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African American Baptist Pastors' Experience Counseling Congregants with Emotional Distress in the Role of Mental Health Providers

Patricia W. Brown-Irby
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Walden University

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Patricia Wesley Brown-Irby

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Walden University

2024

Abstract

African American Baptist Pastors' Experience Counseling Congregants with Emotional
Distress in the Role of Mental Health Providers

by

Patricia Wesley Brown-Irby

MA, Richmond Graduate University, 2006

BS, University of Saint Francis, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the degree of

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Abstract

The rise of emotional distress and other mental health issues in the church is a significant concern. African American congregants depend more on their pastors to assist them with issues such as emotional distress, stress, finances, and marital discord. As an essential institution in the community, the church represents the ideal setting to address many of the issues experienced by congregants. Role theory was used as the theoretical framework, as roles often entail particular risks and benefits that can differ depending on human traits, historical periods, and cultural settings. The methodology was qualitative, interpretative phenomenology; interviews were conducted with African American Baptist pastors who counsel congregants with emotional distress. The research question explored the lived experiences of African American Baptist pastors as mental health providers. Responses from the in-depth, semistructured interviews were analyzed, coded, and categorized to determine themes (i.e., roles, values, and beliefs; experience as a mental health provider; and mental in the church and community). The results provided insights into how African American Baptist pastors think, feel, and view their role as mental health providers for congregants experiencing emotional distress. The results also revealed the importance of pastors knowing and acknowledging their limitations to provide adequate mental health care. To effect positive social change, African American Baptist pastors must understand how their perceptions, beliefs, stigmas, and behaviors affect their congregations and communities. Increased awareness of emotional distress experienced by their congregants will enhance pastors' ability to effectively counsel them and reduce the stress experienced by pastors challenged by their different role demands.

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Chapter 1: Introduction to the Study

According to White (2019), 20% of African American congregants deal with an emotional distress episode, including suicidal thoughts. White noted, as well, that statistics from the United States Department of Health & Human Services office of Minority Health showed that African Americans are 20% more likely to experience serious mental health issues than the general population. Also, the US Department of Health and Human Services(2021) indicated that in 2020, suicide was the third leading cause of death for African Americans ages 15-24 and 55-80. Walrond (2020) and Chatters et al. (2019) stated that increasing numbers of church members have mental health problems due to changes in their lives. Verner (2021) found that the most significant increase in mental health-related issues has been among African American adults aged 50+. Lumpkins (2022) found that the African American church is seeing an upsurge in mental health difficulties and concerns. Likewise, Chatters et al. argued that older African Americans are dealing with more life situations, causing increased emotional distress that is often not readily recognized. Even though many rely on spirituality and attend church regularly, it is essential to teach them that it is all right to seek treatment because it can make all the difference in recovering.

Lumpkins (2022) observed that the African American church is the epicenter of African American culture, where the community receives spiritual solace and sound advice. Copeland (2019) found that the African American church and the pastor are essential in supporting congregants with life problems, obstacles, and physical and mental health issues. Copeland also remarked that the African American church has played a crucial part in the growth and survival of African Americans. One out of every

three African American Baptist congregants admits feeling sad, melancholy, or hopeless for a month or more. Madison (2019) stated that African Americans look to their pastor for family, mental, and physical health issues, whereas other communities seek outside assistance. Likewise, Allen et al. (2010), Hardy, (2014), and Neighbors et al. (1998) argued that when congregants need help, they turn to a pastor as the first mental health outreach. Madison (2019) and Solomon and Wilson (2018) believed that data indicates that many African American families oppose professional mental healthcare due to negative ideas and attitudes towards mental health and that they instead frequently seek assistance from pastors. In addition, African Americans have historically turned to the church for support and assistance with personal concerns due to their perception of the church as a reliable local institution. Because of the community's intense distrust of societal mental health services, the African American church has historically served as an informal provider of mental health services (Hays, 2015; Rowland & Isaac-Savage, 2014).

In a survey of 168 respondents from 1,207 (13.9 % response rate), senior pastors of the Baptist General Convention in Texas perceived emotional distress, like depression, as progressive. They encouraged appropriate mental health treatment (Sanford & Philpot, 2011). However, the authors noted that the pastors were middle-aged, highly educated, and predominately Caucasian, limiting the generalizability of the findings. While some researchers suggest that African American Baptist pastors have positive attitudes, more research is needed to learn how this group views and responds to their congregants' mental health issues.

There is limited information about how African American Baptist pastors deal with their emotions when congregants present with signs of emotional distress (Taylor et al., 2005). White (2019) explored the perception of African American clergy regarding mental health services. However, the study by Hays and Payne (2020) is one of the few to investigate the clergy's perspectives on mental problems critically. Hays and Payne evaluated clergy of various denominations exploring how they handled church members who were suicidal or dealing with PTSD or anxiety. The findings shed light on a poorly understood aspect of mental healthcare. Further research is needed to determine whether seminaries and other theology schools teach clergy how to combine their religion, experience, and education while counseling congregants experiencing emotional distress and how this affects their ability to assist them.

