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Lived Experiences of Non-Licensed African American Pastors Providing Counseling for Race-Related Mental Health Issues to Their Parishioners

Brian Sutton
Walden University

Walden University

College of Social and Behavioral Health

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Brian Sutton

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Review Committee
Dr. LaConia Nelson, Committee Chairperson, Counselor Education and Supervision Faculty
Dr. Felicia Pressley, Committee Member, Counselor Education and Supervision Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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MA, American Military University, 2017

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Abstract

It is important to understand treatment practices of clergy members due to their influence on the treatment seeking behavior for professional counseling services among African American parishioners. The purpose of this qualitative study was to explore and describe African American pastors' experiences of providing counseling for race-related mental health issues to their parishioners. The conceptual framework for this study was critical race theory. The research design included a descriptive phenomenological study with semi structured interviews with five non-licensed pastors and clergy members. The results of data analysis revealed three main themes and nine subthemes related to the participants' experiences. The results of the study revealed pastors used spiritual concepts and resources when assisting parishioners with navigating mental health issues related to racism. Further, they recognize their limitations as professionals and refer members who they believe they cannot assist. Additionally, pastors are willing to collaborate with mental health professionals to better serve the African American community. This study can have positive social change impact via the development of a collaborative relationship with professional counselors to garner referrals for members of the African American community and studying the incorporation of spiritual concepts into counseling sessions.

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Dedications

I wholeheartedly dedicate this dissertation study to my daughter, the greatest achievement in my life. I would also like to dedicate this study to my girlfriend, who made many sacrifices to help me achieve this goal. Without their love and support, this dream would not be possible. The unconditional love, confidence, and belief displayed by these two individuals motivated and inspired me. I love you both beyond words. Lastly, I want to dedicate this study to the African American community. This is the tribe I come from and identify with; it has given me so much, and my purpose is to serve this community to have a positive social impact.

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Chapter 1: Introduction to the Study

Members of the African American community are more likely to seek counseling from clergy members than from licensed professional counselors despite African Americans' mental health concerns being more severe, long lasting, and debilitating than presenting mental health issues by non-Hispanic Whites to licensed mental health clinicians (Alang, 2019; Turner et al., 2019). Though pastors provide a much-needed service to the community, including a space to process reality and emotional experiences, they may not be fully addressing race-related mental health issues. The general goal of pastoral counseling is not to reduce symptoms of identifiable psychological issues but rather the primary focus of Christian counseling by clergy is the message of the cross and instilling hope in Christ (Leins, 2021) without concurrent emphasis on therapeutic protocol or research-based behavioral adaptation (Leins, 2021). However, if these clinical issues are not treated with the assistance of professional counselors using evidence-based practices, there may be severe consequences for this population (Greer & Cavalhieri, 2019).

The major sections in this chapter include background information according to current literature and the identification of the problem statement. Further, I will identify the research questions, discuss the conceptual framework for the study, and cover the nature of the study. The operational definition of key concepts and terms will also be provided. At the conclusion of this chapter is a review of the limitations and the significance of the study.

Background

African Americans have a unique experience in the United States, given the history and legacy of racism. African Americans have lived through decades of legally enforced racism, which includes racially enforced segregation (LaFave et al., 2022). The Black community has experienced legalized discrimination and covert forms of systemic racism that continues to negatively impact communities of color (LaFave et al., 2022). Racism has a multiplying effect on factors that hinder optimal mental health among African Americans (Watson-Singleton et al., 2021). Some forms of racism are reportedly a recurring source of stress among African Americans, leading to psychological issues and somatic outcomes (Greer & Cavalhieri, 2019). Research has indicated that this population experiences more severe symptoms of mental disorders, and they last for longer durations when compared to other groups (Alang, 2019; Williams, 2018). Racism has a multiplying effect on factors that hinder mental health among African Americans (Watson-Singleton, 2021). Race-related mental health consequences can include anxiety, depression, and high-levels of psychological distress (Greer & Cavalhieri, 2019; Kwate & Goodman, 2015); other research indicates post-traumatic stress disorder (PTSD) and generalized anxiety disorder (Kwate & Goodman, 2015).

Despite this notion, African Americans are least likely to receive treatment from professional mental health providers and are resistant (Williams, 2018). The Black community prefers a combination of family, primary care physicians, and clergy when dealing with mental health issues (Hays & Lincoln, 2017; Tuner et al., 2019). Some researchers have indicated that the Black Church is the first institution where African

Americans seek guidance and support for mental health issues (Bilkins et al., 2016).

African American men have experienced frequent exposure to structured racism even when meeting with professional mental health service providers (Greer & Cavalhieri, 2019). These perceptions are supported in studies indicating African American mental health providers also reported instances of racism within the mental health field among their colleagues (Alang, 2019). Further, when members of this community seek professional mental health services, they reported the quality of service was less efficient when compared to the quality of service reported by European people (Alang, 2019). Members of the Black community who have received mental health services from professional providers reported possessing a less positive attitude toward the mental health field based on their experiences (Nguyen, 2018). There is evidence that the quality of service is lacking, that discrimination serves as a barrier to seeking mental health assistance from professionals, and that the services are not adequately representative of the culture (Nguyen, 2018).

The recovery and healing process after receiving mental health assistance is complex and broad especially since many Black people believe spirituality and religion are essential factors for recovery (Tuffour et al., 2019). Members of the Black community consult with various sources including their local church when experiencing mental health issues (Hays & Lincoln, 2017). This form of mental health assistance has been identified as culturally appropriate for the African American community due to the emphasis on Black culture and spirituality (Nguyen, 2020). The use of clergy for mental health assistance is common and considered a primary resource for mental health

problems (Nguyen, 2020). Many studies have focused on how clergy members provide mental health assistance to African American congregational members while others assess a church-based mental health screening initiative to connect people with proper care by using more collaborative efforts and sharing of information between mental health professionals and church clergy to increase referrals (Iheanacho et al., 2021; Nguyen, 2018; Stansbury et al., 2018). Counseling informed by spiritual themes may yield more culturally relevant and consistent techniques for the Black community (Iheanacho et al., 2021; Nguyen, 2020; Clemens & Johnson, 2020).

Pastors are pivotal figures whose support and interaction can have significant impact on the enactment of health initiatives within this population's community (Gross et al., 2018). Research has indicated that if a lead pastor of a church advocates for seeking mental health, other senior clergy members will repeat the behavior (Dempsey et al., 2016). Studies have been conducted that illustrate the importance of Black churches and pastors providing informal care and treatment for mental health issues in the African American community (Clemons & Johnson, 2020; Taylor et al., 2021). Research has also been conducted to understand the experience of non-licensed clergy members providing counseling for mental health issues (Iheancho et al., 2021). However, there has not been any research on the experience of non-licensed clergy members providing counseling for race-related mental health issues. This is important to determine if it is a viably culturally appropriate option for professional counselors to utilize in assisting the African American community in managing mental health issues related to stress. More research is needed to investigate how churches can promote the importance of mental health in the African

American community (Hays & Aranda, 2016). It is important to understand the perspective of clergy members due to their influence on treatment-seeking behavior for professional counseling services among African American parishioners (Bilkins et al., 2016).

A significant point of this study is to seek means of better collaboration with the African American church to relieve the stigma and harmful notions of seeking professional counseling to treat underlying issues. It is essential to understand the perspective of clergy members due to their influence on the treatment-seeking behavior for professional counseling services among African American parishioners. Further, their influence within the African American can assist with relieving the stigma surrounding mental health and the benefits of receiving professional counseling.

Problem Statement

Given the history and legacy of racism, African Americans have a unique experience in the United States. Some forms of institutional racism, racial discrimination policies and racial profiling, are a recurring source of stress among African Americans and lead to psychological issues (Elias & Paradies, 2021; Greer & Cavalhieri, 2019). Research has indicated that this population experiences more severe symptoms of mental disorders, and they last for longer durations when compared to other groups (Alang, 2019; Williams, 2018). However, the Black community prefers a combination of family, primary care physicians, and clergy when dealing with mental health issues (Hays & Lincoln, 2017; Tuner et al., 2019). Pastors who provide mental health support to the African American community are not typically licensed mental health professionals. As

such, they may not be fully addressing significant mental health issues and mental health needs (Dempsey & Gaither, 2016). Though there is research on African American pastors providing mental health support for members of the African American community through the church, there is little to no research on the experience of non-licensed African American pastors providing counseling for race-related mental health issues. This study was conducted to encourage better collaboration with the African American church to relieve the stigma and harmful notions of seeking professional counseling to treat underlying issues. This is geared toward enhancing the knowledge of the professional counseling field.

Purpose of the Study

The purpose of this qualitative study was to explore and describe African American clergy members' experiences of treating race-related mental health issues. Additionally, it was the intent of this study to further contribute to the literature concerning how the counseling field can develop a collaborative relationship with the Black church to treat the African American community and to advocate for a culturally relevant aspect of treatment for a vulnerable minority population. The phenomenon that was explored is the lived experience of non-licensed pastors providing counseling for mental health issues related to racism.

Research Questions

The research question for the study was "What are African American pastors' experiences of addressing race-related mental health issues among their parishioners?" The following are sub questions:

- How do African American pastors approach providing non-licensed counseling for race-related mental health issues among their parishioners?
- What practices do African American pastors employ to treat race-related mental health issues?
- What are African American pastors' understanding of the connection between mental health and racism among African Americans?
- What are the pastors' experiences with mental health treatment?

Conceptual Framework

The conceptual framework for this study was critical race theory (CRT). The aspects of this concept assisted in shaping the structure and guiding the research. CRT is an approach employed to understand and challenge racism (Ford & Airhihenbuwa, 2018). It is a conceptual approach centered on racial dynamics, specifically how those dynamics affect racially marginalized people (Trahan & Lemberger, 2014). The contribution of ethnic minorities, in many cases, is excluded (Ford & Airhihenbuwa, 2018). The application of CRT to research provides a means to address the influences of race and racial biases (Ford & Airhihenbuwa, 2018). It challenges research through the annotation of the effects that race has on vulnerable racial groups (Trahan & Lemberger, 2014).

The following are CRT techniques that used to understand and challenge racism. Counter-storytelling, or experiential knowledge, offers the story and perspective of marginalized groups against the narrative of the dominant members of society (Burrell-Craft, 2020). The depictions of life experiences provided by marginalized groups often run counter to the narratives provided by the dominant group (Burrell-Craft, 2020).

Counter-storytelling provides narratives centered on the life experience of minorities' interactions with society's social, political, and institutional structures and processes (Burrell-Craft, 2020).

CRT helped organize the research on this topic and provided a framework to understand the race-related mental health problems of the African American population. It provides a structure to see how the experience of racism and oppression has served as an underlying issue and multiplier for mental health issues within this community. However, it was not used to interpret the research participants' experiences. The research participants' experiences were explored using the descriptive phenomenological approach and thematic analysis was used to identify themes. This concept will be discussed further in Chapter 2.

Nature of the Study

The specific research design included a descriptive phenomenological study with interviews with non-licensed pastors and clergy members. This design addressed the research questions. The descriptive approach yields to the notion that reality is internal to the individual and appears within their consciousness (Neubauer et al., 2019). Researchers must separate themselves from the world to achieve a transcendental state of being bias-free which is why it is often referred to as the transcendental approach. This allows the researcher to view the phenomena through descriptive means. The researcher brackets and organize their subjective viewpoint while collecting and analyzing the data. The phenomenon being explored was the lived experienced of non-licensed pastors who provide counseling for mental health issues related to racism to parishioners. Given that

the descriptive phenomenological approach allows for the exploration of the lived experience of individuals, it is the best option for the nature of this research inquiry. The research consisted of individual semi structured interviews with the research participants. These interviews were transcribed, encoded, and analyzed for themes (Peoples, 2021). The goal was to identify common themes obtained from the transcription of the research participants' interviews.

Definitions

African American/Black: African Americans are mainly individuals of African ancestry, specifically, descendants of captured and enslaved people from their African homeland (Lynch, 2021). The rights of the captured people were greatly limited to their detriment with their rights extremely limited for a generation (Lynch, 2021). They were denied political, social, and economic advancement (Lynch, 2021). The names and labels of Americans of African descent have changed throughout the years. During the Civil Rights Movement the term Afro-American was used; however, Black became the symbol of revolutionary power and a more popular term (Lynch, 2021). Jesse Jackson proposed and officially adopted the term African American in the late 1980s (Lynch, 2021).

Black church: The Black church is a historical institution that is often considered the backbone of the Black community (Brewer & Williams, 2019). It is traditionally considered a representation of the collectivistic culture that is connected to the lives of African Americans (Brewer & Williams, 2019). It is considered a haven for healing by oppressed and marginalized communities and is a center to connect and mobilize African Americans for reform and social change (Brewer & Williams, 2019). The Black church is

considered a spiritual development and worship center that has a long history of working with public organizations and medical institutions for community-led health efforts and interventions (Brewer & Williams, 2019).

Counselor, therapist, mental health provider, mental health practitioner: The term mental health practitioner can include titles such as counselors or psychotherapists (Posluns & Gall, 2020). Mental health providers are required to display empathy, compassion, develop a therapeutic relationship, develop an alliance with clients while maintaining appropriate boundaries and professional involvement (Posluns & Gall, 2020). Traditionally, a facilitator of a therapeutic relationship to heal or resolve mental health issues, problems, or disorders is a licensed mental health professional (Posluns & Gall, 2020).

Epoche: The process where the researcher sets aside previous knowledge, understanding, and assumptions concerning the phenomenon (Neubauer et al., 2019).

Institutional racism: A form of racism demonstrated at the macro-level of society, often subtly implemented in public policies that influence social institutions to perpetuate racist practices (Mouzon & McLean, 2017). Institutional racism occurs when embedded policies and procedures operate to disadvantage individuals based on race (Greer & Cavalhieri, 2019).

Mental health, mental problems, and mental illness: According to The National Institute of Mental Health (2022), mental illness is a common occurrence in the United States where approximately 52.9 million people in the United States suffer from one (NIMH, 2022). The severity of a mental illness can range from severe, moderate, and

mild (NIMH, 2022). There are two categories that encapsulate the scope of mental illness which include any mental illness (AMI) or serious mental illness (SMI; NIMH, 2022). Any mental illness is viewed as a mental, behavioral, or emotional aliment ranging from severe, moderate, mild, and non-impairing (NIMH, 2022) Serious mental illness is viewed as a mental, behavioral, or emotional aliment deriving from a severe functional impairment, that hinders or interferes with one or several major life activities (NIMH, 2022).

Pastor, clergy: A pastor is a leader of a congregation or church. They are the shepherd of the local church and are responsible for providing spiritual guidance and development (Harmon et al., 2018; Payne, 2014).

Assumptions

The research participants volunteered without compensation for this study. It was assumed that the pastors and other clergy would provide information pertaining to their experience of providing counseling without a license to African American members of their church experiencing mental health issues related to experiences of racism. It was also assumed that they would discuss their use of spiritual themes and scripture references to address the matters. All research participants were assumed to be mentally competent and capable of undergoing the interviews and answering the research questions. These assumptions were necessary for me to operate within this study for identifying participants who fit the confines of the study.

