation. It is an exploration of the lived experiences of congregants and pastors from predominantly African American attended churches located in Northeast and Northwest Ohio.

The session will be recorded, and we may stop to ensure communications are clear and capable of being understood.

**RQ1.** What, if any, initial/pre-conceived thoughts and feelings about counseling do participating congregants and pastors hold?

**Interview Questions**

What have you been told about going to see doctors in the past?

What have you been told about going to see therapists in the past?

Do you tend to believe that, or do have you (or someone you know) had a different experience? Why or why not?

Do you feel you would trust doctors or therapists? Why or why not?

**RQ3.** How do the participating pastors report their self-efficacy in counseling their congregants?

**Interview Questions**

What areas of counseling do you feel more confident? (grief, marriage/family, emotional, spiritual, other)? What is the reason for your confidence in this area?

Do you feel that past training has helped you? How? Can you give an example?

Do you feel that past experience in counseling has helped you? In what ways?

How would you describe your practice of tying in spiritual matters when counseling?

**RQ4.** What are the primary causes of dissatisfaction among those who received counseling support from African American pastors?

### **Interview Questions**

Can you describe a counseling situation in which you believed your counsel definitely led to a breakthrough with someone? If so, Do you attribute anything specific in your training or experience that helped you in that situation?

Can you describe a counseling situation in which you felt you were simply unable to help? What do you believe might have been helpful, as far as training or some other competency?

### **Closing**

Thank you for your time and communication. I hope to accurately capture all of the information provided today. Please know that session information is confidential, and your personal information will not be connected to this study in any way. Should you have follow-up questions or thoughts, please feel free to contact me. Thank you again, and have a wonderful day.

**APPENDIX E:**  
**RECRUITMENT EMAIL**

Dear Potential Participant,

As a doctoral candidate in the School of Divinity, Christian Leadership Program at Liberty University, I am conducting research as part of the requirements for an EdD degree. The purpose of my research is to explore the lived experiences of congregants and pastors in relationship to counseling services provided and received. I am writing to invite you to join my study.

Participants must be African American men and women who are congregants or pastors at predominantly African American churches located in Northeast and Northwest Ohio. Two separate focus group sessions will be held, centered around participants' lived experiences of having been counseled or provided counseling services. The sessions will take approximately sixty minutes and will be video-recorded to retain accurate data.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. To participate, please complete accompanying consent form and email it by July 31, 2023. Contact me to obtain more information about the study. If you meet the required criteria, I will contact you to schedule a time for an interview.

You will be asked to sign a consent document that verifies you understand your responses will be kept in the strictest of confidence and will be available only to the researcher. No one will be able to identify you when the results are reported, and your name will not appear anywhere in the written report. You will be asked to acknowledge that you are at least eighteen years old and understand your rights as a research participant as outlined in the document. You will also acknowledge that your participation is fully voluntary. Please contact me via email to acknowledge your willingness to participate in the study. Please be sure to forward a copy of any email communication to my dissertation supervisor.

Sincerely,

Allen Smith  
Doctoral Candidate

**APPENDIX F:****PASTORAL STUDY PARTICIPANT RECRUITMENT LETTER**

Dear Pastor,

As a doctoral candidate in the School of Divinity, Christian Leadership Program at Liberty University, I am conducting research as part of the requirements for an EdD degree. The purpose of my research is to explore the lived experiences of congregants and pastors in relationship to counseling services provided or received. I am writing to ask for your assistance in recruiting congregants to participate in my study.

Participants must be African American men or women who attend predominantly African American churches located in Northeast and Northwest Ohio. Two separate focus group sessions will be held centered around participants' life experiences of having been counseled or provided counseling services. The sessions will take approximately sixty minutes and will be video-recorded to retain accurate data. It should be noted that no one will be able to link participants to their data.

Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. Please have prospects complete the accompanying consent form and email it by July 31, 2023. Contact me to obtain more information about the study. If congregants meet the required criteria, I will contact them to schedule a time for an interview. Participants must be eighteen years old or older.

Participant responses will be kept in the strictest of confidence and will only be available to the researcher. No one will be able to identify them when the results are reported, and their names will not appear anywhere in the written report. Their participation will be fully voluntary. Please note that they may also forward a copy of any email communication to my dissertation supervisor. Thank you for your consideration regarding this matter.

Sincerely,

Allen Smith  
Doctoral Candidate