Consequently, it is crucial to comprehend the lived experiences of African American Baptist pastors in their role as mental health providers when congregants reveal emotional distress. Copeland (2019) argued that some African Americans do not view pastoral counseling as actual counseling because the services are not rendered in a formal setting. Consequently, according to Tarver et al. (2021), the significance of the pastor's position illuminates the members' expectations when they approach them with mental health issues. According to Allen et al. (2010), the pastor is the first level of mental healthcare for many congregants. As a result, the pastor plays a significant role in the lives of those in the church, assisting with life problems, challenges, and even severe mental or physical health issues (Chatters et al., 2011). Lefevor et al. (2022) noted the vital role African American pastors play in influencing their congregations' mental health treatment-seeking behaviors. African American pastors are recognized as reliable mental healthcare

providers for their congregations, according to Pickard et al. (2019) and Copeland (2019). In addition, Mattis et al. (2007) found that the pastor and the church provided many African Americans with alternatives to established mental health services. Dein (2020) concurs that African American pastors are seen as a significant source of support for individuals in the Black community experiencing emotional problems. According to Avent et al. (2015), regardless of their experience or expertise in mental health, African American pastors are respected as reliable providers of emotional treatment in the African American community because of their role. Roughly two in five African American congregants self-identify as Baptist (Pew Research Center, 2009). Campbell (2021) found that mental health is viewed differently in the Black community and is often seen as a big issue. Collins (2015) claimed that congregation members look to the pastor for advice and insight on anything from personal struggles to spiritual growth. As a result, many African Americans turn to their African American Baptist pastor for comfort when in an emotional crisis. Likewise, Blank (2019) and Avent et al. (2015) found that many church members are clinically depressed but ignored because African American Baptist pastors are more likely than other pastors to attribute emotional distress symptoms to spiritual causes. Furthermore, African American Baptist pastors emphasize biblical counseling and beliefs like sin, guilt, forgiveness, redemption, and salvation when congregants disclose emotional distress (Banks, 2014; Payne, 2014).

Therefore, according to Dein (2020) and Copeland (2019), pulpit decrees and pastoral communications significantly impact group thinking about mental health issues and care.

Montgomery (2020) noted an incident when she attempted suicide. She noted that she was a faithful member of her church, but when that happened in the eyes of the church,

she had committed the greatest sin. She was in an emotional crisis but was afraid of being labeled. Montgomery expressed her pain because her pastor offered no help for her mental health crisis. She notes that he prayed and offered her scripture text. Payne (2009) asserted that African Americans may seek assistance with emotional distress from family, spiritual leaders, and professionals. Clark et al. (2013) and Bryant (2021) indicated that cultural beliefs and stigmas associated with seeking outside counseling equated to poor faith and shame and negatively burdened the person. In addition, for African Americans, many family traditions are tied to the church and pastor. Therefore, congregational members in the African American Baptist church view the pastor as an alternative resource for mental health; therefore, the pastor's messages regarding mental healthcare disseminated from the pulpit influence how African American congregants view and seek mental health treatment (Avent et al., 2015). The juxtaposition of counseling and the African American pastor is unique and understudied (Gonzalez et al. 2011).

Although studies have explored African American Baptist pastors' perceptions of mental health (e.g., Gaffney, 2016; Hankerson et al., 2013; Hays, 2015), no research has explicitly focused on how the pastor's role as a mental health provider is experienced. Understanding the African American pastor's lived experience as a mental health provider and providing spiritual support to Black congregants offers promise for redressing ethnicity-related health inequities in mental health (Copeland, 2019; Karadzhev & White, 2020). For example, Crenshaw (2015) concluded that only 22 or one-third of African American pastors had specific training or preparation to counsel survivors of someone who committed suicide. Raising awareness through this study may aid in understanding the history and relationship between religion and mental health in

the African American community; this may assist African American Baptist pastors in reflecting on their role as mental health providers and their interactions with congregants who express emotional distress to promote the mental health of individuals and families within the church.

In this study, I cover several topics about the history and character of the African American Baptist church in the African American community, the role of the African American Baptist church in the African American community, and the role of the African American Baptist pastor in congregants' lives. First, the background section will offer a short overview of the literature on African American Baptist churches and pastors, exploring the literature gap and the need for the proposed study.

Background

According to Bryant (2021), the Black church became an institution that the African American population easily accessed and trusted, as religion was a solace during times of enslavement. Furthermore, Adkinson-Bradley et al. (2005) and Copeland (2019) found that the church became a safe place for African Americans to organize themselves internally. The researchers examined the psychological and social strengths of the African American church. They concluded that for the counseling profession to collaborate with the African American church, they need to understand the religious experience of African American congregants and the lived experiences of African American pastors because of their influence in the African American community regarding mental healthcare.

For many, the African American Baptist church became a way to find personal identity and role development (Allen et al., 2010). Samuel (2019) established that the African American church is the stronghold of the African American family and community.

The African American church gave African-Americans helpful ways to cope, which were needed to survive their often inhumane environment (Sutton, 2020). The church became a popular gathering place for social gatherings and where people might find spiritual fortitude to face reality. According to Adkinson-Bradley et al. (2005), the church's role was significant for African American men who could not openly assert themselves and assume male roles. The African American church gave African Americans a sense of control and power because African Americans created, owned, and operated the organization (Morris & Robinson, 1996). Today, the African American Baptist church offers a home-like atmosphere for its congregants, an environment where they can be open and comfortable (Sutton, 2020). According to Blank et al. (2002), Sutton (2020), and Samuel (2019), the African American church is a place of hope, safety, and support and somewhere one can turn when one needs physical or emotional help.