Scope and Delimitations

Within the research study there were identified boundaries. The specific research

phenomenon was the lived experienced of pastors who provide non-licensed counseling to congregants for mental health issues related to racism. This focus was selected to understand how this population addresses these issues given the preference to seek the assistance of pastors instead of professional counselors. The population of the study only included recognized pastors who meet the non-profit tax criteria 501(c)3 within their state. Most of their congregation must be individuals who identify as African American and/or Black. The pastors must have at least 6 months of experience of providing non-licensed counseling for mental issues related to racism. This is important given the purpose of the research study.

Transferability is similar to generalizability, which occurs when sufficient evidence has been provided, by the findings of the research study, that make them applicable to other situations or populations (Tuval-Mashiach, 2021). The insight that is gained from the exploration of the selected population within this study could be applicable to similar non-licensed pastors who provide counseling to African Americans for mental health issues related to racism.

Limitations

A challenge that may present itself is timing in scheduling the interviews with the participants. Other limitations identified include the number of participants being too small, lack of proper depth through appropriate questioning, and that the data may not be generalizable (see Peoples, 2021). There is also a potential that extraneous factors can influence the rigor of the research (Peoples, 2021). Other issues include the intensity and work required to transcribe the interviews and identify the common themes (Neubauer et

al., 2019; Peoples, 2021). Other common limitations that are inherent to phenomenological studies can include small sample sizes, time limitations, and bias in the sample (Peoples, 2021). A means to address the limitations can include prospering scheduling of the interviews, ensuring a decent number of participants, asking opening-ended questions, ensuring the questions are general among the population, and providing appropriate time for interviews.

Significance

The purpose of this qualitative phenomenological study was to explore and describe African American pastors' experiences of treating mental health issues related to issues of racism. Race-related mental health consequences can include anxiety, depression, high levels of psychological distress (Greer & Cavalhieri, 2019), and PTSD and generalized anxiety disorder (Kwate & Goodman, 2015). But there is a stigma within the African American community concerning professional counseling increasing the risk of not receiving professional treatment which leads many members to utilize the church for assistance instead (Dempsey et al., 2016). If these issues continue to be untreated, they can negatively affect this community at micro and macro levels (Greer & Cavalhieri, 2019). This study was aimed at seeking better collaboration with the African American church to relieve the stigma and harmful notions of seeking professional counseling to treat underlying issues. More research is needed to investigate how churches can promote the importance of mental health among the African American community (Hays & Aranda, 2016). It is essential to understand the perspective of clergy members due to their influence on the treatment-seeking behavior for professional counseling services among

African American parishioners (Bilkins et al., 2016). This research will expound on the need to understand the perspective of regarding mental health. Another significant point of this study is that it seeks to investigate clergy members' knowledge concerning the connection between racial discrimination, mental health, and how they affect the community in which they serve. The outcome of this study could provide a culturally relevant means of receiving referrals from a vulnerable population and providing more information about the nature of mental health to culturally relevant figures within the community.

Summary

The topic of the study concerns the experience of non-licensed African American pastors providing counseling for race-related mental health issues to African Americans. Current members of the African American community are more likely to seek counseling from clergy members than from professional clinical mental health counselors despite African Americans' mental disorders being more severe, long-lasting, and debilitating. Racism has a multiplying effect on factors that hinder mental health among African Americans. Race-related mental health consequences can include anxiety, depression, and high-levels of psychological distress, PTSD, and generalized anxiety disorder. If these issues are not treated with the assistance of professional mental health counseling, it can have dire consequences for this population. The purpose of this qualitative study was to explore and describe African American clergy members' experiences of treating mental health issues related to issues of racism. The descriptive phenomenological approach was used to uncover the meaning of the participants' lived experiences. The

next section will discuss analyze of current research that support this research study.

Chapter 2: Literature Review

Given the history and legacy of racism, African Americans have a recurring source of stress that can lead to psychological issues (Greer & Cavalhieri, 2019), with more severe symptoms of mental disorders than non-Hispanic Whites and symptoms that last for longer durations than within other demographic groups (Alang, 2019; Williams, 2018). Despite this notion, African Americans are less likely to receive treatment from licensed professional mental health providers (Williams, 2018) and prefer a combination of family, primary care physicians, and clergy when dealing with mental health issues (Hays & Lincoln, 2017; Tuner et al., 2019). For some, the Black church is the first institution where African Americans seek guidance and support for mental health issues (Bilkins et al., 2016). Subsequently, pastors are called upon to provide mental health support to the African American community. Since most are not licensed mental health professionals, they may not be addressing significant mental health issues and not fully addressing their mental health needs (Dempsey & Gaither, 2016).

Though there is research on African American pastors providing mental health support for African American community members through the church, there is little to no research on the experience of non-licensed African American pastors providing counseling for race-related mental health issues. The purpose of this qualitative study was to explore and describe African American clergy members' experiences of treating mental health issues related to issues of racism. Additionally, this study contributes to the literature concerning how the counseling field can develop a collaborative relationship with the Black church to treat the African American community and advocate for a

culturally relevant aspect of treatment for a vulnerable minority population.

There are several major sections in this chapter. The literature search section will discuss library databases and key search terms to identify articles relevant to the research study. The theoretical foundation discusses the major theoretical proposition and the rationale for the theory. The literature review section will describe studies related to the research topic and justify the rationale for the study.

Literature Search Strategy

This study focused on the lived experience of pastors providing non-licensed counseling to African Americans for mental health issues related to racism. As mentioned, African Americans' experiences with mental health and racism are unique. Research states that mental health issues within the community are prevalent and dire, especially with racism serving as a multiplier (Greer & Cavalhieri, 2019). Despite these notions, African Americans prefer seeking clergy assistance instead of support from licensed professional counselors.

Most of the Internet searches were conducted with the following search engines: Walden University Library, Google Scholar, PsycINFO, National Library of Medicine, and SAGE Journals. were utilized to identify peer-reviewed scholarly articles. A robust online search was initiated to identify current literature applicable to the topics of *African Americans*, *religion*, *spirituality*, *pastors*, *clergy*, *church*, *mental health*, *pastoral counseling*, *the church's role*, and *history of racism*. The search yielded a broad spectrum of topics; therefore, a narrower search was conducted utilizing relevant keywords and topics to identify pertinent scholarly material for the research study. The keywords used

to determine the suitable scholarly material were *African Americans, African American community, religion, spirituality, pastors, clergy, church, mental health, mental health issues, psychological stress, treatment-seeking behaviors, pastor, pastoral counseling, the church's role, the history of the Black church, lived experienced, qualitative research, phenomenology, counseling, racism,* and *discrimination*. The online literature search concluded when each database rendered no new information.

Conceptual Framework/Theoretical Foundation

Critical Race Theory

CRT was the foundation of this research inquiry, which assisted in shaping the structure and guiding the research. CRT is an approach employed to understand and challenge racism (Ford & Airhihenbuwa, 2018). It is a conceptual approach centered on racial dynamics and how those dynamics affect racially marginalized people (Trahan & Lemberger, 2014). CRT postulates that this does not remove the influence of racial bias; the prevalence of racial undertones during the times in which the research is conducted can still be identified (Ford & Airhihenbuwa, 2018). Further, the contribution of ethnic minorities in research, in many cases, is excluded (Ford & Airhihenbuwa, 2018). The consideration of racism as a critical factor in health was seldom acknowledged (Ford & Airhihenbuwa, 2018). The application of CRT to research provides a means to address the influences of race and racial biases (Ford & Airhihenbuwa, 2018). It challenges research through the annotation of the effects that race has on vulnerable racial groups (Trahan & Lemberger, 2014).

The racialization of ethnic minorities has greatly impacted treatment-seeking

behavior displayed by the African American community (Trahan & Lemberger, 2014). CRT highlights the social construct of race and its effects on racial groups within society (Trahan & Lemberger, 2014). CRT postulates that race should be considered a primary cultural factor that affects the nature and outcomes of racial and ethnic groups (Trahan & Lemberger, 2014). Observable racism is subtle and discrete, yet it can encapsulate all people and their experiences (Trahan & Lemberger, 2014). The normalization of racism has become so pervasive that it can be challenging to detect, specifically by groups who benefit from its practice (Burrell-Craft, 2020). It should be noted that individuals who experience or are impacted by racism can be aware of its effects at the personal individual level (Burrell-Craft, 2020).

When employed, the CRT approach can be used to reveal the intercentricity and how race intersects with other forms of subordination (Trahan & Lemberger, 2014). CRT's seven tenets include interest convergence, Whiteness as property, counter-storytelling, critique of liberalism, intersectionality, racial realism, and social change (Burrell-Craft, 2020). Interest convergence racial equality is achieved as an outcome of maintaining the interest of and the benefit of white people (Burrell-Craft, 2020). Under this concept, the social position of minorities is continuously placed as the non-dominant group while further perpetuating whites as the dominant group (Burrell-Craft, 2020). Whiteness as property is understood as the protection of the associated privileges and benefits of being White (Burrell-Craft, 2020). Counter-storytelling, or experiential knowledge, offers the story and perspective of marginalized groups against the narrative of the dominant members of society (Burrell-Craft, 2020). The depictions of life

experiences marginalized groups provide run counter to the narratives provided by the dominant group (Burrell-Craft, 2020). Counter-storytelling provides narratives centered on the life experience of minorities' interactions with society's social, political, and institutional structures and processes (Burrell-Craft, 2020).

Critique of liberalism calls into question the social constructs of race neutrality, objectivity, color blindness, meritocracy, incremental change, and equal opportunity (Burrell-Craft, 2020). Intersectionality recognizes that race and racism overlap with other subordinated identities (Burrell-Craft, 2020). These identities include but are not limited to gender, class, and sexual orientation (Burrell-Craft, 2020).

Racial realism recognizes that the power interaction between the dominant and marginalized groups will not end with equality (Burrell-Craft, 2020). This concept is rooted in recognizing the low likelihood of the dominant group wanting to relinquish their superior societal position (Burrell-Craft, 2020). It calls for understanding racism and power dynamics from a frame of reference to provide opportunities for resistance and promote social change (Burrell-Craft, 2020). Commitment to social justice is the dedication to creating a socially just society and working towards eliminating racism and other forms of identity-based discrimination (Burrell-Craft, 2020).

The three tenets used to assist in structuring and guiding this research inquiry were counter-storytelling, racial realism, and commitment to social justice. Therefore, using CRT will help organize the research on this topic and provide a framework to learn the race-related compound mental health problems of the African American population. It provides a structure to see how the experience of racism and oppression has served as an

underlying issue and multiplier for mental health issues within this community. This theory provides a conceptual framework/theoretical foundation for the research involved in this study; however, it was not used to interpret the research participants' experiences.

Literature Review Related to Key Concepts

Racism Defined

The definition of racism is a very broad and robust concept with many variations in its meaning (Mizelle et al., 2020; Monk, 2020; Mouzon & McLean, 2017; Watson-Singleton et al., 2021). Despite its many definitions, racism has been understood to operate at various levels within a society affecting the lives of its vulnerable citizens (Mizelle et al., 2020; Mouzon & McLean, 2017; Watson-Singleton et al., 2021). Racism is a system of power, privilege, and oppression centered on socially created hierarchies based upon phenotypic differences (Watson-Singleton et al., 2021) and is deeply embedded within the fabric of the American culture (Hankerson et al., 2015; Mizelle et al., 2020; Mounzon & Mclean, 2017; Williams, 2018). It is experienced at the individual, institutional, and cultural levels of society (Watson-Singleton et al., 2021).

Racism is a system in which opportunities of advancement and prosperity are assigned to a specific race at the expense and detriment of other individuals while hindering the overall society through wasting resources (Jones, 2018). African Americans experience profound inequalities in a variety of societal categories including but not limited to, lower educational completion, income disparities, elevated levels of unemployment, lower occupational status, worse physical health, and higher levels of interaction and involvement with the criminal justice system (Monk, 2020). Each of the

these disparities can be linked to the outcomes of racism and racist practices affecting the African American community (Mizelle et al., 2020; Monk, 2020; Williams, 2018). Racism forces individuals to cope with the exclusionary outcomes of its practices, mitigate the negative emotional outcomes, and process the realization of its continuous effects (Kwate & Goodman, 2015). Thus, racism negatively impacts mental health (Kwate & Goodman, 2015).

Forms of Racism and Mental Health

Racism has a social component to its nature within the realm of interpersonal interaction at the individual level (Mizelle et al., 2020; Mouzon & McLean, 2017). A common form of this interpersonal interaction manifests in microaggressions (Mouzon & McLean, 2017; Watson-Singleton et al., 2021). Microaggression can be understood as deliberate or inadvertent conversations that express antagonistic, derogative, negative, and offensive remarks that result in psychologically harmful and damaging impacts on the individual or group, traditional people of color (Mizelle et al., 2020; Taylor & Kuo, 2019). This phenomenon has been identified as more stressful than overt acts of racism due to their frequent and subtle nature (Hankerson et al., 2013). Microaggressions have been a significant clinical factor regarding interactions with African American clients (Hankerson et al., 2015 Taylor & Kuo, 2019). This phenomenon commonly occurs when professional counselors fail to acknowledge the multicultural differences between themselves and the client (Taylor & Kuo, 2019). This can result in early termination of treatment, produce doubt concerning the counselor's competence, and reluctance to seek mental health services in the future (Taylor & Kuo, 2019). African American clients have

reported dealing with microaggression and having to contend with racial stereotypes and expressions from the provider (Alang, 2019). Members of this community have reported concerns about professional therapists being influenced by negative stereotypes and their ability to be culturally sensitive (Bilkins et al., 2016). Research suggests that African Americans are misdiagnosed at higher rates when compared to Caucasians (Thomas, 2020). African American mental health providers have also reported dealing with microaggressions from their Caucasian counterparts (Alang, 2019).

Institutional racism is demonstrated at the macro-level of society, often subtly implemented in public policies that influence social institutions to perpetuate racist practices (Mouzon & McLean, 2017). Institutional racism occurs when embedded policies and procedures operate to disadvantage individuals based on race (Greer & Cavalhieri, 2019). African Americans may have multiple experiences of institutional racism in different settings within a single day, which can occur as both explicit or subtle actions (Greer & Cavalhieri, 2019). Aspects of institutional racism can be found within the mental field (Hankerson et al., 2015; Taylor & Kuo, 2019; Whaley, 2001).

Internalized racism is understood as the acceptance of negative perceptions concerning a stigmatized group's abilities and values (Mouzon & McLean, 2017). It is a gradual process rooted in the negative cultural perception of the minority populations within the larger American culture, affecting the emotional health of African Americans (Mouzon & McLean, 2017). Studies have revealed that many White Americans hold negative racist stereotypical views of non-white members of all ages (Williams, 2018). The negative stereotyping was most prominent against adults but was also displayed

toward children (Williams, 2018). These stereotypes affect the quality of service provided by health care providers and their interactions with their clients leading to provider biases (Williams, 2018). The implicit bias among providers has been linked to biased treatment suggestions for Black people and poor communication with clients including verbal and non-verbal (Williams, 2018). African Americans have been misdiagnosed due to clinicians' racial bias and cultural differences concerning the manifestation and expression of symptoms (Bilkins et al., 2016). African Americans are also disproportionately involuntarily commented to inpatient treatment when compared to other groups (Hankerson et al., 2015; Taylor & Kuo, 2019; Whaley, 2001). Given that discriminatory actions are a part of the system process within the institutions, the beliefs and behaviors are often repeated (Greer & Cavalhieri, 2019). Many African Americans possess cultural mistrust toward the mental health field due to their introduction to treatment (Bilkins et al., 2016; Hankerson et al., 2021; Hankerson et al., 2015). Research has identified that the oppression that African Americans have faced in other institutions leads to cultural mistrust of the mental health field, despite little interaction with this setting (Alang, 2019; Hankerson et al., 2021).

Internalized racism measurements can include ingroup affect, group self-esteem, and shared group dishonor (Monk, 2020). A strong sense of ethnoracial identity has been associated with providing a strong mental health buffer against common mental disorders, such as major depressive disorder (Monk, 2020). Other research has indicated a strong African American racial identity can increase psychological well-being and help protect against the effects of racial stigmatization (Butler-Barnes et al., 2018). Despite

this notion, other research indicates that a strong identity with a stigmatized group is still associated with lower mental health within the African American community (Monk, 2020). In essence, though a strong sense of racial identity can provide some protection against some mental disorders, it comes at the price of being associated with a stigmatized group, contributing to heightened experiences of other mental disorders and reduced psychological well-being (Monk, 2020). High levels of internalized racism are correlated with poorer mental health among African Americans (Hankerson et al., 2013; Mouzon & McLean, 2017). Research indicates that racism and discrimination can lead to depression, anxiety, insecurities, and avoidance, suggesting that racism is a public health concern that needs to be addressed (Thomas, 2020).

Mental Health Within the African American Community

The most common mental disorder in the United States is depression (Ward et al., 2013). Research indicates African Americans experience depression at higher rates when compared to white Americans (Ward et al., 2013). White Americans experience higher levels of depression and anxiety symptoms when compared to African Americans (Williams, 2018). Research has indicated that anxiety disorders have increased within the African American community (Jackson et al., 2020). African American women experience depression at higher rates than African American men (Ward et al., 2013). African Americans typically indicate higher levels of psychological distress when compared to white Americans (Williams, 2018). When African Americans and Hispanic Americans experience mental disorders, their occurrences continue for longer durations and are more devastating when compared to other racial groups (Williams, 2018). In

essence, African Americans' mental disorders are more severe, continuous, and disabling than those manifested in non-Hispanic Whites (Alang, 2019). Therefore, African Americans' experiences of depression tend to be more persistent, frequent, and severe; with this population being least likely to receive treatment and more resistant (Hankerson et al., 2015; Williams, 2018).

Within this population, specifically concerning depressive and anxiety disorders, they receive worse prognoses and low treatment outcomes when compared to other racial groups (Hays & Lincoln, 2017). African Americans report lower levels of psychological health and happiness (Williams, 2018). Research has made evident that clinicians tend to hold biases concerning African Americans; African Americans are overly diagnosed with schizophrenia when compared to other groups despite similarities in symptoms (Bilkins et al., 2016; Hankerson et al., 2015; Whaley, 2001). When compared to White Americans, African Americans have higher rates of depression, multiple diagnoses, posttraumatic stress disorder (PTSD), low levels of happiness, and low levels of marriage satisfaction (Bilkins et al., 2016).

Mental health among stigmatized populations, such as African Americans, is shaped and formed through exposure to persistent and severe stressors, such as racial discrimination (Williams, 2018). Racial discrimination can have a lasting effect on African Americans' mental capacity and processing (Watson-Singleton, 2021). Race-related mental health consequences include anxiety, depression, and high levels of psychological distress (Greer & Cavalhieri, 2019; Kwate & Goodman, 2015); other research indicates post-traumatic stress disorder (PTSD) and generalized anxiety disorder

(Kwate & Goodman, 2015).

African Americans tend to have higher levels of stress and more multiple overlapping stressors when compared to white Americans (Willaims, 2018). Stress can be understood as the outcome of negative interaction with an individual and their environment, where situations are diminishing or exceeding the available resources of the individual (Greer & Cavalhieri, 2019). Race-related stressors are situations between the individual and their environment due to the outcome of race where the situation surpasses their available resources to navigate the situation (Greer & Cavalhieri, 2019). These stressors were associated with depressive characteristics (Willaims, 2018). Institutional racism has been depicted to exacerbate life stressors (Williams, 2018); it is also a recurring source of stress among African Americans that can lead to psychological issues and somatic outcomes (Greer & Cavalhieri, 2019). It can start and prolong them in a process called the stress proliferation process, which at the onset may not appear to be race-related (Williams, 2018).

Racial Discrimination

Racial discrimination is the differential treatment of minority groups at the individual and institutional levels (Williams, 2018). It is typically indicative of prejudiced mindsets based on the culture of racism within a society (Williams, 2018). Racial discrimination has been linked to biological stress indicators, negative behavioral health outcomes, susceptibility to suicide, and depression (Watson-Singleton, 2021). The mere perception of discrimination has been associated with depressive and anxiety symptoms (Jackson et al., 2020; Nguyen, 2018). Research indicates that the experience of this

phenomenon can increase the likelihood of experiencing mood disorders and depressive symptoms over a lifespan (Watson-Singleton, 2021). Racial discrimination, based on the pigmentation of skin and ethnicity, has led to negative psychological outcomes, lower self-esteem, and increases in depressive symptoms (Bilkins et al., 2016). African Americans who experience depressive symptoms, because of racial discrimination, report sleep disturbances, comorbidity with medical issues, and a decrease in receiving mental health services (Watson-Singleton, 2021). Discrimination has been positively correlated with elements of depression, anxiety, mental distress, and severe mental disorders (Willaims, 2018). According to a national sample, racial discrimination was a predictive factor of generalized anxiety disorder; other studies indicated it is predictive of PTSD, social anxiety, and panic disorder within the African American community (Nguyen, 2018). According to Williams (2018), phenomenological studies have defined it as experiences of exclusion that diminish the concept and aspects of self. Institutional racial discrimination hinders and undermines socioeconomic mobility within communities, leading to impoverished communities and conditions that negatively impact mental health (Hankerson et al., 2013). African American men have reported higher encounters with discrimination when compared to African American women (Jackson et al., 2020). Racial discrimination has been identified as a cause for the underutilization of mental health services among African Americans within the United States (Bilkins et al., 2016).

Exposure to discrimination among children and adolescents was a predictor of severe mental health; racial discrimination was linked with conduct and depression symptoms (Williams, 2018). Parental exposure to discrimination among African

American parents was connected to anxiety, depression, and substance use in the children, despite children not being exposed (Williams, 2018). According to Williams (2018), when minority mothers experience discrimination it negatively impacts parental mental health, which affects the social and emotional behavioral development of their children. A national survey was conducted that indicated one out of two African Americans noted a racially discriminatory experience either at work or during encounters with law enforcement (Nguyen, 2018).

Racial discrimination and racism have been identified as contributing risk factors related to suicide among adolescent teens (Opara et al., 2020). Racial discrimination has been associated with engagement in delinquent activity and suicide ideation among African American children (Opara et al., 2020). Black children exposed to racial discrimination, macro, and micro level, exhibit higher levels of depression compared to other racial and ethnic groups (Opara et al., 2020). African American youth who experience lower socioeconomic status reported higher instances of racial discriminatory encounters and low levels of self-efficacy in academic achievement (Opara et al., 2020). African American male middle school students experience racial discrimination and suicide ideation at a higher rate than African American female middle school students; however, African American female middle school students report experiencing depressive symptoms at a higher rate (Opara et al., 2020). This research indicates that if left untreated, it can be a contributing factor in suicide ideation and suicide attempts.

The criminalization and violence against the African American community perpetrated by law enforcement have created lasting psychological effects on this

population (Jackson et al., 2020). African American men are typically stereotyped as criminal deviants, violent, intimidating, and hostile (Greer & Cavalhieri, 2019). Historically, African Americans have been the target of police abuse at excessively higher rates when compared to other racial groups (Jackson et al., 2020). The likelihood of the African American community experiencing negative interactions with police is significantly high, which can have dire consequences for this population's mental welling (Jackson et al., 2020). According to Jackson et al. (2020) aggressive policing has been associated with severe psychological challenges. Overly policed communities produce mental anguish at both the individual and macro-level (Jackson et al., 2020). African Americans were increasingly likely to report symptoms of hallucinations during a study measuring police abuse and mental distress (Jackson et al., 2020). Police abuse has been associated with heightened vulnerability to psychotic experiences among African American and Caribbean blacks (Jackson et al., 2020). Police oppression was similarly associated with experiencing hallucinations (Jackson et al., 2020). The experience of racial discrimination can affect the beliefs among African Americans concerning seeking professional counseling services for mental health issues (Bilkins et al., 2016).

Treatment Seeking Behavior and Barriers to Seeking Assistance

The Black community uses both formal and informal sources for assistance with mental health needs (Hays & Aranda, 2016; Hays & Lincoln, 2017). The black community tends to use a combination of family, primary care physicians, and clergy when dealing with mental issues (Hays & Lincoln, 2017; Tuner et al., 2019). Some researchers have indicated that the Black Church is the first institution that African

Americans seek out for guidance and support for mental health issues (Bilkins et al., 2016; Thomas, 2020; Payne, 2017). Certain research has indicated that many people seek out their pastor for assistance with mental health issues before they even consider the assistance of a professional provider (Payne, 2017). African Americans are less likely to seek mental assistance from professional counselors when compared to other groups (Avent et al., 2015; Hays & Aranda, 2016; Hays & Lincoln, 2017; Turner et al., 2019). There have been many notable barriers to mental health-seeking behavior within the African American community (Avent et al., 2015; Hankerson et al., 2015; Tuner et al., 2019). The lack of knowledge concerning symptomology and mental disorders, beliefs about a person's ability to control their health, an inclination for an African American counselor, varying beliefs about the cause of mental disorders, and common beliefs among the African American community have been cited as some barriers to seeking treatment (Avent et al., 2015). Other noted barriers included a lack of knowledge about mental health resources, transportation issues, low financial support to receive services, and beliefs that the mental issues will fade away as time passes (Turner et al., 2019). According to Alang (2019), there is a lack of information concerning the process of receiving mental health assistance that is not equally shared with the black community as it is with the white community. There is a perception of double discrimination from being both black and having an official mental disorder that deters African Americans from seeking professional counseling (Alang, 2019). Stigmatization and cultural mistrust are two common issues that affect treatment-seeking assistance from professional counseling (Avent et al., 2015; Hankerson et al., 2015). Internalized stigma concerning the African

American community's perception of seeking mental health negatively impacts treatment-seeking (Gaston et al., 2016). Counseling, as a societal institution, is affected by the racialization of nondominant minority groups which is evident in the lack of treatment-seeking behavior from members of this population (Trahan & Lemberger, 2014).

Cultural mistrust has been reported to be a critical factor in discouraging the African American community from seeking professional mental health services (Dempsey et al., 2016; Hays & Aranda, 2016; Taylor & Kuo, 2019; Whaley, 2001). Cultural mistrust results in a reluctance to engage with or defensiveness towards institutions and the dominant culture based on past interactions with racism and discriminatory actions (Dempsey et al., 2016). African Americans have developed little trust in the White community and societal institutions within the United States, including mental health institutions due to the history of discrimination and racism (Bilkins et al., 2016; Taylor & Kuo, 2019). There is a prevalent mistrust of mental health care providers among this target population, coupled with the belief that professional counselors cause more harm as opposed to helping with healing the issue (Bilkins et al., 2016). The African American community possesses a negative perception of mental health and the mental system (Gaston et al., 2016). According to Gaston et al. (2016), societal discrimination could be a contributing factor in the distrust of the mental health field among African Americans. This lack of trust is a result of this population's extreme historical and perpetual experience of racism within this country (Taylor & Kuo, 2019; Hankerson et al., 2015). Research indicates experiences of discrimination and one's racial

identity provided more explanations for gaps in professional mental service usage than educational and economic reasons (Gaston et al., 2016). The perception of racism has been identified as a significant barrier to treatment-seeking behavior in the African American community (Gaston et al., 2016). Black people's experiences of oppression and discrimination in other societal institutions have led them to view the mental health field as another extension of the same oppressive system (Alang, 2019). By not seeking professional counseling, some members of this population hold the belief they are avoiding further discrimination (Alang, 2019). African Americans often delay seeking professional counseling due to stigmas surrounding mental health and the desire to avoid further racial discrimination (Bilkins et al., 2016).

A systematic literature review revealed that three key reasons were identified as the cause of this population's erratic use of mental health services (Gaston et al., 2016). The importance of trust and comfort with the provider, the competence of the provider, and the client's sense of being respected and understood by the counselor (Gaston et al., 2016). Research indicates the reluctance of Black clients to discuss racial discrimination with their White therapist due to concerns of invalidations and not being understood (Bilkins et al., 2016). It should be noted that the same systematic review, stated that African Americans preferred their counselor to be of the same race and that having identical spiritual beliefs helped clients to trust their counselors (Gaston et al., 2016). The lack of ethnic matching presents another barrier for the individual seeking treatment as well as the agency understanding the perspective of members within this community (Dempsey et al., 2016). African American clients evaluated their providers' effectiveness

in their training and experiences with treating black people (Gaston et al., 2016). Failure to increase diversity and representation within the mental health field and continuous misdiagnosing signals to the African American community that professional providers may not be able to meet the needs of the community (Dempsey et al., 2016). There is a stigma within the African American community concerning professional counseling where many members utilize the church for assistance, increasing the risk of not receiving professional therapeutic treatment (Dempsey et al., 2016; Hays & Aranda, 2016). There is a cultural belief within the African American community that Black people are strong and seeking professional counseling is a sign of weakness (Gaston et al., 2016). Other notable barriers included structural barriers of poverty, discrimination, lack of housing, unemployment, lack of health insurance, low education, and the use of alternative coping resources (Gaston et al., 2016). Other identified barriers to treatment-seeking have included lack of health insurance, housing issues, minimizations of symptoms, and transportation issues (Alang, 2019).

The African American community often considers religion and spirituality are viewed as alternative coping resources for mental issues and disorders (Avent et al., 2015). Due to the racial and oppressive situations that African Americans have faced, the church became the most practical and sustainable option for mental health services (Dempsey et al., 2016). According to Turner et al. (2019), older African American adults were more likely to speak with clergy members than professional counselors. African Americans select their clergy members to manage their mental health concerns (Avent et al., 2015; Hays & Aranda, 2016). Clergy members are considered trusted resources

within the community, are more accessible than professional counselors, and are culturally acceptable to assist with mental health needs (Hays & Lincoln, 2015; Taylor & Kuo, 2019). The historical support provided to the African American community by the Black church is the main reason it is selected as a therapeutic outlet (Dempsey & Gaither, 2016).

There are several reasons that African Americans seek mental health assistance from the church as opposed to professional counseling services (Dempsey & Gaither, 2016). These reasons can include free services provided by the church, familiarity with the clergy members as providers, informal intake process, comfort in seeking assistance from someone who is the same race and culture, culturally relevant understanding of ethnic customs, and church service experiences that offer a sense of therapeutic release (e.g., sin confessions, prayer, praise and worship, and singing) (Dempsey & Gaither, 2016).