According to Allen et al. (2010), the African American church and the pastor are openings to mental health treatment for many members. Coleman (2022) discovered that pastors have emerged as key figures in providing mental healthcare for African Americans facing life hardships. Thompson et al. (2004) studied the attitudes and beliefs of African Americans toward using mental health services. The researchers agreed that African Americans are less likely to seek support from psychotherapists because they lack sensitivity and knowledge of the African American community and that ministers are their first contact. In addition, it is essential to understand how mental and spiritual health issues are blended among African American congregants. Coombs et al. (2021) found that African Americans were less likely to use outside mental health services due to inconsistent messages from church leaders. Participants in Coombs' study noted that positive messages

from someone you admired and trusted had more meaning and power. Frazier et al. (2005) examined the relationship between religious involvement and psychological well-being in older African Americans. The researchers found that African American Baptist church congregants perceive that the church provides sustenance, strength, assistance, and moral guidelines and serves as a source of unity, a community gathering place to help attain social, economic, and educational goals. Therefore, it can be noted that the African American Baptist church is a powerful force for African Americans (Allen et al., 2010). In addition, Coleman (2022) indicates that the African American church offers a vast array of socioemotional help addressing a spectrum of issues. In addition to supporting health, social well-being, and community development, the African American Baptist church serves as a platform for these causes.

Today's African American Baptist church emphasizes tackling life's challenges and the hardships that affect the African American community. However, they still have difficulty providing mental healthcare for emotional distress due to stigmatization and lack of education in the congregation on mental health issues.

Problem Statement

The African American church has learned coping mechanisms for many years. However, emotional distress is growing among African American Baptist congregants (Wimberly, 2019). Freeman (2019) observed that the African American Baptist pastor is a significant individual whose counsel and instruction are essential. Similarly, Campbell and Winchester (2020) concurred that African American preachers are sought for assistance in many parts of life, not only religious or spiritual ones. About one in two

African American adults experience a severe emotional episode (National Institute of Mental Health, 2012). One out of every three African American Baptist congregants admitted feeling melancholy or hopeless for a month or more. Despite this, many African American communities continue to embrace mental healthcare-related attitudes, beliefs, stigmas, and practices and view African American Baptist pastors as authoritative figures. As a result, pastors and congregations are stigmatized and reluctant to acknowledge emotional suffering (Farris, 2006; Gardner, 2013). Additionally, Lumpkins (2022) concluded that even though the pastor is usually placed in the first responder role, many African American churches, especially in the South, lack established mental healthcare ministries and the training to provide mental healthcare.

While some research suggests that African American Baptist pastors have positive attitudes, more research is needed to learn more about how this group views the mental health of their congregants (Gaffney, 2016). Currently, there is limited information about how African American Baptist pastors deal with their emotions in the role of mental health providers when congregants present with signs of emotional distress (Taylor et al., 2015). However, what is not yet understood is the relationship between the African American pastor's education, emotions, and role as a mental health provider in counseling congregants who disclose emotional distress.

In addition, Lummis (2006) found that challenges of limited education were addressed by producing and disseminating courses and educational resources to soon-to-be or already-ordained African American pastors without seminary or college degrees. Furthermore, Lummis found evidence that many seminaries had undergraduate-level programs for those in or headed for ministry in the African American church. However,

few offered counseling or mental health courses or training. Cohall and Cooper (2019) discovered that the role of the typical Baptist pastor has expanded beyond spiritual guidance and that the pastor must be educated in various fields. Despite the importance of Baptist pastors, the researchers discovered that much of their formal education had not been empirically examined. Cohall and Cooper also found that education and practical preparation for pastors in leadership roles in seminaries have not kept up with the changing roles of pastors. The researchers found that pastors often fail or can quickly burn out due to inadequate preparation.

As a result, little is known about how African American Baptist pastors handle their role as mental health providers for members who disclose emotional distress. Based on their influence over congregants, as concluded in a study by Allen et al. (2010), the research question for this qualitative study is to understand the lived experiences of African American Baptist pastors in the role of mental health providers to congregants with emotional distress. For individuals, churches, and communities to become healthier, it is crucial to comprehend the lived experiences of African American pastors as mental health providers and how this affects their pastoral care.

Purpose

In this study, I explored African American Baptist pastors' lived experience as mental health providers for congregants who disclose symptoms of emotional distress. Williams and Cousins (2021) noted that the role of the African American pastor has evolved into more than just standing in the pulpit every Sunday. Likewise, Simmons (2021) concluded that although African American congregants know mental health specialists, they still employ the African American pastor and the church to cope with

mental discomfort. However, Simmons (2021) also revealed that many African American pastors lacked adequate training to manage serious mental health problems. Therefore, research is crucial since pastors are typically the first to offer mental healthcare (Young, 2003).

Furthermore, according to Stanford and Philpot (2011), pastors with less mental health training were less attentive to the characteristics and symptoms of mental disorders. As a result, they had a more challenging time identifying problems. As a result, it is critical to understand what African American Baptist pastors go through as mental health providers and how that affects their attitudes and beliefs when their congregations disclose emotional distress symptoms.

. The study's findings could allow pastors and church leaders to raise mental health awareness and provide mental health services to African American parishioners. In this qualitative study, I investigated African American Baptist pastors' experiences in the role of providing mental health services/counseling congregants. and their experiences when congregants disclose emotional distress. I also explored African American Baptist pastors' attitudes and views on emotional distress and their effectiveness in their role as mental health providers. This exploration was necessary because the role of African American Baptist pastors in the church has changed, and they are addressing the psychological issues of African American congregants more frequently.

Research Question

The following question was constructed to depict and gain knowledge about the experiences of African American Baptist pastors when congregants disclose depression.

RQ: What are the African American Baptist pastor's lived experiences as a mental

health provider to congregants who disclose emotional distress?

Theoretical Framework

The theoretical framework for this qualitative study was based on role theory. Role theory in sociology and social psychology considers the most everyday activity to be acting out of socially defined categories. According to Soloman et al. (2018), role theory is concerned with the tendency for human behaviors to develop recognizable patterns that may be expected if one is aware of the social environment in which these behaviors occur. It describes these behavior patterns or roles based on the assumption that individuals acting within a given situation are recognized social identities or positions and that they and others have notions or expectations for behavior in that setting. In addition, Egaly and Karau (2020) maintained that each individual's role bears its own requirements for proper conduct, speech, and attire and that what would be appropriate for one function would be unsuitable for another; each individual plays multiple societal roles as they move from one situation to another in the course of a given day.

I discuss how role theory can be applied to further understand how the African American Baptist pastor experiences their role as a mental health provider for congregants who disclose emotional distress. For example, when the African American Baptist pastor encounters emotional distress, they may need to step into a different role, such as a mental health provider, to be able to interpret the situation. In that different role, they may need to think beyond spirituality to give the appropriate care needed at that moment. Egaly and Karau (2020) stated that, according to the role theory's essential premise, each individual plays multiple societal roles.

According to Chesner (2017), the origins of role theory are seen in the sociological version of role theory adapted by Moreno (1934), who introduced the role model and the role system. Moreno took the concept further by investigating the notion that each part played is unknowingly present within the individual, and that a given role will emerge when required, that the roles overlap, and when role one takes the spotlight, the others step aside (Crawford, 2018). In this concept of role theory, Moreno described what he refers to as the role system. Crawford explained that when assuming a given role, the role is a persona rather than a person, a character rather than a full-blown human being, and part rather than whole. For example, in a moment of high stress, when the African American Baptist pastor is faced with a mental health crisis, they may take on the identity of mental health provider rather than a pastor to address what needs to get done. Crawford (2018) explained that when a given behavior is called upon, it takes over, but it does not mean other roles are not still available or present. The spotlighted role is simply a part of the more extensive system. In other words, the African American Baptist pastor is still the pastor but just in a different role providing mental healthcare during the crisis.

Similarly, Biddle and Thomas (1966) described role theory as the language of roles in their seminal work. According to the theorists, this language has evolved from a few too many concepts, ambiguous to more clear ideas, and concept to operational indication. However, the theorists also remarked that role theory has weaknesses, such as a lack of clarity and vague language which can often be shared with other fields and disciplines. I examined concepts of role conflict, role ambiguity, and role stress as it relates to the African American Baptist pastors' mental health provider role.

Nature of the Study

For this study, I followed a qualitative method. According to Mahajan (2019) and Slevitch (2018), qualitative research methods can be linked to philosophy, psychology, and sociology, focusing on systematically explaining and analyzing the phenomenon.

Islam and Aldaihani (2022) noted that qualitative research is a method that allows one to explore or investigate the quality of relationships, activities, situations, or materials.

General and broad questions are the starting point for qualitative research. Typically, the researcher is a bystander.

According to Bloomberg and Volpe (2016), qualitative research focuses on interpreting phenomena in their natural setting to understand people's meanings of these settings. I aimed to discover the lived experience of African American Baptist pastors in their role as mental health providers when congregants disclose emotional distress.

African American Baptist pastors have been chosen for this study because nearly 40% of African American Baptist congregants use the pastor as their primary source of help for mental health issues (Farris, 2006; Openshaw & Harr, 2009). In addition, Harrison (2019) surveyed 160 African American attendees and found that 40-47% of African American congregants used the pastor for mental healthcare. Here, I was interested in understanding why congregants use the pastor as the first mental health responder rather than mental health professionals. A researcher in qualitative research is interested in understanding the meaning of a phenomenon for the target group being studied, according to Merriam (2009). The qualitative approach allows a researcher to (a) explore the human experience by focusing on the whole experience and not singular parts, (b) identify the meaning and essences associated with an experience, and (c) obtain firsthand descriptions of experiences

using interviews. Additionally, it is critical to understand how this experience affects their knowledge of mental health, their opinion of mental health, and the care they provide to congregants who disclose emotional distress.

A qualitative approach requires careful analysis and interpretation of the phenomenon. Considering what is known about African American Baptist pastors' interpretation and understanding of emotional distress, a qualitative approach allowed me to explore and reflect on their experiences as mental health providers. Additionally, snowballing or a homogeneous purposive sampling strategy was used to recruit 11 African American Baptist pastors for data collection. Purposive sampling is a nonprobability sampling that is used when the primary goal is to obtain a sample that accurately represents the target group (Kumar, 2011). Therefore, snowballing can be used because the first participants act as "seeds" to attract additional participants. For example, a research team member may give subjects information and encourage them to pass it on to others interested in the study. This process is repeated until the desired number or saturation point is reached (Kumar, 2011). My data collection process used semistructured interviews. Interviews in a semistructured format were used because they allowed me to construct questions pertinent to the study subject. As a result, the most critical aspects of the study were addressed. In addition, these interviews allowed participants to discuss other pertinent information (see Patterson & Higgs, 2005).

It was appropriate for this research to use a qualitative approach to explore how African American Baptist pastors interpret their experiences as mental health providers with congregants who disclose emotional distress and what meaning they attribute to this experience. My primary goal with this qualitative study was to use an inductive approach

to understand how African American Baptist pastors make sense of their experience as mental health providers.

Operational Definitions

These terms are pertinent to this qualitative investigation and are defined in this section to help the reader comprehend how the researcher employed the terms throughout the study.