Research highlights the important role that pastors and the church play in referring church members to professional health services (Bilkins et al., 2016; Hays & Lincoln, 2015; Taylor et al., 2021). Research on religiosity and treatment-seeking behavior appears mixed. According to Hays and Lincoln (2015) elevated levels of religious identification have been correlated to low treatment-seeking behaviors for professional counseling. According to Turner et al. (2019), strong religious identification has been linked to increases in treatment-seeking behavior from professional counselors by African Americans. According to Thomas (2020), history, cultural beliefs, and religion contribute to the rather slow movement toward the acceptance of the reality of

mental illness and the importance of professional mental health approaches.

The Role of the Black Church and Pastors

Religiosity and the African American Community

Within the realm of psychological research, it is well documented concerning the important role that religion holds in the lives of the African American community (Butler-Barnes et al., 2018). When compared to the general population, African Americans are significantly more religious (Hays & Aranda, 2016; Hays & Lincoln, 2017). According to Turner et al. (2019), approximately 80% of African Americans recognize religion as an important aspect of their life. Approximately 79% of this population identify as Christian with 49% identifying as Baptist (Nguyen, 2020). African American teenagers tend to be more religious than others, with girls being more religious than their male counterparts (Butler-Barnes, 2018). The difference in socialization between boys and girls has caused young women to be more communal in their community faith while young men are more independent (Butler-Barnes). From this account, research has identified that women use more communal religious support while men use more self-directive religious support (Butler-Barnes, 2018; Greer & Cavalhieri, 2019). Religiosity has been linked to many healthy psychological outcomes within the Black community (Butler-Barnes et al., 2018). Research has indicated that religiosity is a protective factor against racial stereotypes of the black community (Butler-Barnes et al., 2018).

The Historical Importance of the Black Church

The establishment of the first black church is said to have been initiated

approximately 265 years ago (Robinson et al., 2018). The African American church is the second most influential institution for this population (Robinson et al., 2018). The Black church provides a safe space for its members to conduct religious practices that function as coping mechanisms for the disparities of society, management of life stressors, and a resource for marginalization (Taylor et al., 2021). During the years of slavery, African Americans engaged in religious services to gain spiritual rejuvenation, come together in worship, and encourage one another (Dempsey et al., 2016). The services provided a refuge for authentic emotional expression and the establishment of cultural practices that would provide the foundation for future black churches (Dempsey et al., 2016). During the era of Jim Crow, the church offered a place of refuge in the face of social injustice and inequality (Dempsey et al., 2016). During the civil rights era, the African American church assisted the Black community (Dempsey et al., 2016). For generations, the African American church has supported and assisted the black community in many ways including advocacy and providing needed resources (Dempsey et al., 2016). Historically, the Black church has served a variety of functions including, but not limited to, community information center, educational center, social club, providing information about politics, and health awareness programs (Dempsey et al., 2016). From the perspective of some members, the church has been the only resource and the only institution used for mental health issues and psychological concerns (Dempsey et al., 2016).

The size of the Black church has grown dramatically since its early inception into what is considered megachurches with memberships exceeding 2,000 followers

(Robinson et al., 2018). The notion of the mega-church can be found among young pastors who attract fellow millennial or Gen-Xers members seeking assistance with a variety of issues and concerns, including social problems or issues that affect the Black community (Robinson et al., 2018). Individuals who regularly attend church often seek the assistance of clergy members for spiritual and personal issues; discussing mental health problems and means of treatment within the church is less taboo and stigmatized (Robinson et al., 2018). Some of the issues have included drug addiction, self-esteem concerns linked to stereotyping, and police violence (Robinson et al., 2018). From this historical perspective, it provides a rationale as to why African Americans trust and seek assistance from their clergy members.

The Black Church and Mental Health

The black church has historically been identified as an informal mental health and social service provider (Blank et al., 2002; Clemons & Johnson, 2019; Hankerson et al., 2015; Lukachko et al., 2016; Taylor et al., 2021). Studies indicate that the African American church has been providing psychological treatment-oriented care through programs and education for its members (Blank et al., 2002; Lukachko., et al., 2016; Taylor et al., 2021). Churches have also conducted health screening, brief interventions, substance assistance, and support (Blank et al., 2002; Lukachko., et al., 2016). According to Lukachko et al (2016), African Americans have displayed a higher preference for seeking mental health services from clergy members when compared to seeking help from psychiatrists and medical doctors. Research has indicated that a small percentage of college-age African Americans were willing to speak with either a clergy member or

mental health professional, however; a large percentage would utilize religion to deal with any mental health issues (Mesidor & Sly, 2014). Other studies have indicated that older African American adults were less likely to seek professional services for mental and preferred to speak with clergy members (Turner et al., 2019). According to Hays and Lincoln (2017), research indicates that African Americans receive emotional support from co-members of their church, helping them to cope with difficulties in life including racial injustices. African Americans tend to use religious practices to instill strength and find guidance during difficult situations (Hays & Lincoln, 2017; Tuner et al., 2019). According to Gross et al. (2018), churches are recognized for their capacity to offer health services and treatments that address health disparities within the African American community. The Black church has had a profound impact on the contribution of socio-economic and political care at the congregation level and community level (Gross et al., 2018). Research has indicated that religious involvement can reduce the negative effects of racial discrimination (Williams, 2018). The African American church helps to reinforce ethnic group identity and increase an individual's sense of self-worth by offering a social setting to engage with people of the same culture and traditions (Nguyen, 2020). Frequent attendance of religious services allows members to develop deeper social interactions with one another, facilitating exchanges of support (Nguyen, 2020).

There is a significant gap in the overall treatment of mental illness within the overall health sector which has led to the seeking of other forms of solutions (Hooley et al., 2020). The mental health workforce has a shortage of professional providers therefore

the use of clergy is considered a viable option. It should be noted that research has shown that individuals who have received assistance with mental health illness from clergy were satisfied and found it helpful. African Americans were identified as a target population with a lack of access to mental health services and who benefit from this delivery method of mental health care.

Religious Coping/Practices and Mental Health Within the Black Community

Research indicates a positive correlation between religion and mental health, it is further indicated that religion can be used to cope with stress (Nguyen, 2020). Activities such as prayer, reading sacred scriptures, and worship generate a positive state of being (Nguyen, 2020). Participation in religious activities helps to increase religious values and behaviors that are associated with indirectly affecting mental health through the promotion of healthy physical health practices (Nguyen, 2020). Hayward and Krause (2015) noted that prayer was found to be the most common coping method against racial discrimination for African Americans.

Faith-based interventions developed as a response to race-based inequalities within mental health (Hays & Aranda, 2016). Religion has been identified as a major coping strategy for mental health issues, including psychiatric disorders (Taylor et al., 2021). African Americans use religious forms of coping such as attending religious services and watching religious media (Taylor et al., 2021). Prayer is a pivotal feature and common practice among many Americans when dealing with religious coping for mental illness (Taylor et al., 2021). Prayer is African Americans' most used form of religious coping (Taylor et al., 2021). It is used among this target demographic more

often to manage personal problems, poor health, and bereavement (Taylor et al., 2021). Longitudinal studies covering a 15-year span, have revealed that private and corporate prayer were utilized the most for coping with personal life problems (Taylor et al., 2021). Among all age groups within the African American community prayer and involvement in religious activities are critical practices of devotions (Taylor et al., 2021). African American millennials indicated high levels of different religious involvement and indicated a higher emphasis on the importance of religion, belief in God, and utilization of prayer when compared to other racial and ethnic groups (Taylor et al., 2021).

Taylor et al. (2021) studied religious coping and mental health involving psychiatric disorders among African Americans and identified that individuals with generalized anxiety disorder reported that prayer and looking to God were very important when dealing with stressful situations (Taylor et al., 2021). When the participants were diagnosed with drug abuse, agoraphobia, and generalized anxiety disorder they utilized religious devotional practices to assist in managing the disorders (Taylor et al., 2021).

The Pastor's Role

According to Jackson (2015), the African American community holds pastors in high esteem. Pastors and clergy members are trusted members of the community that function as a resource for mental health support among African Americans (Hays & Lincoln, 2017). Many members of this racial and ethnic group look to their pastor for support with both spiritual and mental health issues (Jackson, 2015, Payne, 2017). The pastor has the ability to affect the members of their congregation, their families, and the community (Jackson, 2015). Jackson (2015) annotated that Licensed Professional

Counselors (LPC) understand the role of the pastor and how pastoral counseling is pivotal to the community.

According to Young, Griffith, and Williams (2003), in a study involving 121 African American pastors, the average number of hours reported dedicated to counseling was 6.2 in a week. The overall range of counseling hours includes 1 to 38, with twenty-two pastors reported spending more than eight hours a week conducting counseling, and five pastors reported spending 20 hours or more (Young et al., 2003). The range of problems that occurred included severe mental illness, significant substance abuse, suicide ideation, crisis intervention, and individuals being a danger to others (Young et al., 2003). According to Young et al. (2003), pastors reported when conducting counseling sessions imploring the use of a combination of spiritual and psychological themes.

A vast number of clergy members lack the traditional training to address significant mental health issues (Dempsey & Gaither, 2016); yet African American clergy members participate more in providing counseling than Caucasian clergy (Dempsey & Gaither, 2016). Clergy members may encounter similar situations with people experiencing psychological problems like professional counselors; however, there is no standard training that all clergy receives to address these issues (Dempsey & Gaither, 2016). Parishioners may be reluctant to discuss certain topics with clergy members (Dempsey & Gaither, 2016).

Pastors are pivotal figures within the Black community whose support and interaction can have a significant impact on the enactment and solutions of health

initiatives within this population's community (Gross et al., 2018). Given the status and influence of the pastor, their involvement in communicating the importance of treatment-seeking for health-related issues can be tremendous (Gross et al., 2018). Research has indicated that if a lead pastor of a church advocates for seeking mental health, other senior clergy members will repeat the behavior (Dempsey et al., 2016). According to Dempsey et al. (2016), collaborations between mental health and the Black church have reduced stigmas and have produced culturally relevant means of reaching the community, providing educational material concerning mental health, and offering group counseling services. In other studies, pastors have indicated a willingness to work with mental health agencies to provide counseling services within their church buildings (Dempsey et al., 2016). Other studies have indicated that clergy members are willing to receive training in counseling but not willing to increase their caseload (Hankerson et al., 2021).

According to Payne (2017), pastors view counseling as an integral role in their calling; however, they recognize the limitations of their practice and the scope. Within the same study, the pastors frequently mentioned the need to refer however had limited referral options (Payne, 2017). Some pastors, within urban settings, were aware that counseling would be a factor in their role; however, they were not aware of the amount of time it required (Payne, 2017). They also referenced that all their training had not prepared them for the type of counseling issues that would be presented (Payne, 2017). Research has indicated that many leaders in the church can recognize when a member needs a higher level of mental health assistance aside from prayer and faith-based counseling (Burse et al., 2021). Further, research indicates that not many faith-based

leaders possess knowledge of mental health disorders (Burse et al., 2021). There is evidence to suggest that leaders within the church have a positive outlook regarding professional mental providers and would prefer to refer members for counseling (Burse et al., 2021).

The general goal of pastoral counseling is not to reduce symptoms of identifiable psychological issues but rather that the primary focus is the message of the cross and instilling hope in Christ (Leins, 2021). There is no emphasis on therapeutic protocol or research-based behavioral adaptation (Leins, 2021). The message of the cross and its importance to those in suffering is critical to pastoral counseling; this contrasts with traditional counseling and psychotherapy (Leins, 2021). In traditional mental health, the emphasis is placed on evidence-based procedures and increasing adaptive behaviors within individuals (Leins, 2021). From this study, a social justice outcome could be to gain culturally appropriate information or approaches of providing a treatment specific to this minority population.

Social Justice Considerations

African Americans and Minority Groups Experiences

Black people have similar or lower occurrences of traditional mental health illnesses; however, they are more severe, long-lasting, and debilitating when compared to other groups (Alang, 2019). Research supports that Black people, when compared to White people, usually receive a lower quality of mental health-related care (Alang, 2019). Blacks display a higher range of unmet mental health care needs when compared to their White counterparts (Alang, 2019).

The initial encounter between African Americans and the mental health field can generate a form of distrust (Hankerson et al., 2015). Compared to White Americans, African Americans are much more likely to use emergency psychiatric services (Hankerson et al., 2015). This leads to a variety of issues, including inconsistent follow-ups (Hankerson et al., 2015). Research indicates that African American men are frequently misdiagnosed as a result of clinician bias (Hankerson et al., 2015). When compared to White men, African American men are disproportionately misdiagnosed with schizophrenia and other psychotic disorders (Hankerson et al., 2015). Other research has stated that African Americans who have interacted with mental health services for assistance have lost children, employment, and control of their lives (Alang, 2019). Studies have stated that Black people perceive being black with a mental illness as double negative compared to White people with the same mental illness (Alang, 2019).

Research has stated that Asian Americans are less likely than White to have access to mental health (Yang et al., 2020). This is in spite of members of the population being susceptible to experiencing common forms of racism and their negative effects on mental health (Kim, 2017). The experience of racism among this population has been correlated with increased distress and decreased wellness which can lead to severe psychological outcomes (Kim, 2017). The use of mental health among all racial and ethnic minorities is low when compared to White Americans; however, Asian Americans have the lowest usage (Yang et al., 2020). Asian Americans have the lowest perceived need for mental health care compared to all groups (Yang et al., 2020). Barriers to seeking mental health can include but are not limited to, shame, stigmatization, and the

desire to not place a burden on others (Yang et al., 2020). Religious advisors are a vital source for the treatment of mental health disorders among Asian Americans (John & Williams, 2013).

According to Bolger and Prickett (2021), there are members of the Latino community that prefer seeking assistance for mental health issues from pastors and the spiritual resource they provide. Latino Christians prefer pastors' assistance with mental health due to the norms within their congregation (Bolger & Prickett, 2021). The Latin church is viewed as a resource for mental health intervention due to its trusted position in the community (Bolger & Prickett, 2021). Research suggests that many Latin Christians view mental illness as incurable and harmful (Bolger & Prickett, 2021). The pastor often operates in the role of a first responder for members of the church (Bolger & Prickett, 2021). However, research indicates that church-based health promotion efforts can generate a pathway to providing services to this underserved population (Bolger & Prickett, 2021).

Muslim community members have experienced an increase in psychosocial and mental health issues within the past 20 years in Western countries (Tanhan & Young, 2022). Muslims often do not utilize formal mental health services; notably due to the lack of effective service that is tailored to their culture (Tanhan & Young, 2022). Professional counselors who identify as Muslim, have advocated for a more effective approach that incorporates a contextual, spiritual, and cultural method for this population and were threatened with termination from employment (Tanhan & Young, 2022). Reasons for the lack of use of professional counseling services among the Muslim community can

include but are not limited to cultural beliefs, stigmas, and lack of knowledge about the mental health field (Tanhan &Young, 2022). The Muslim population believes that the spiritual realm influences the natural realm, causing mental health issues (Tanhan & Young, 2022). The common cultural treatments for mental health issues can include religious practices such as prayer, invocation, reading the Quran, or working with spiritual leaders (Tanhan Young, 2022).

Multicultural Competency

Multicultural counseling competence is the effectiveness of a counselor's ability to provide counseling services to clients that possess a different view of reality and cultural affiliation from that of the counselor (Ridley et al., 2021). Professional counselors should be aware of and attuned to the different lived experiences of their clients (Ridley et al., 2021). They should acknowledge their client's cultural identities and experiences among the groups they identify with (Ridley et al., 2021). Culture is very important in counseling, especially since people exist in social interplays of power and privilege (Ridley et al., 2021). Pastors may not be trained to address the multicultural differences of the people they provide counseling to. They could be potentially unaware of or ignoring the differences between themselves and their parishioners despite having the same racial identification.

The multicultural competencies do have limitations of their own. Since the inception of the multicultural competencies there have been notable changes in concepts related in intersectionality and social justice (Ratts et al., 2016). In response to the evolving nature of identities within social context and to address the social justice needs

of diverse clients, the Multicultural and Social Justice Counseling Competencies (MSJCC) where introduced (Ratts et al., 2016). The MSJCC purpose was designed to be an update to the traditional multicultural competencies and to combine multicultural and social justice constructs to enhance the interactions between client and counselor.

There are several research studies that highlight the current limitations of multicultural theory to counseling and the need for reconsideration of the approach. According to Alegria et al. (2010), when assessing mental health, providers must encapsulate cultural groups' views (Alegria et al., 2010). This could require using cultural or community aids to help recognize the importance of specific multicultural components in contexts to assist in responding to mental health treatment (Alegria et al., 2010). If Black people view the pastor as a resource for mental health assistance, then counselors can learn from this perspective to increase connection with this population. According to Ratts et al (2016), the counselor and client can identify if treatment should include aspects of institutions such as church or norms and values. Potentially, counselors can learn a more culturally appropriate method of connecting with the Black community. A social justice outcome of this study is to advocate for more a nuanced and culturally appropriate approach of reaching out to the African American community.

Research has indicated that religious beliefs, race, ethnicity, and class status interconnect to influence attitudes and beliefs about mental health care, which can influence a partnership between professional therapists and the church (Bolger & Prickett, 2021). As the sharing of information and the familiarity between the two professions grows, a positive perception could potentially form to enhance treatment-

seeking behavior.

Summary

There were several major themes identified throughout the literature. The historical relationship between government institutions and the African American community has contributed to the lack of trust in mental health services among Black people. The legacy of racism has infiltrated many institutions including the mental health field and has shaped the African American community. This has manifested itself in many forms including but not limited to institutional racism, microaggressions, and internalized racism. Racism and discrimination have impacted this population generating unique consequences mental health consequences. African Americans' mental disorders are more severe, continuous, and disabling. Their experiences of certain mental health issues tend to be more persistent, frequent, and severe. African Americans report lower levels of psychological health and happiness. Race-related mental health consequences include anxiety, depression, and high levels of psychological distress; other research indicates post-traumatic stress disorder (PTSD) and generalized anxiety disorder. Mental health among stigmatized populations, such as African Americans, is shaped and formed through exposure to persistent and severe stressors, such as racial discrimination.

Cultural mistrust, lack of representation, and stigmatization contribute to African Americans seeking assistance from other professions concerning mental health issues. The three primary sources of assistance are primary care physicians, family and friends, and clergy. The Black church has been a historical pillar within the African American community. It has provided a multitude of trusted resources and services to this

community that has often been denied to this population due to racism. Among the services provided include a safe space from discrimination and racism, advocacy for equality, assistance with health education, and mental health support. The Black church has provided refuge for the African American community during extreme racial persecution and guidance when dealing with racially charged encounters. Clergy members traditionally assist with mental health issues through spiritual means. These means traditionally involve religious practices, including reading scripture, prayer, Sunday service, and fasting. The Pastor is considered the head of the church and a pivotal figure within the African American community. They view counseling as a significant role in their responsibilities and recognize their limitations. Pastors and clergy provide non-licensed counseling to many of their parishioners. Pastoral counseling's general goal is not to reduce symptoms of identifiable psychological issues. The primary focus is the message of the cross and instilling hope in Christ. There is no emphasis on therapeutic protocol or research-based behavioral adaptation.

The current literature has identified that Pastors provide mental health assistance for psychological issues for their parishioners. The Black church provides more counseling than white churches indicating frequent among the African American community. The literature has also stated that the Black church has assisted the African American community manage and navigating racism and its effects on this population. The literature does not identify nor offer any information concerning Pastors' experiences with providing non-licensed counseling for mental health issues related to racism. The present study seeks to explore the experience of pastors' providing non-licensed

counseling for mental health issues related to racism.

Chapter 3: Research Method

The purpose of this qualitative study was to explore and describe African American clergy members' experiences of treating congregants' mental health issues related to issues of racism. This study can contribute to the literature concerning how the counseling field can develop a collaborative relationship with the Black church to treat the African American community and to advocate for a culturally relevant aspect of treatment for a vulnerable minority population. This chapter includes the research design and rationale, the role of the researcher, the methodology, and the trustworthiness of the study. In the Research Design and Rationale section, I cover the research questions, define concepts, and define the phenomenon. In the Role of the Researcher section, I explain my role as an observer, my role in relation to the research participants, my biases, and ethical issues and the methods to address the issues. In the Methodology section, I identify the population within the study, the sampling strategy, and the data collection process. The final section covers issues of trustworthiness, including credibility, transferability, dependability, and confirmability.

Research Design and Rationale

This qualitative phenomenological study was conducted to explore the lived experience of African American pastors providing non-licensed counseling to African Americans for mental issues related to racism. The focus was on gaining and analyzing the participants' descriptions of this phenomenon to provide an overall description of their combined experiences. I employed the use of a research question and several sub questions to guide the interviews with the participants:

- Research question: What are African American pastors' experiences of providing non-licensed counseling for mental health issues related to racism?
- Sub question 1: How do African American pastors approach providing non-licensed counseling for race-related mental health issues among their parishioners?
- Sub question 2: What practices do African American pastors employ to treat race-related mental health issues among their parishioners?
- Sub question 3: How do African American pastors understand the connection between mental health and racism among African Americans?
- Sub question 4: What are the pastors' experiences with mental health treatment?

The research question and subquestions were created to explore the phenomenon of pastoral counseling. The central phenomenon of the study is non-licensed pastoral counseling. The phenomenological approach was the most appropriate approach for this study to understand the lived experience of African American pastors providing non-licensed counseling.

Research Tradition

The phenomenological approach was the selected research method that fits within the qualitative research tradition. Qualitative research is a process that enhances understanding through new developments from a thorough and more robust exploration of a studied phenomenon (Aspers & Corte, 2019). There are several methodological approaches within the scope of qualitative research. The common qualitative approach

includes case study, ethnography, narrative, and phenomenology.

A case study is the exploration of the complicated nature of a case with the express intention of understanding the specific circumstances (Tomaszewski et al., 2020). A case study is used to define the case within its real-life context (Tomaszewski et al., 2020). It incorporates multiple sources and various pieces of evidence to address the research problem (Tomaszewski et al., 2020). The central point within a case is the bounded system, if the research study requires this concept, then a case study is ideal (Tomaszewski et al., 2020). Examples of cases can include but are not limited to the study of a specific organization or community (Tomaszewski et al., 2020).

The ethnography approach is the study of a group of people's cultures (Tomaszewski et al., 2020). This methodological approach intends to study people's behaviors, beliefs, language, social interactions, and attitudes (Tomaszewski et al., 2020). This approach places emphasis on the utilization of observation by the researcher (Tomaszewski et al., 2020). This approach is most appropriate for studies seeking to explore and describe the lived experience of people within a culture (Tomaszewski et al., 2020).

The narrative approach employs analyzing storytelling to understand the meaning that is attached to an experience (Tomaszewski et al., 2020). This approach details relationships among words, text, and social reality (Tomaszewski et al., 2020). Traditionally, the story includes an event that elicited a change within the person or the situation (Tomaszewski et al., 2020).

A phenomenological method is an approach to research that can describe a

phenomenon through experience (Neubauer et al., 2019; Tomaszewski et al., 2020). The goal of the phenomenological approach is to describe the meaning based on the perspective of the individuals who experienced the phenomenon (Neubauer et al., 2019; Tomaszewski et al., 2020). This approach identifies what was being experienced and how it was experienced by the individual (Neubauer et al., 2019). Its main objective is to detail the phenomenon as it was lived by people who participated in or experienced the phenomenon (Tomaszewski et al., 2020). This approach was optimal for this research study since the study's purpose was to explore the experience of non-licensed pastoral counseling as it pertaining to the African American community. It allowed for an in-depth understanding of the phenomenon as experienced by the pastors.

There is a broad area of use in phenomenology, however, the two commonly used approaches are transcendental and hermeneutic (Tomaszewski et al., 2020). Specifically, this study employed the use of descriptive phenomenology, also known as transcendental phenomenology. The goal of this approach is to constantly assess and neutralize the researcher's bias and preconceptions, known as transcendental subjectivity (Neubauer et al., 2019). This goal helps to keep the research study from being influenced by the researcher and the researcher's subjectivity when reviewing the descriptions given by the participants (Neubauer et al., 2019). Therefore, the researcher cannot allow their bias or preconceptions to influence the data presented. This approach allowed me to understand the meaning and essence of the nuances specific to the pastors' experience with the phenomenon. Further, this approach allowed for the examination of multiple perspectives of the same phenomenon from different sources.

Role of the Researcher

For this study, I had several responsibilities. I was solely responsible for this research study. An inherent role of the researcher within qualitative studies is that of the instrument within the study (Collins & Stockton, 2022). As the researcher, I selected and interviewed the participants to collect data. During the interview, I asked a series of semistructured open-ended questions and observed the reactions of the participants.

Given that I selected descriptive phenomenology, I suspended my bias to decrease any level of impact I would have on the study. By decreasing my level of impact, I achieved what Husserl described as transcendental subjectivity (Neubauer et al., 2019). Bracketing was the method used to suspend my bias. Bracketing, also known as epoche, is the process of the researcher setting aside previous knowledge, understanding, and assumptions concerning the phenomenon (Neubauer et al., 2019). This method assists the researcher by not allowing their subjectivity to influence the descriptions provided by the participants (Neubauer et al., 2019).

Relationships to Participants

I did not have any prior relationships with the other pastors in this research study. I met each of the pastors for the first time during the initial interview. No participant was forced or coerced to participate in this research study.

Researcher Bias

I am a non-denomination protestant Christian. I was raised in a Catholic Christian household; however, I do not identify as a Catholic. The initial research participant in this study was my pastor and spiritual leader. I am currently on course to becoming an

ordained minister. I have experienced pastoral counseling personally for an extended period. I am a licensed mental health therapist who employs the use of evidence-based approaches to assist people with mental health issues and disorders. These experiences may bias my personal views on pastoral counseling. The implementation and continual use of bracketing assisted in suspending these biases for the preservation of the data collected in this study.

Methodology

There were two primary areas that were considered with respect to methodology. These areas include participant selection and instrumentation. The specific areas identified are discussed in the following sections.

Participants

The population of the study only included recognized pastors who meet the non-profit tax criteria 501(c)(3) within their state. Most of their congregation were individuals who identify African American and/or Black. The pastors possessed at least 6 months of experience of providing non-licensed counseling for mental issues related to racism.

Research indicates that the consensus on an exact number for sample sizes in phenomenological research can be vague (Batholomew et al., 2021). Within phenomenology, data saturation determines the sample size and can vary for each study (Moser & Korstjens, 2018). For certain research studies, three to six participants are considered considerable; other sources have stated four to 10 participants (Batholomew et al., 2021). Once the collected data, via interviews, produced redundancy among the identified themes and no new data is identified, saturation was achieved (Moser &

Korstjens, 2018).

The purpose of this study was to explore the experience of pastors providing non-licensed therapy to African Americans for mental health issues related to racism. The nature of a phenomenological study requires the exploration of a stated phenomenon. Therefore, the selection of the participants was relevant to the phenomenon. The participants were selected based on pastors with lived experience of providing non-licensed counseling to African Americans with mental health issues resulting from racism. There are many pastors who may fit this criterion; therefore, the focus was narrowed to pastors who identify as African American or black based upon the research stating the history between the Black church and the African American community.

The sampling strategy for this research study consisted of two approaches, criterion sampling and snowball sampling. Criterion sampling is the selection of participants that meet important pre-determined standards required for the research study (Moser & Korstjens, 2018). The pre-determined and pre-identified requirement for this study was that the participants were pastors of a recognized church holding the 501(c)(3) tax exemption. The pastor had to be an ordained pastor of a local church. The pastors were required to have experience providing spiritual counseling to African American members of their church for mental health issues related to racism. The final requirement was that the pastor identified as African American or Black. The snowball sampling technique is the selection of participants through referrals from previous researcher participants (Moser & Korstjens, 2018).

An email was sent to pastors with specific questions to identify if they met the

requirement. An initial email will be sent to the email provided to the researcher based upon the referral from the previous pastor interviewed. Within this email it asked the recipient to verify their identity along with the following questions:

- Do you identify as African American or Black?
- Are you a pastor at a church?
- Have you provided at least six months of non-licensed counseling for mental health issues related to racism?
    - How long (or how many clients) have you provided this support (use your own language)

Once the participant responded to the email inquiry, I verified they met the criteria for the study. Once the verification was complete, an email was sent which included a consent form that informed the participant they were going to be recorded for the purpose of the research study and a scheduled time for the interview.

Instrumentation

Phenomenology's central method of data collection is in-depth interviews (Thomas, 2021). For this study, the data collection included semi-structured interviews. Semi-structured interviews are in-depth interviews where the participants respond to open-ended questions (see Jamshed, 2014). The in-depth responses allowed for a thorough and robust answering which leads to a comprehensive and in-depth analysis of the phenomenon. These interviews traditionally last 30 minutes up to one hour. Semi-structured interviews allow for optimal use of the designated interview time, the research employs an interview guide to focus the interview. Within the guide are core questions

pertinent to the study. To properly capture the data and achieve maxim effectiveness, it is recommended that the interviews are recorded and transcribed.

This study used semi-structured interviews to generate in-depth responses from the participants. The interview questions were open-ended. The goal for the interview questions was to align them with the research question, sub-questions, and research methodological approach. The questions were disseminated in the same manner and order for each interview. The interviews took approximately 30 to 60 mins. The interviews were conducted and recorded via Zoom (with the consent of the participants). Upon completion of the interview, I transcribed the interviews into verbatim transcriptions.

Thematic analysis was used to evaluate the transcribed interviews. The thematic analysis seeks to achieve an understanding of the meaning of the patterns collected from the interview data (Sundler et al., 2019). The analysis organized textual data and identified meanings from patterns known as themes. The researcher sought to understand the meanings underlying the described experiences of the phenomenon and textualize them.

Upon completion of the research study, the participants were debriefed concerning the outcomes of the study. Debriefing allows the researcher to review the data and themes with the participants to ensure accuracy (McMahon et al., 2018). Debriefing helps to identify gaps, triangulate data, and capture nuances (McMahon et al., 2018). The participants were informed that a follow-up interview may occur once the themes had been identified from the transcriptions of the interviews.

Data Analysis Plan

Once the interviews were completed, I used the Nivo software for the transcription of the interviews from their audio recording. As the researcher, it was recommended that I consider the phenomena from different viewpoints and identify units of meaning among the collected experiences (Neubauer et al., 2019). From these meaning units, the researcher can organize the units into meaningful themes (Neubauer et al., 2019). The themes characterized the experiences of the participants.