African American: The ethnic identity of a Black person who is the descendent of (Black) enslaved Africans brought to the United States. This individual identifies as a person of African descent born in America after their ancestors were brought to America (Urban Dictionary, 2017).

African American Baptist Pastor: The first level of African American Baptist church leadership that ensures that church leaders under his leadership effectively meet their congregants and families' needs (Allen et al., 2010).

African American Church: An institution that emerged from slavery unrivaled in its historical influence on Black culture and among black people in education, economics, politics, art, music, counseling, and community outreach (Floyd-Thomas et al. 2007).

Congregant: An individual who attends religious services regularly. A person is part of a congregation (Merriam- Webster, 2019).

Assumptions

For this study, I assumed that the participants provided details of their encounters with churchgoers who express emotional discomfort. In addition, when congregation members express emotional discomfort, I assumed that the participants would discuss how they handled their role as mental health providers, how they responded as mental health

providers, and whether they experienced conflict, stress, or ambiguity in their role as mental health providers. Finally, I assumed that each participant could comprehend the questions and not need assistance or interpretation from a third party.

Scope and Delimitations

This study includes African American Baptist pastors from Atlanta, Georgia. This group was selected because its members are typical African American Baptist preachers. I followed the guidelines of qualitative research in selecting a few individuals for the study (see Creswell, 2013); however, the Baptist denomination offers an extensive sampling pool of participants. The selection in focusing on pastors instead of other forms of church leadership was due to the results and recommendations of Allen et al. (2010). According to Allen et al., the church leadership (pastors) are the focus for identifying how the messages or views of the pastor on mental health are transmitted to congregants. I did not, however, precisely explore the attitudes and viewpoints of the pastor coping with the emotional distress of the congregation.

I focused on the African American Baptist pastor in their role as a mental health provider. This group was selected because Allen et al. (2010) discussed the limited focus on the pastor and their lived experiences with mental health. Additionally, Lumpkins, (2022) and Payne (2008) identified the influential impact the African American pastor has on the church regarding messages and communication about mental health that affect the help-seeking behaviors of members. In addition, the African American Baptist pastor is considered the most powerful person in the church (Allen et al., 2010; Payne, 2008; Taylor et al., 2000). Hence I intentionally omitted other types of church leadership in this study.

Limitations

A limitation of this study involves the sampling population. The participants are self-reporting their experiences being mental health providers. African American Baptist pastors who were asked to participate in this study may have been reluctant if they suspected it would question their knowledge and beliefs. However, listening to each other's perspectives can give insight into how the other person feels and thinks.

Additionally, ensuring everyone feels respected in the process can create an environment where everyone feels safe enough to take risks without fear of repercussions or judgment. It was vital to provide participants with an understanding of terminology and accurate information. Allowing them to ask questions and obtain clarity regarding the study was vital to allay their fears.

The sole focus on a single denomination group for participants can create a limitation as participants represent only one group of African American pastors. Finally, the second limitation was that I focused exclusively on the firsthand accounts of African American Baptist pastors who offer to counsel congregants who expressed emotional distress. The semi-structured questions in the interview protocol form might generate a religious bias in their response based on their theological beliefs. African American Baptist pastors might have only disclosed what they deem necessary to uphold their theological convictions, regardless of whether it conflicts with their personal opinions (see Floyd-Thomas et al., 2007). Therefore, the response to interview questions may be limited or less descriptive due to this potential bias. Again, it was vital to provide African American Baptist pastors with clarity and allow them to express their thoughts and feelings while noting any forms of bias.

Significance of the Study

African Americans see their pastor as the gateway to mental healthcare. Therefore, individuals turn to the pastor for assistance with resolving life issues and emotional distress. In this qualitative study, I investigated how African American Baptist pastors' role as mental health providers, education, perspectives, and emotions influence their counseling of congregants experiencing emotional distress. In addition, the African American pastor is invested in the well-being of the African American community and is often the first line of defense when congregants face issues. Therefore, it was essential to understand how African American pastors view their role in mental health. Then, they can play an important role in devising solutions to reduce the negative perceptions, beliefs, and stigma around mental health among African American congregations.

Furthermore, this study may contribute to a better understanding of the church's need to look at mental health services which can potentially promote positive social change. A change in how African American Baptist pastors view mental health and provide mental health services can help change the view of the African American community about mental health and decrease the stigma associated with mental healthcare. This step alone would have a positive effect on the greater community.

Summary

This study on the lived experiences of African American Baptist pastors in their role as mental health providers counseling congregants with emotional distress is an opportunity for further research about how African American Baptist pastors view mental health and their ability to recognize when congregants need more intense mental healthcare. For this research, the participants were African American Baptist pastors in the role of mental health

providers who counsel congregants with emotional distress. The pastors who participated have access to congregations and communities influenced by their attitudes and beliefs regarding mental healthcare. Understanding this particular phenomenon is an opportunity to lend experience and understanding to (a) the African American community and (b) helping African American pastors understand and become more effective in providing mental health services. A literature review will identify the gaps in the current research and the study's significance in filling those gaps.

Chapter 2: Literature Review

Introduction

Historically, the church has served as a place where many African Americans experiencing emotional hardship find help (Brashears & Roberts, 2001; Wimberly, 2019). Samuel (2019) explains that the African American church is one of the most critical institutions in the lives of African Americans. According to Coleman (2022), the African American church is a refuge of trust and belief in the African American community. Okunroumu et al. (2016) and Brown and McCreary (2014) found that many members turn to the church for mental health options because of the African American church's prominence, and church leaders frequently serve as first responders to mental health problems. Therefore, it is unsurprising that emotional distress issues are visible in the church.