Trustworthiness

Credibility

Triangulation is a method that is used established credibility (Hadi & Closs, 2016). This method involves using two data sources, collection methods, or using other researchers to reduce bias (Hadi & Closs, 2016).

Transferability

A rich description is a method used to gain transferability (Hadi & Closs, 2016). This approach involves the researcher offering adequate information and details about settings, sample traits, inclusion criteria, data collection, exclusion criteria, and analysis methods (Hadi & Closs, 2016). Transferability also enhances credibility (Hadi & Closs, 2016).

Dependability

Dependability can be enhanced by employing a member-checking method (Hadi & Closs, 2016). An audit trail allows the reader to track the researcher's decision and associate it with the conclusions drawn from the data (Hadi & Closs, 2016). This method

requires thorough descriptions of sources and methods for procedures throughout the research study (Hadi & Closs, 2016).

Confirmability

Confirmability seeks to establish that the researcher's understanding and conclusions are a product of the data; it requires depicting how the conclusions were derived (Nowell et al., 2017). It can be established through the achievement of dependability, transferability, and credibility (Nowell et al., 2017).

Reliability and Validity

In qualitative research, the core feature of reliability is reached with consistency (Leung, 2015). Several methods to increase reliability include refutational analysis, constant data comparison, thorough data use, and tables. Experts further recommend that extracted data be verified for accuracy and constantly compared by the individual researcher or peers. For a qualitative methodological approach to be valid it must be able to identify and describe the phenomenon in the correct context. Validity refers to the appropriateness of the study's tools, procedure, and data. The research question, methodology, research design, sampling, data analysis, results, and conclusion must align. To enhance validity several methods have been identified. These methods include a first level of triangulation of researchers, a second triangulation of resources, thorough audit documentation of material and procedures, and respondent verifications.

Ethical Procedures

Research participants were informed of informed consent via email and verbally. The initial email sent to the participants covered the parameters of informed consent.

Once I met with the participants via Zoom, we verbally went over the parameters of informed consent during the recording. An ethical concern was the respondent's privacy and confidentiality. Deductive disclosure is when the characteristics of individuals help to identify them (Kaiser, 2009). Therefore, a thorough description of the participant's reality while maintaining the protection of their identity is critical (Kaiser, 2009).

Anonymity is a form of confidentiality focused on keeping the identities of the participants secret (Saunders et al., 2015). The goal is that the person will not be identifiable based on the data presented. This can include changing a person's name and masking the location of the interview while maintaining the integrity of the information provided. It is recommended to conceal the research participants' identities. It is also recommended to conceal family relationships and other identifiable information. In this study, the participants' identities and churches they were affiliated with were kept anonymous.

The data was converted into a retrievable format for storage and retrieval (Lin, 2009). The interviews were converted to a transcribed format and stored on a separate hard drive or another secure location (Lin, 2009). Per Walden University's regulation the data was stored and made available via digital format and was accessible with committee members (Institutional Review Board, 2022). Careful data and record collections was maintained with annotation of steps required. The data will be stored confidentially for five years. The data was only available to the researcher and the committee members during the research study. It is recommended that the data is finalized before it is released for publication (Lin, 2009).

Summary

This qualitative phenomenological study explored the lived experience of African American pastors providing spiritual-based, non-licensed counseling to African Americans for mental issues related to racism. It focused on gaining and analyzing the participants' descriptions of this phenomenon to provide an overall description of their combined experiences. The research question for the study was: What are African American pastors' experiences of addressing mental health issues related to aspects of racism? There were sub-questions within the research. The phenomenological approach was the selected research method that fit within the qualitative research tradition. A phenomenological method is an approach to research that can describe a phenomenon through experience. The goal of the phenomenological approach is to describe the meaning based on the perspective of the individuals who experienced the phenomenon. Specifically, this study employed the descriptive phenomenological approach. The phenomenological approach was selected to explore a deeper understanding of the experience of providing non-licensed pastoral counseling to African Americans for mental health issues resulting from racism. The role of the researcher was identified in this section and responsibilities clarified. The researcher had no prior relationships with the other pastors in this research study. The sampling strategy for this research study consisted of two approaches, criterion sampling and snowball sampling. Phenomenology's central method of data collection is in-depth interviews. For this study, the data collection included semi-structured interviews. In qualitative research, the core feature of reliability is reached with consistency. Validity refers to the appropriateness of

the study's tools, procedure, and data. The research question, methodology, research design, sampling, data analysis, results, and conclusion must align. This study met the criteria for reliability and validity. The next section will discuss the data received from the implementation of the study.

Chapter 4: Results

The purpose of this descriptive phenomenological study was to explore and describe African American clergy members' experiences of treating congregants' mental health issues related to issues of racism. The research question addressed this purpose, with sub questions specifically focused on how pastors approach providing counseling, what practices they employ to treat race-related mental health issues, how they understand the connection between mental health and racism, and their experiences with mental health treatment. This research approach allowed for the exploration of the pastors' experiences by focusing on the whole experience as opposed to individual parts. In this phenomenological study, main themes with subthemes were identified from conducting interviews with six African American pastors. This chapter will discuss demographics of the pastors, data collection, evidence of trustworthiness, results, and summary.

Demographics

The study was conducted with assistance of five research participants which consisted of five males and one female. The participants' ages ranged from 51 to 66. Each participant served as a pastor for their church for years ranging from 7 to 27. The pastors all reside on the east region of the United States. Three of the pastors live in the Northern Virginia area, the other two pastors lived in the state of Maryland. All the pastors are affiliated with non-denomination churches, and each has experience providing counseling for mental health issues related to racism.

Pastor 1 was a 51-year-old male. He identified as African American. He had been

pastoring for approximately 7 years at a non-denomination church. Most of the parishioners at his church were African American. His highest level of education was an MBA and a master's in international relations.

Pastor 2 was a 54-year-old male. He identified as African American. He had been pastoring for approximately 19 years at a non-denomination church. Most of the parishioners at his church were African American. The highest level of education was two years of college experience in accounting.

Pastor 3 was a 57-year-old male. He identified as African American. He had been pastoring for approximately 27 years at a non-denomination church. Most of the parishioners at his church were African American. The highest level of education was a Doctor of Philosophy in Theology.

Pastor 4 was a 66-year-old female. She identified as African American. He had been pastoring for approximately 21 years at a non-denomination church. Most of the parishioners at her church were African American. The highest level of education was an undergraduate degree in performing arts.

Pastor 5 was a 65-year-old male. He identified as African American. He had been pastoring for approximately 21 years at a non-denomination church. Most of the parishioners at his church were African American. The highest level of education was an undergraduate degree in law enforcement administration.

Data Collection

I conducted face-to-face, semi structured interviews with all six participants. The interviews were recorded and conducted via Zoom. The semi structured interview with

the research participants ranged from 40 to 60 minutes with an average time of approximately 53 minutes. The interview protocol was used during the interviews. The interview questions were developed to answer the research questions and sub-questions for this descriptive phenomenological study. Minimal notes were taken during the interview for the purpose of focusing on what the participants had to share as their lived experience. All transcriptions, recording, and notes were backup and placed within my personal password-protected laptop in a secure office.

Email invitations were sent out to the participants to gauge their interest in the research study. The participants responded with interest in participating in the study via replying to the email invitations. The follow-up document that was sent to the participants was the informed consent form. Each participant replied with consenting to the study after receiving and reading the informed consent form. Upon receiving consent from the research participant, an email with the Zoom link for the agreed upon date and time for the interview was sent to the participants from the researcher.

The interviews were conducted over a 2-week period. Each participant selected a date and time to conduct the Zoom. All the participants were flexible with scheduling their interviews which for the researcher to meet with the participants at various times of day. At the conclusion of the interview, I explained the procedures for the follow-up interviews to see if further information was necessary or if further explanation was required for information shared during the interviews. Each research participant acknowledged and agreed to the follow-up interview procedures.

I used follow-up clarification questions during the interviews to probe for more

information and details. The in-depth follow interviews were not required given that the participants provided in-depth, thorough, reflective, and detailed responses to the interview questions. I utilized member checking during the interview process to gain clarity from the responses of the research participants. Before the conclusion of each interview, I offered the participants the opportunity to share any additional thoughts or comments about the research topic and study that they may have considered necessary for the study. Each participant had further comments or experiences to offer.

All the interviews were recorded via Zoom and were transcribed via NVivo transcription software. I listened to the audio from the recording to ensure the accuracy of the transcriptions. Within the NVivo software system, folders were created to store the recording of the interviews and the transcriptions. Further, a Microsoft folder was created to store the transcriptions, the informed consent forms, interview protocols, and the participant themes.

Data Analysis

Virtual face-to-face semi structured interviews led to descriptions concerning the lived experience of the research participants. In accordance with Creswell (2016), I implemented three strategies for data analysis within this study: organizing and preparing the information, classifying the information to develop themes, and representing the information. Within the initial step, I transcribed the interviews and stored the transcription, along with the demographic information, within the transcription folder in the NVivo software. I organized the transcription into the applicable file label with the associated code of P1, P2, P3, P4, and P5.

The second step included classifying the information to develop the appropriate themes and identify meaningful units. To classify the data, I read through the entirety of the transcriptions several times to identify the overall and meaningful units that are connected to the phenomenon within the study. Important statements were identified and highlighted; the highlighted statements correlated to the emerging theme and meaningful unit. I looked for descriptions that were similar and ensured they were coded together. These descriptions were grouped into smaller themes. I reviewed the documents several times to identify emerging themes. This process was repeated for each research participant's transcript to maintain and ensure the research study's trustworthiness. I created a grid consisting of three columns to classify the data retrieved from the transcribed interviews. Column 1 was comprised of the participants' exact transcribed words, Column 2 consisted of specific themes surrounding the phenomenon based on the participants responses, and Column 3 consisted of the associated highlighted codes.

The final step was representing the information through the implementation of member checking. While I conducted the interviews with the research participants, follow up questions and reflections of the responses from the participants were used. This ensured the accuracy and meaning of the participants' responses.

Evidence of Trustworthiness

As discussed in Chapter 3, trustworthiness is established through credibility, transferability, dependability, and confirmability. For this research study different techniques were used to ensure consistency throughout study to guarantee trustworthiness. I was careful throughout this process to ensure the integrity of the study.

To ensure consistency throughout the study, I used the interview protocol form, researcher notes, and member checking.

The interview protocol allowed me to consistently present the interview questions during each interview with the research participants. The interview protocol served a script that guided me in keeping the interviews focused on the lived experiences surrounding the identified phenomenon of the study. Listening to the recording while reviewing the transcripts allowed me to review my notes to ensure clarity of the responses from the participants. Member checking was also employed to ensure that the focus was on the participant's shared experience and the meaning connected to the experience. The use of member checking and interview protocols increases the credibility of qualitative studies (Johnson et al., 2020).

Transferability was established with demographics and background information pertaining to the participants. During the data collection and analysis, transferability was further demonstrated through the strategies and equipment used. Transferability is established by the communication of the description of sampling features, number and characteristics of the researcher participants, and the timeframe of the data collection (Johnson et al., 2020). These components can enhance the credibility of the study as well.

The dependability of the study can be established by the internal and external consistency of the study. Dependability can be established by the researcher describing the research process for the study in detail (Johnson et al., 2020). The study's consistency was identified and established through the implementation of interview protocols, researcher notes, and member checking. Further measures of consistency included the

Walden's University Institutional Review Board (IRB) and my dissertation committee. The IRB undergoes a process to ensure trustworthiness and dependability before the initial start of any research related to Walden University. Once the data analysis was complete, the committee members assessed the results prior to official review and approval. Further, the committee members asked questions about the methodological approach of the study, the implication of the methodology, themes, meaningful units, and results.

The confirmability of the study was established in several ways. To increase confirmability within a qualitative study, the researcher can implement member checking, structure the interviews to allow participants to clarify their responses, and the use of a third-party researcher to analyze the data. The implementation of member checking was a significant technique in establishment of confirmability within this study. I utilized the services of an external auditor to review the accuracy of the methods and data analysis within this study. This individual had no connection to this study and was focused on the accuracy of the results and methods.

Results

Research Question

The main research question was "What are African American pastors' experiences of providing non-licensed counseling for mental health issues related to racism?" All the pastors expressed having experience providing non-licensed counseling pertaining to mental health issues related to racism. The participants understood the difference between pastoral care and professional mental health counseling. Each pastor

expressed an understanding of the difference between the two professions. Most of the pastors have expressed working with mental health professionals along the lines of referrals and hosting mental health awareness events. All the participants were experienced and familiar with conducting non-licensed counselling and rendering aid to parishioners. Further, the participants understood their limitations when dealing with certain mental health issues. All the pastors referenced using spiritual resources and concepts to assist their parishioners navigate the mental health issue resulting from an experience of racism.

Sub question 1

The first sub research question was "How do African American pastors approach providing non-licensed counseling for race-related mental health issues among their parishioners?" The eighth interview question addressed this research question directly: "Describe how you approach treating mental health issues related to racism?" The pastors described their approach to counseling parishioners with mental health issues related to racism. The most prominent approach that was mentioned included viewing the situation from a macrosocial perspective. Most of the pastors stated acknowledging the messaging that the larger society thrust upon Black people. From that starting point, the pastors help to identify means to assist the parishioner navigate the situation related to scripture. Pastor 1 answered,

> What can we do to get you to a place where you can thrive in this particular environment and when I say thriving to the environment because you and I both know systemic racism on multiple fronts has been existence for a very long time,

> so we're not going to get rid of it today. Maybe not in our lifetime. … Teaching you how to deal with bondage until you can get to a healthier situation.

Pastor 2 responded,

> Because of what we have based here in the United States of America. As a societal issue, as well as a personal issue, because this person that come to me. It's like this when you suffer any type of trauma. Then. Anything? That you hear or witness in relation to what effect you. It's going to be a trigger. So, let's say that. The reason I say I view it as a societal issue, because if a person experiences something on their job and then they go home and they cut on the 10 o'clock news and they see a tragedy, or this happens.

Pastor 5 stated,

> I really had to change my perspective on that. You know, coming up in the inner city. But what now, I think what's important is that you hear or you listen. And let me let me change that. Let me say it this way, it is important that you listen and then hear and even hear the things that are not being said so that she can grasp and understand the whole situation.

Sub question 2

The second sub research question was "What practices do African American pastors employ to treat race-related mental health issues among their parishioners?" The sixth and eighth interview question answered this sub research question. The sixth interview question was "How do you provide counseling for mental health issues related to racism?" The eighth interview question was "Describe how you approach treating

mental health issues related to racism?" In responding to these questions, the most prominent answer was the utilization of scripture as a model to navigate their situations. The pastors primarily acknowledged that the Bible provides examples of behaviors that can be employed against the messaging of racism. Pastor 1 responded,

> Well, the purpose is, is a lot of time. It goes back to the philosophy of what would Jesus do. Whenever there's an answer. So how are we going to? How are we going to define what is going to be our stance when we deal with this monster of racism? Are we going to come at it from a perspective that are societally accepted by people who are not spiritual? Or are we going to come at it from what would Jesus do from more of a Christ sort of centered way of dealing with it? … Guidelines or, shall I say, examples because you know, there is free will give you some scriptural examples and these are the preferred methods. That's right.