Furthermore, Rogers et al. (2012) completed a study of Protestant worshippers that found that 27% of families within the church dealt with some mental illness or emotional

distress. Clergy appeared to share similar experiences with mental illness among congregants of all denominations due to their role as mediators (Farrell & Goebert, 2008; Oppenheimer & Harr, 2009; Vander Waal et al., 2012). Pastors and clergy are frequently aware of their limitations and that people look to them for increasing support and guidance. Samuel (2019) discovered that, like primary care physicians, pastors are frequently first responders in mental health, working as natural community aids. Samuel also stated that many African Americans seek mental health therapy from their pastor because pastors provide them with comfort. Even though this core link may make them at ease while chatting with congregants, many pastors are conscious of their incapacity to differentiate between mental health disorders. However, according to Sutton (2020), many pastors feel obligated to help and be a resource for their congregants. Sutton also noted that it is a known fact and even expected that the African American church will meet the needs of its congregation. In a study by the National Institute of Mental Health (2017), approximately one in two African American adults experiences a severe emotional distress episode, such as depression or anxiety. Likewise, Davey et al. (2008), Jackson (2017), and Snowden (2001) stressed that African Americans have higher rates of emotional distress and lower rates of using mental health services. In addition, one out of every three African American congregants feel periods of melancholy or hopelessness for a month or more. Sutton (2020) described how church members with mental health difficulties suffer and struggle while they sit in church.

Nevertheless, African Americans frequently turn to the church for support and aid with personal concerns because they regard the church as a reliable local organization. However, emotional pain is stigmatized and rarely expressed among pastors and members

of African American Baptist congregations (Farris, 2006). Likewise, Bryant (2021) found that mental illness of any form needing mental healthcare was attached to negative stigma in the African American church and community. Bryant found that for some, there is a fear of being mentally ill or emotionally fragile. Mental illness is viewed as a deterioration of the relationship with God or a failure to be a good Christian. Sutton (2020) concluded that only 7% of pastors mentioned mental health in the church. In addition, Sutton noted that 92% of pastors reported discussing mental health only once a year or never. Likewise, Hays (2015) and Fitts (1985) concluded that the Black church's capacity to respond to mental health needs is hindered by stigma and often overlooked as a real problem.

Similarly, Mallico et al. (2016) and Bulkey (1993) suggested that the African American church must understand that mental health is more than demons at work. Moreover, according to Freeman (2019), the African American church is frequently the first location where African Americans seek mental healthcare. It is known that the African American Baptist Church has played a crucial role in the advancement and survival of African Americans (Farris, 2006; Franklin & Moss, 2000; Galli, 1999). Therefore, when congregants need help, they turn to a pastor as the first mental health outreach (Allen et al., 2010; Hardy, 2010; Neighbors et al., 1998).

Finally, the African American church has long provided informal mental healthcare due to the community's strong mistrust of society's mental health services (Hays, 2015; Rowland & Savage-Issac, 2014). Furthermore, Cook and Wiley (2003), Healy (1997), and Suite et al. (2007) indicated that mistrust was cited as a significant obstacle to African Americans obtaining mental health treatment in the former general surgeon's report on mental health in the African American community. These same authors also pointed to

a wealth of data that shows a particular and terrible history of racism ingrained in misdiagnosis and poor clinical management as the cause of the mistrust displayed by African Americans. Likewise, Samuel (2019) cited that African Americans worry they may be misunderstood or incorrectly diagnosed by mental health experts who are inexperienced with them or unsympathetic to their specific situations. As a result, many African Americans distrust mental health providers and feel they cannot provide the assistance they need due to their lack of understanding of culture, history, and experiences, so they turn to the pastor for mental healthcare.

There is limited information about how African American Baptist pastors deal with their emotions as mental health providers when their congregants show signs of emotional distress (Taylor et al., 2000; Williams, 2021). Taylor et al. (2000) noted that people were more inclined to use pastors for help with personal problems because they held a distinct advantage over other professional counselors. This view is supported by Allen et al. (2010), Samuel (2019), and Sutton (2020), who agreed that African American pastors have a significant role in delivering mental healthcare for congregants and their families. Furthermore, Samuel highlighted that decrees and sermons from the pulpit considerably affect collective thinking regarding mental health concerns. The African American pastor's role has expanded beyond simple pastoral care (Campbell, 2020; Chalfant et al., 1990; Chatters et al., 2011). Researchers noted that pastors face more adversity today, which typically negatively affects them personally and contributes to numerous mental health issues in their ministries. Samuel stated that the African American pastor plays an invaluable role in the mental health of the African American community.

Similarly, Bryant (2021) asserted that African American pastors impact the beliefs of their congregations on mental health treatment and therapy. Sutton (2020) notes in her study that most African Americans with mental health concerns, their families, and pastors thought a person could thrive spiritually while experiencing mental distress.

Avent et al. (2015), McMinn (1996), and Williams (2021) found that pastors tend to use primarily spiritual coping (God is first and primary) to help them deal with the issues they face with congregants. In addition, many pastors use biblical support and spiritual practices such as prayer when relating to spiritual coping. Finally, the researchers found that many African American pastors and lay leaders felt unprepared to deal with some emotional distress and more severe mental health issues. However, many hesitated to refer to outside mental health professionals, even with limited competency. In addition, Samuel (2019) cited that pastors may have less access to education and training to prepare them to counsel in interacting with congregants battling mental health issues. Samuel noted that 70% of pastors had little to no training.