Pastor 2 noted,

> Well, since I'm a pastor, the foundation of what I do comes from the word of God. And at first, I start out with listening because if a person comes to me and they've experienced trauma as far as their race is concerned and mentally, … I reinforce what the word of God says. It's concerning their identity. I'll let them know that they're a child of God. Also, let them know that the Bible clearly states that God is not a respecter of person. And so, God views all of us of the same playing field.

Pastor 3 said,

> So, for example, at church every Sunday, we have confessions that we say

corporately as a church and to members of our church. They've all been given copies of various empowerment confessions that are in line with scripture that are aligned with scripture. That's a part of their daily devotion. And I believe, I believe in the power of words. There's no question about it. And I believe that what we meditate on, the conversations that we have, they have a lot to do with mental health because is not what other people do to me is how I see myself.

Pastor 4: "Let's look at how anywhere you go darkness is going to be there and how is God using you to be his light there? What is he saying to you? So, let's look at the word of God. I will take him to the word of God. So, let's look at what God is saying about the situation because God addresses everything to me. His word. He addresses us through his word."

Pastor 5: "I come from a biblical perspective that we all created in the image of God. You know, the Bible never looks at race. It has two classifications those that are sons of God and those who are, you know, heathens a worldly, unsafe people. You know, the Bible never uses race to divide something as man-made."

Sub question 3

The third sub research question was "How do African American pastors understand the connection between mental health and racism among African Americans?". The third interview question answered this sub research question directly. The third interview question was "How do you define mental health issues related to racism?". The prominent answer was the limiting effect of racism on people's ability to grow mentally. The systemic nature of racism has a negative impact on social growth

potential of Black people which impacts them mentally.

Pastor 2: “Years and years of being treated unfairly. From back during slavery. And I don’t want to just leave out African American females, but because I’m an African American male living in America. I can see how a lot of men have been torn down because of unfair practices in the workplace. I believe that. Unfair practices because of the color of a person’s skin has contributed to the mental issues that we face.” “For African American race, which still faces racism today, mentally, I believe that that has plagued the minds of a lot of people. Our vice president today was Kamala Harris. I believe with African American women that has contributed. Though we are quiet that it has happened. I’m sure that some people mentally suffer because they ask themselves the question, why did it take so long?”

Pastor 3: “I think it’s a when there is a re-occurring unaddressed issues are no doubt as a society that has just been swept under the rug and especially for the people that have been oppressed. You know, sometimes the oppressor doesn’t fully understand certain actions, certain laws, certain legal things that have been put in place just. Put in place to oppress another group of people. And it goes from generation to generation. You know, nobody, nobody is born a racist. They’re taught it. You know, and unfortunately, if you grow up in that type of environment, if you’re not provided the tools and the things to address it or to overcome it in life, it can become your excuse for being where you are and why you are what you are.”

Pastor 4: “Again, is based on systemic practices that are generated against people of color. If I am in a position to create a system that impacts. The life span, the health and

the health, mental health as well health, economic health, the social health of health, of people who are in my orbit, or that I that can impact or the system that can that trying to sell."

Pastor 5: "I would define that and. Racism putting you in an uncomfortable position where you'll no longer be free to be who you are, which means that it limits your potential, your ordeals, or deals ideas are not accepted by the one who's trying to dominate you."

Sub question 4

The final sub research question was "What are the pastors' experiences with mental health treatment?" The seventh interview question answers this research question directly. The seventh research question was "Have you received any training on professional counseling? If so, how was it?" Three of the pastors expressed receiving some form of training in counseling (non-academic and non-license seeking training). Two of the pastors expressed working with professional providers as referral sources and for informal advice when counseling parishioners. The following examples were provided:

Pastor 1: "I have, but it's funny. You should mention that I have a friend of mine who is a psychiatrist. No, I have a friend of mine who is a psychologist, and my aunt is a psychiatrist and now pastoring. I literally carry lots of training, coaching and guidance from them because they are. Both are this term, spirit filled believers."

Pastor 3: "No, no. I have never received training. That was just not my area of expertise. I do partner with people that do that. And I refer."

Pastor 4: “Yes, I was counselor for people who reported for people who had addictions, drug addictions. So, it was a certified counselor for the drug addicted population. And I was on two contracts in Washington, D.C. One dealt with one contract with the methadone clinic.”

Pastor 5: “Oh, yes, I have. I got more learnings from actual interactions with. With members of my congregation versus the in-classroom training. I just think that on-the-job training gave me more insight and more information and more experience than in a classroom only than in the classroom did was gave me the certifications that will be recognized by government entities.”

Themes

There were three main themes and nine sub-themes that were identified from the data collection and analysis in this study. The three main themes were racism, religion, and professionalism. Racism was identified as the first theme which produced three sub-themes which included systemic racism, stigmatization, and ignorance. The second theme was religion. This theme produced four sub-themes which include spirituality, self-confidence, self-awareness, and self-expression. The third theme identified was professionalism. This theme produced three sub-themes which include limitations, trauma, and dual approach. The three main themes and the associated sub-themes are discussed in more detail with direct quotes.

Theme 1: Racism

Systemic Racism

Each of the participants recognized that systemic racism could play a role in the

mental health of their parishioners. The participants recognized that the Black community is often plagued by policies and practices. These policies and practices can have long-term and far-reaching effects. Pastor 4 stated,

> So mental health issues, the contributors to that are the main thing is poverty and having systemic racist practices in place to work against you while you're in a state of poverty and poverty. Doesn't just exist economically, poverty exists in education, your education, you may be undereducated or haven't been given access to a better education. Or you may have free education where you can go and do research on your own.

Pastor 1 made clear that he recognized that racist practices could have a generational effect on the Black community:

> You know, sometimes the oppressor doesn't fully understand certain actions, certain laws, certain legal things that have been put in place just. Put in place to oppress another group of people. And it goes from generation to generation. You know, nobody, nobody is born a racist. They're taught it. You know, and unfortunately, if you grow up in that type of environment.

Pastor 2 shared a perspective of systemic racism has hindered the growth of the Black community economically and politically. This hinderance can contribute to mental stress among the African American community:

> Our vice president today was Kamala Harris. I believe with African American women that has contributed. Though we are quiet that it has happened. I'm sure that some people mentally suffer because they ask themselves the question, why

> did it take so long? And then also moving forward, I believe people suffered mentally because they asked, they think they have this question, is this a one-off outlier or are or is the playing field finally being level with all of these thoughts going through people's minds and not having the proper guidance and counseling to deal with those thoughts? I believe that that could contribute to a person's mental illness.

Pastor 3 discussed how subsidized housing plays a role as policy that has hindered the growth with the Black community:

> I remember back in back in college, I've. But my major was urban studies in one of the things I did a paper on had to do with subsidized housing. And when you look at subsidized housing. The intention of it. I think was a good thing. However, the end result ended up keeping generations of people in a lifestyle that, without the proper tools and things, you have one generation to another, generation to another, it's all coming out of the same subsidized housing. And to the to the degree that it was all, it became normal. In other words, it was normalized.

Stigmatization

The pastors believe that there is a stigma surrounding the topic of mental health in the African American community. Pastors 1, 3, and 5 made comments that are centered around the notion that within the African American community, mental is not something discussed. Further, they recognize that the stigma is lessening, however it is still prominent within the community. Pastor 5 stated,

> I think one of the drawbacks or the hindrances to mental health in the African

> American community is that we don't see enough of us now. And even before that, it was the mindset in the African American community that you just don't talk. About issues that take place in a home. You know, what happens in Vegas stays in Vegas mentality. You know, and so therefore you got people walking around with smiling faces, but they have issues, you know?

Pastor 1 and Pastor 3 provided comments that support the notion of Pastor 5. Further, they also recognized the growing awareness and importance that mental health has within the Black community. Further, Pastor 1 has even hosted mental health panels. Pastor 1 stated,

> we had a panel of all young adults, and they discuss their mental health issues. They discussed what their diagnoses were. It is in church. How they've dealt with it, the stigma that comes with it and how they believe that the church has failed them a little. Oh, it was very interesting.

Pastor 3 stated, "I honestly believe but then there was such a stigma about it, but it's being recognized in the black community as a vital part of our wholeness."

Ignorance

Some of the pastors shared their personal experience with racism. Their personal experiences are used when helping parishioners navigate experiences of racism. Pastor 5 stated, "Yeah, I do have some experience in doing it since I've been passing. For 21 years, it sucks, man. Even working in the marketplace as a past, you know, so I kind of dealt with it from both perspectives."

Pastor 1 shared how his experience of dealing with racism helped to shape his

mindset:

> I've experienced racism. I've been spat upon. I've been called the N-word. I'd never thought I needed mental health. And I think a big part of it was in my growing up. I grew up in an environment where they always spoke to my dignity. So when what I encountered racism, I encountered it and my mindset was always from the position that that person is just ignorant

Theme 2: Religion

Spirituality

Each participant discussed aspects of using spirituality when assisting members. In most cases, the pastors discussed the use of the Bible and how it depicts people. In other scenarios, the pastors used spiritual themes and concepts to explain how to navigate racist environments. Pastor 4 shared her experience of how they used scripture to assist parishioners navigate racist environments:

> You can't stop what somebody else thinks about you or what they do to you. But you can decide your response and depending on where you are in your relationship with God and how you see yourself and your spiritual identity is how you respond to that. So that's the spiritual component that that that I'm talking about.

Pastor 2 shared his experience of using the Bible as a reference of how God views everyone equally:

> Also, let them know that the Bible clearly states that God is not a respecter of person. And so, God views all of us of the same playing field. After that, I am a

big advocate of the church and the medical field working together.

Pastor 5 stated that he uses the Bible to help people learn their identity in relation to scripture to assist them in navigating an experience with racism that affect their mental health:

> I come from a biblical perspective that we all created in the image of God. You know, the Bible never looks at race. It has two classifications those that are sons of God and those who are, you know, heathens a worldly, unsafe people. You know, the Bible never uses race to divide, racism is something that is manmade.

Pastor 4 expounded on her perspective as viewing the situation in terms of interacting spiritual concepts:

> How do I define mental health, it's the if it's more of the soul issue man versus the spiritual man, the Salish man deals with the natural phenomena of who we are as Earth beings and then how our social status, stratum socialization, educational experiences, family experiences, work experiences or vocational experiences

Pastor 5 and Pastor 4 discussed their use of spiritual concepts and his strategic approach in using to assist others. Pastor 5 stated that he deals with the person's spirit-man:

> And my strategy will be totally spiritual because that's who I am, you know, and I believe that the word of the Lord endures forever and is able to separate soul and spirit, as the scripture says. So, if I stick with the word. And be strategic in my use of the word. I would never have to deal with a person's emotions. I would only deal with their spirit man the real thing.

Pastor 4 stated, “Here again, and that kind of goes back to that spiritual piece. Let me help you. Love yourself.”

Self-Confidence

The pastors’ expressed assisting the parishioners in building their self-confidence. Each participant used scripture and spiritual concepts to boost the person’s confidence within themselves to assist them in navigating their environment. Pastor 4 expressed placing the suffering in context of a greater purpose:

> So, for people who are in the body of Christ and who suffer more than they probably should, they don’t understand who they are. They understand why God has placed them. And in the Earth realm and in certain locations and in certain positions, they don’t understand their inner light.

Pastor 5 stated having members discuss the confidence in knowing their identity: “And I believe that the first thing that I would suggest or talk to a person about is confidence. Confidence in who you are. And I believe that when you know who you are, then you begin to respond.”

Pastor 3 expressed using scripture to negate the negative messaging of racism with:

> Say someone can call me the N-word all day, but if I don’t see myself in a derogatory manner that does bother me and solve the spiritual component is let let’s go to the scriptures. Let’s find out who God says you are.

The pastors expressed instilling confidence in scripture to help the person navigate their environment and situations that pertain to racism. Pastor 1 stated

recognizing that the racism is blatant. Yet, he uses scripture to place the situation in a different perspective to better manage it:

> And let's look at some different perspectives in light of scripture, because a lot of times we see things. You know, there's a popular saying when people say it is what it is. And sometimes if that's not the case, it's what you declared to be. And what I'm finding is, is that what we're dealing with issues of racism. Yes, it can be blatant. Yes, it can be frustrating. But then how do we deal with it? That's how I approach it. How are we going to deal with it?

Pastor 4 stated using scripture to help people view the situation of racism from the position of victory and overcoming the obstacle considering scripture. The purpose is to help the parishioner realize they are not defeated by the encounter:

> Words of encouragement, words of edification. I'll take them to positive scriptures like, you know, you too hate and not to tell that there is no weapon this formed against you that still prosper, that this is the victory that has overcome the world, even our faith.

Pastor 3 stated, "let's assess what you did or how you responded versus to a more scriptural example."

Self-Awareness

Several pastors expressed helping people perceive and understand themselves in terms of being an individual. Further, they assist them in viewing themselves within the context of their values, beliefs, and emotions. Pastor 5 explained his perspective and using scripture to help members understand that all people are made in the image of God,

as one race.

> I come from a biblical perspective that we all created in the image of God. You know, the Bible never looks at race. It has two classifications those that are sons of God and those who are, you know, heathens a worldly, unsafe people.

Pastor 4 shared her perspective of the distorted image that society thrust upon people as whole. This image is an expectation and not the actual interpretation from scripture. Helping people to overcome distorted images moves them to place growth:

> You know, so we can't go by the movies called the Ten Commandments and, you know, all of that kind of stuff, and that's all manmade and that's what man is trying to project to distort the image of who you are

Pastor 2 explained his attempts to encourage them with positivity to discover who they are and build themselves back up from being impacted by an experience with racism: "I think it's good to encourage people to refine, find them to build them up, you know, and give them positive, you know, statements and things like that and positive confessions."

Self-Expression

Most of the pastors acknowledge that they allow parishioners who have had experienced racism that is cause mental issues, the opportunity to express their experience. It was a notable theme that the pastors are willing to listen to and allow them space to express themselves. Pastor 2 stated,

> Well, since I'm a pastor, the foundation of what I do comes from the word of God. And at first, I start out with listening because if a person comes to me and

> they've experienced trauma as far as their race is concerned and mentally, they can't get past that. I believe that people need to be heard because you can't assume that you know how to help them unless you know the full picture.

Pastor 1 had a panel discuss about mental health. During the panel he encouraged and allowed the parishioners to discuss their experiences and struggles:

> We had a panel of young adults, and they discussed their mental health issues. They discussed what their diagnoses were. It is in church. How they've dealt with it, the stigma that comes with it and how they believe that the church has failed them a little.

Pastor 5 shared that he allows members to express themselves and their experiences. He further elaborated that traumatic experiences may be carried generationally: "there was a lot of abuse that was never exposed or talked about, and people lived in it. And you're talking about carrying it mindset from one generation to the next."

Theme 3: Professionalism

Limitations

The pastors recognized and acknowledged their limitations with certain situations pertaining to mental health. The pastors made it clear that they are not trained professional counselors and are willing to refer when needed. Pastor 2 expressed the requirement of being a professional therapist:

> I believe it's pretty much like anyone else being licensed. I believe a person has to go through a set of training. A person has to be educated. They have to pass a

> series of tests, whether it be book knowledge, or I believe that they need to possess a strong skill set as relates to people skills.