Payne (2013) showed that only 25% of pastors had adequate educational training or experience to support effective mental health counseling of congregants. However, in contrast to the above, Walker (2022) contended that pastors need just the Bible to give adequate mental healthcare. Walker stated that many pastors might not be qualified or accredited as counselors, but in their meetings, they fundamentally apply the principles of positive psychology. According to Walker, the Bible may be used as a sort of positive psychology that counsels on poor self-esteem. Through scriptural application, he argued that counseling aims to heal and restore the spirit, human emotion, and sentiments. Walker argued that educating pastors in secular counseling techniques and models will hinder their

capacity to assist congregants based on shared culture. However, Lumpkins (2022) found that the majority of African American congregants' attitudes toward healthcare and mental healthcare are heavily influenced by the church, where it is common to overlook some human illnesses, such as emotional or mental distress.

Lumpkins also stated that a lack of education and a reluctance to work with mental health specialists are significant contributors to substandard mental healthcare. She also observes that some pastors have admitted to incorrectly recognizing and treating mental health disorders by attributing them to a lack of faith or spiritual weakness.

Historically, the African American Baptist church has been a dependable communal resource. However, limited available literature addresses the role of pastors as a mental health provider and their response to congregants who disclose emotional distress (Taylor et al., 2000). Samuel (2019) stressed that empowering African American pastors with the proper educational skills, tools, and resources to implement effective interventions is crucial. However, Avent et al. (2015), Chatters et al. (2011), and Neighbors et al. (1998) found that African American Baptist pastors are likelier than other pastors to attribute emotional distress to spiritual causes. Avant et al. recruited African American pastors because of their experience with their congregations. The researchers concluded through unstructured interviews that each African American pastor participant experienced increasing emotional distress from their congregants. The participants noted that someone was always going through something. The participants focused on spiritual causes of emotional distress and the importance of relationships with God. Several pastors referred to emotional distress as fear and what the enemy uses to attack faith. According to Lumpkins (2022), African American Baptist Christianity offers the ideal setting for

emotional suffering, implying that infallibility and perfection are the hallmarks of a good Christian. This perspective is frequently expressed in sermons that set the tone for hesitancy and opposition to mental healthcare.

Similarly, Samuel (2019) cited that counseling congregants are a new role and responsibility for African American pastors. The culture often believes that any form of emotional distress stems from internal turmoil resulting from sins, trials, and tribulations. Also, along this line, Montgomery (2020) stated that for African American congregants, the belief that is instilled in the culture is that if they have a problem, they should go to God. A person's faith is questioned if they seek other help. Subsequently, this is seen as not trusting God. Frequently, African American pastors think that the individual must be cured via prayer or by bringing it to the altar.

On the other hand, Chatters et al. (2011) discovered that African Americans frequently turned to their pastor for help with critical personal issues. However, those issues often overwhelmed them due to a lack of knowledge and training. Likewise, Samuel (2019) completed a study where she surveyed 17 African American pastors. Fifty-two point nine percent claimed having had some mental health education and training, whereas 41% reported receiving little to no mental health education and training. Samuel found that mental health training and literacy are essential in assisting pastors in identifying the most suitable and essential solutions. Likewise, Lumpkins (2022) concluded that education, theological beliefs, and experience affect how African American pastors view mental health and provide mental healthcare.

Chatters et al. (2011) noted that further research was needed to examine the experiences and attitudes of African American pastors toward severe emotional distress

and suicide in their congregations. In addition, African American Baptist pastors were also frequently seen emphasizing biblical therapy and ideas such as sin, shame, forgiveness, redemption, and salvation to address emotional pain. Additionally,

Stansbury (2018) and Rowland and Issac-Savage (2013) found that most African American pastors provided pastoral counseling or referred congregants to internal ministries to help increase their faith when they complained about emotional distress. Banks (2014) and Healy (1997) concluded that African Americans had viewed severe emotional distress as indicating a spiritual weakness or lack of faith. The researchers noted in both studies that participants agreed that the church has been silent on issues related to mental health. Many participants also determined that these various forms of emotional distress issues were poorly understood and often avoided. In addition, Montgomery (2020) stated that the African American church needed to be more open about mental health issues because they are as common in the church as physical issues. Montgomery also stated that congregants should not be demonized but helped through the problem. Likewise, Farris (2006) and Bulkey (1993) revealed that African American pastors had a low opinion of mental health and frequently employed spirituality to counsel members of their congregations. Samuel (2019) reported that several African American pastors considered mental suffering a deficiency in character, a show of weakness, or a private affair. Many African Americans consider mental illness an embarrassment and a reflection of their character.

In contrast, Walker (2022) contended that pastors provide Christian counseling as part of their ministry. In addition, he stated that counseling in a ministry environment is

theologically grounded, which means that the outcome of any counseling session is that the individual will be helped under cover of God's righteousness and not science.

Chandler (2009) and Rainer (2019), on the other hand, both concluded that because of their limited understanding of mental health issues, pastors risk burning out due to the high demands of ministry and counseling, which might deplete their emotional, cognitive, spiritual, and physical resources and reduce their efficacy. Rainer (2019) also noted that few pastors are equipped and trained to deal with the steady stream of mental health crises they see today. Although studies have explored African American Baptist pastors' perceptions of mental health (Gaffney, 2016; Hankerson et al., 2013; Hays, 2015), no found research has explicitly focused on how African American Baptist pastors experience their role as mental health providers.