Pastor 3 acknowledged the limitation of assisting someone with depression. When he believes he is dealing with an issue that requires professional assistance he will refer them:

> I don't want you to go and waste the counsellors time for things that when really these are areas that you could really fix. But again, I have someone who's really depressed, and we've done our part, then we're going to refer them to someone else.

Pastor 3 also expressed a desire to not operate outside of the professional role of a pastor:

> I have never received trade and I just because that was just not my area of expertise. I just now I do. I do partner with people that do that. And I refer that I believe, especially as pastors, that the most dangerous thing that we can do is operate out of our areas of expertise.

Pastor 1 expressed that he may not be able to handle the root of the issue. When he believes he cannot address the core issue, he refers them to a professional therapist for assistance. Further, pastor 1 believes a team approach is important to assist the individual:

> I'll give them scriptural guidance for comfort. But to deal with the root of the issue, I always refer people out to mental health professionals, you can pray all day and scripture all day, but I believe that a team approach is usually best.

Trauma

Most pastors expressed viewing the mental health issue related to racism within the context of trauma. This trauma can manifest itself as a societal issue that can have individual impact. Further, it can be oppressive for generations for the groups that it impacts. Pastor 2 shared his perspective on the societal impact of racism on people's mental health:

> Because of what we have based here in the United States of America. As a societal issue, as well as a personal issue, because this person that come to me. It's like this. When you suffer any type of trauma. Then. Anything? That you hear or witness in relation to what effect you. It's going to be a trigger.

Pastor 3 shared his perspective of how the effects of oppression can have unaddressed mental health issues that can be generational:

> Unaddressed issues are that no doubt as a society that has just been swept under the rug and especially for the people that have been oppressed. You know, sometimes the oppressor doesn't fully understand certain actions, certain laws, certain legal things that have been put in place just. Put in place to oppress another group of people. And it goes from generation to generation.

Pastor 5 expressed his perspective on the traumatizing effect of structural racism: "that's important because I believe that structural racism is designed to tear down and destroy who you are to get you to believe that you don't really have an origin."

Dual-Approach

Most of the pastor's recognized that an approach that incorporates aspects of

professional counseling and spiritual counseling can be beneficial to situations pertaining to mental health issues related to racism. The approach that the pastors discussed to incorporate both varied based upon the pastor. Pastor 2 stated discussed referrals to trusted professionals that the pastor is familiar with:

> then that person that's in front of me getting counseling. I believe that will help them to feel more comfortable saying, you know what, a pastor, a trusted source advised me to go speak to someone. Who is educated in this area? Just like I've been educated on dispensing the word of God, there are people that have been educated to help people to deal with mental illnesses.

Pastor 1 expressed a recommendation that pastoral teams should have a licensed therapist on staff:

> But to deal with the root of the issue, I always refer people. Out to mental health professionals, you can pray all day and scripture all day, but I believe that a team approach is usually best. … I would say this, though, I think that every pastoral team should have a license.

Pastor 4 shared that professional counselors should learn and be educated on aspects of spiritual concepts:

> So, you have to understand that the natural part of the mind, which comes with licensing and the study of the mind and how people think the study of the thought processes of man and the mental capacities of man and all that is important. And then you also have to study the word of God. So, I think you should be licensed both spiritually and naturally.

Summary

The data for study was collected via recorded semi-structured interviews with five African American pastors. Each of the interviews were conducted and recorded via Zoom. The interviews were transcribed via NVivo software. The researcher identified three main themes and nine sub-themes. The three main themes were racism, religion, and professionalism. The nine sub themes were systemic racism, stigmatization, ignorance, spirituality, self-confidence, self-awareness, self-expression, limitations, trauma, and dual approach. This study consisted of one main research question and four sub research questions. The research question for the study was: What are African American pastors' experiences of providing non-licensed counseling for mental health issues related to racism? Chapter 4 described the procedures involved in data collection, data analysis, and the summarization of themes. Chapter 5 will discuss the interpretation of the findings, recommendations, and implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this phenomenological study was to explore and describe African American clergy members' experiences of treating race-related mental health issues. As stated, African American experience a myriad of mental health issues as a result of racism. However, this population prefers to seek out assistance with their mental health issues from pastors as opposed to professional counselors. To achieve the purpose, I interviewed five pastors with churches who members primarily identify as African American. The pastors were asked interview questions to elicit responses and gain insight about their experiences and approach in managing race-related mental health issues among their African American parishioners, their understanding of mental health, racism, their training, and their approach to approach to counseling. The pastors' responses were analyzed to identify themes among their responses to provide an overall description of approaches and attitudes of the pastors when conducting non-licensed counseling for African American clergy members for race-related mental health issues.

Interpretation of Findings

This descriptive phenomenological study allowed for the study of the lived experienced of African American pastors' providing non-licensed counseling for mental health issues related to racism. The participants discussed their experiences of providing non-licensed counseling to members of their church. The data analysis for his study was based on the descriptions provided by the participants in response to the interview questions. As a result of the phenomenological study three main themes and nine subthemes were revealed. The three main themes were racism, religion, and

professionalism. Racism was identified as the first theme, which produced three subthemes: systemic racism, stigmatization, and ignorance. The second theme was religion and produced four subthemes: spirituality, self-confidence, self-awareness, and self-expression. The third theme identified was professionalism and produced three sub themes: limitations, trauma, and dual approach.

Clergy members lack traditional training to address significant mental health issues (Dempsey & Gaither, 2016). This study confirmed this notion given that the pastors acknowledge their limitations when dealing with certain mental health issues and being willing to refer to professionals. Pastor 3 provided an account of acknowledging his limitation: “I have someone who’s really depressed, and we’ve done our part, then we’re going to refer them to someone else.” Pastors have indicated a willingness to work with mental health agencies to provide counseling services (Dempsey et al., 2016; Gross et al., 2018). Several comments were made by the pastors in this study that indicate a willingness to collaborate with mental health professionals. Pastor 1 made two comments indicating such willingness.

> But to deal with the root of the issue, I always refer people. Out to mental health professionals, you can pray all day and scripture all day, but I believe that a team approach is usually best. … I would say this, though, I think that every pastoral team should have a license.

Research has identified the general goal of pastoral counseling is not to reduce symptoms of identifiable psychological issues but rather that the primary focus is the message of the cross and instilling hope in Christ (Leins, 2021). There is no emphasis on

therapeutic protocol or research-based behavioral adaptation (Leins, 2021). The findings in this research study support this notion; the participants in this study made clear that they are not licensed professional counselors. Their approach is centered on the incorporation of scripture and biblical teaching to assist people navigate mental health issues pertaining to racism. An example of this is evident from a statement made from Pastor 5: “I come from a biblical perspective that we all created in the image of God. You know, the Bible never looks at race.”

Pastors often provide mental health support to the African American community, but since most are not licensed mental health professionals, they may not be addressing significant mental health issues and not fully addressing their mental health needs (Dempsey & Gaither, 2016). This study confirms these findings. The pastors recognized their limitations and acknowledge where they are capable of assisting people with their mental issues related to racism from a spiritual perspective. Many of the pastors in this study stated they refer people to mental health professionals. Pastor 1 expressed sentiments acknowledging not fully addressing the mental health need of a person, “But to deal with the root of the issue, I always refer people out to mental health professionals.”

Research indicates counseling informed by this approach may yield more culturally relevant and consistent techniques for this demographic (Iheanacho et al., 2021; Nguyen, 2020). African American use religious practices and resources as pivotal options for coping with mental health stressors and issues (Taylor et al., 2021). The findings of this study support these notions. The participants in this study implement

spiritual resources such as prayer, devotions, scriptures, and the Bible to assist Black people to cope with mental issues related to racism. These resources resonate with members of the African American community.

Limitations of the Study

A limitation of this study was the sample size. A sample size of five was adequate to provide a variety of responses and experiences, but a larger sample size with different and more denominations would have been more ideal. With the limited number of pastors from a small group of denominations, it was not probable to identify the differences among pastors from the denominations not represented. Further, it cannot encompass the entire African American pastor population.

A second limitation was that most of the pastors interviewed were from the northeastern region of the United States. African American Pastors from different regions and states may possess different experiences. These different experiences could impact their approaches and beliefs about their clergy members mental health related to racism. Further, the implementation of the spiritual resources and the reasoning behind them may be different.

A third limitation of this study was the utilization of snowball sampling. The use of this recruitment technique indicates that the sampling population comes from common forms of multiple experiences aside from the phenomena being studied (i.e., church community, denomination, location etc.). Each of the pastors in this study associate with a non-denominational church. This may have been a by-product of the snowball sampling.

A fourth limitation was the time limit of 60 minutes to conduct the interview. Pastors tend to have a busy schedule with running an entire congregation and leading ministry. These endeavors require much of the pastors' time. Therefore, the 60-minute limitation was set in place to be mindful of the other obligation that the pastors have. This time limit placed a limit on the number of questions that could be asked within the time frame.

Recommendations

This current study contributes to the body of research related African Americans, mental health, racism, religion, and spirituality. But more research is still needed to assist in contributing to the limited body of existing research within these topics. There are several recommendations that can be made to help advance this study. The first recommendation is that the study be conducted with a larger sample size, research participants from different regions, and broader denominations. Further, the study could be focused on the parishioners who received non-licensed counseling for mental health issues related to racism from their pastors as opposed to professional counselors. The information yielded from that study could further help inform the counseling community on how to work with African American clients view their religion, spirituality, and pastor as important mechanisms for coping and healing resources.

Additional research could focus on the attitudes of African American pastors towards professional counselors. Some research indicates that pastors are reluctant to refer members of their church to professional counselors. According to Heseltine-Carp and Hoskin (2020), clergy are encounter and are accustomed to identifying and referring

major mental health issues to health care providers. Further research is needed to measure the attitudes of pastors toward mental health providers as a means of referral.

I also recommend that when beginning the interview to inform the participants that the responses and interactions can be causal. On several occasions, the research participants were very formal in the beginning of the interview then, as the interview progressed, appeared to be more casual. The casual way they communicated allowed for more elaboration of their answers, which offered further insight.

A fourth recommendation could be the incorporation of pastors from different regions of the country. This study included pastors from states within the northeastern r United States. The interviewing of pastors from broader states and regions of the country could yield different or similar results. The pastors from different regions could yield different attitudes or approaches to assisting parishioners.

Implications

There are several implications that can be made because of the data collected from this study. The main insight gathered from this phenomenological study is rooted in identified themes from interviewing the pastors. The results of this study indicate that the counseling field can increase its presence within the African American community. Mental health professionals can collaboratively work within the Black church to inform pastors and their congregation about mental health and how racism can contribute to mental health issues. This helps to inform the African American community about the benefits of mental health and provide support to pastors for them to refer members of their congregation to mental health counselors they are familiar with. This could have an

impact for positive social change at a community level.

The insight gained from this study can have an impact on mental health counselors, African American pastors, and members of their congregation. The role of the pastor as a spiritual leader and counselor are consistent with research (Dempsey & Gaither, 2016; Hankerson et al., 2021; Jackson, 2015; Payne, 2017). This revelation holds true for the pastors interviewed in this study. Therefore, a collaboration between mental health providers and pastors could result in referrals for a vulnerable population in need of mental health services from mental health issues. This could have an impact for positive social change at a community level for the African American community and the mental health field.

The findings in this study suggest that African American pastors are willing to collaborate with mental health providers. Pastors frequently mentioned the need to refer however had limited referral options (Payne, 2017). Some pastors, within urban settings, were aware that counseling would be a factor in their role; however, they were not aware of the amount of time it required (Payne, 2017). This presents a possible opportunity for the mental health field to establish a rapport with pastors to better address the needs of the African American community. The results of this study align with prior research, pastors are willing to collaborate with mental health providers to provide a more holistic approach to mental health treatment. This could have a positive impact within the African American community given that the pastors would prove to be a valuable resource in explaining the role that spirituality has in the mental health for the Black community. Research supports the notion that clients who view spirituality as an important aspect of

their life would prefer to address spiritual issues in therapy sessions (Charzyńska & Heszen-Celińska, 2020).

This study also confirmed previous research that pastors focus on the installation of hope and the use of scripture (Leins, 2021). Within this study, the pastors confirm the use of scripture and development of the person's spiritual foundation to assist them in navigating their environment. This study does confirm that pastors are aware of and sensitive to the different mental health issues and need guidance for minor emotional issues. This is confirmed in previous research studies of pastors recognizing their limitations within the practice and scope of mental health (Payne, 2017). It is clear, based on the participants' responses, that African American parishioners respond well to the implementation of spiritual themes within counseling to address negative issues associated with racism. This can have a positive social change impact for both the field of professional counseling and the African American community. Through collaborative researcher with the Black church, professional counseling could conduct further research on the proper means of incorporating spiritual concepts into counseling sessions that resonate with the African American population.

Conclusion

The purpose of this phenomenological study was to explore and describe African American clergy members' experiences of treating mental health issues related to racism. This population prefers to seek out assistance with their mental health issues from pastors as opposed to professional counselors. To achieve the purpose of exploring and describing African American pastor's experience of treating race-related mental health

issues, I interviewed five pastors with churches who members primarily identify as African American.

Three main themes and nine subthemes were revealed. The three main themes were racism, religion, and professionalism. Racism was identified as the first theme, which produced three subthemes which included systemic racism, stigmatization, and ignorance. The second theme was religion. This theme produced four subthemes of spirituality, self-confidence, self-awareness, and self-expression. The third theme identified was professionalism. This theme produced three subthemes: limitations, trauma, and dual approach.

The findings in this study suggest that African American pastors are willing to collaborate with mental health providers. The counseling field can increase its presence within the African American community. Mental health professionals can collaboratively work within the Black church to inform pastors and their congregation about mental health and how racism can contribute to mental health issues. This helps to inform the African American community about the benefits of mental health and provide support to pastors for them to refer members of their congregation to mental health counselors they are familiar with. Within this study, the pastors confirm the use of scripture and development of the person's spiritual foundation to assist them in navigating their environment. This study does confirm that pastors are aware of and sensitive to the different mental health issues and need guidance for minor emotional issues. This is confirmed in previous research studies of pastors recognizing their limitations within the practice and scope of mental health.

Professional counseling has been evolving for decades to incorporate new approaches and techniques to better serve people of diverse backgrounds. The process is difficult but necessary given that the lived experiences of people are unique and different across races. The counseling profession has had trouble drawing African Americans to seek professional counseling services for some time. A different approach may need to be considered. Spiritual concepts and themes have been coping mechanisms to assist African Americans navigate the mental rigors of racism for generations.

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Appendix A: Interview Questions

Interview Questions:

1. How do you define mental health?
2. How do you define racism?
3. How do you define a mental health issue?
4. How do you define mental health issues related to racism?
5. What is your understanding of mental health licensing?
6. How do you provide counseling for mental health issues related to racism?
7. Have you received any training on professional counseling? If, so, how was it?
8. Describe how you approach treating mental health issues related to racism.
    a. How do you view the situation

Appendix B: Demographic Questions

The demographic questions that were asked are as follow:

1. What is your age?
2. What is your sex?
3. How many years have you been pastoring?
4. What is your church's denomination?
5. What is your education level?
6. What is your degree in?