To understand the study's topic, I analyzed the literature on the history and character of the African American church, the role of the African American Baptist church, and the role of African American Baptist pastors in congregants' lives. According to Harrison (2019), the African American church and the pastor's function were rooted in the shadow of slavery via the disenfranchisement of individuals and the dominant white society's dehumanization of African American Christians. However, Harrison also emphasized that the African American church was the institution that evolved from slavery to provide persons with identity and value.

The African American church and the pastor are openings to mental health treatment for many members (Allen et al., 2010; Franklin & Moss, 2000; Galli, 1999; Kelley & Lewis, 2000). Thompson et al. (2004) looked at the attitudes and beliefs of African Americans toward using mental health services. They confirmed that African

Americans are less likely to seek support from psychotherapists because they believe they lack sensitivity and knowledge of the African American community and that ministers are their first contact. The researchers concluded that more in-depth, culturally sensitive services were needed to help African Americans become more comfortable with outside therapy. Likewise, O'Conner et al. (2010) emphasized the importance of recognizing cultural barriers in how emotional distress is defined in the African American community. Culturally, the African American society does not usually aid persons with mental health issues (Simmons, 2021). In addition, Simmons (2021) discovered that phrases relating to mental illness or anguish were frequently taboo and held negative connotations, making it incredibly difficult for a person experiencing mental pain to express it freely. In addition, Abernathy and Lancia (1998), Argyle (2000), and Brooke (1991) each indentified that it is essential to understand how mental and spiritual health issues are blended among African American congregants. Finally, I needed to determine the African American Baptist pastors' skill level as mental health providers in dealing with emotional distress in their congregations and how that experience influences their pastoral care. Hays (2015) and Bulkey (1993) both looked at the Black churches' ability to respond to the mental health needs of African Americans. According to their findings, senior pastors in the African American church are viewed as central characters in the lives of their congregations. I Rainer (2019), questioned 13 African American pastors and discovered that many were overtaken with stress, sadness, and conflict due to the number of daily mental health concerns they faced. Based on Hays (2015), African Americans who seek help from pastors first for a serious problem are less likely to seek help from mental health providers later. Hays also concluded that the church has taken on several roles, such as social service and

mental health providers. As a result, Banks (2014) also noted that preparing the church to address these challenges is critical in how they respond to mental health needs and promote African Americans' health. In addition, Hays and Payne (2020) concluded that pastors are a vital source of informal support. However, little is known about (a) how they think and respond to mental illness and (b) the individual characteristics that motivate their thoughts and behavior.

Literature Search Strategy

In the literature search strategy, I focused on using a variety of search engines and scholarly journals for academic resources. These search engines and journals included Walden University Library, Google Scholar, ERIC, Science Direct, Sage Journals, PsychINFO, and Psych Articles.

Search terms included the following words and combinations of words: *mental health, mental health literacy, mental healthcare, pastors as mental health providers, religion and mental health, African American pastors and mental health, African American Baptist pastors and mental health, African American pastors and mental health education, African American pastors as alternatives to mental health, training and education of African American Baptist pastors in mental health, knowledge, and attitudes of the African American Baptist pastor on emotional distress, lived experiences of the African American pastor with emotional distress or mental health, African American Baptist pastor's knowledge and use of counseling, gatekeeper role of the African American Baptist pastor, the stigma of mental illness in the church, qualitative methodology, role theory, role conflict, role stress, role ambiguity, role expectations, and current perspectives on the theory.*

A wide range of peer-reviewed material was obtained by using the Walden University Library. The literature searches at this library resource identified *African American pastors and their role in the church*, *African American Baptist pastors as gatekeepers*, and *African American Baptist pastors as alternatives to mental health*. There were no date limitations. This search yielded about 250 results. A search of *the African American Church*, *the African American Baptist church*, *the influence of the African American Baptist church*, and *the influence of the African American Baptist pastor on congregants and mental health*. This search identified about 100 sources from Walden University Library and ProQuest. Limiting the dates from 2000 to the present reduced the number to 50. A search of *African American Baptist pastor's attitudes and perceptions of mental health*, *African American Baptist pastors and mental health*, *African American Baptist pastor's training and education in mental health*, and *African American Baptist pastor's knowledge of counseling and use of counseling*. This search identified 10 peer-reviewed scholarly articles from PsychArticles and PsychINFO. (3 were pastors of a different denomination). In a search for *the gatekeeper role*, *the role of African American Baptist pastors in the church*, *the role of African American Baptist pastors as mental health providers*, and *African American Baptist pastors as alternatives to mental healthcare*, and *the stigma of mental illness in the church* identified six peer-reviewed scholarly articles using the date limitation of 2005 to the present. A search of *cognitive dissonance theory*, *cognitive dissonance theory*, and *current perspectives* was completed using ProQuest, Sage.

Google Scholar produced results on *training and education of African American*

Baptist pastors, training and education in mental health, and counseling of African American Baptist pastors. In addition, five scholarly peer-reviewed articles were identified, limiting the dates from 2014 to the present. Seminal literature was necessary for some topics related to this subject, including searching for *stigma, the church, mental health, role theory, and African American Baptist church history.* This literature was identified on Google Scholar, ProQuest, and Walden University Library.

Theoretical Foundation

Role Theory

Role theory in sociology and social psychology considers the most everyday activity to be acting out of socially defined categories. Each role is a set of rights, duties, expectations, norms, and behaviors that a person has to face and fulfill. The model is based on the observation that people behave in a predictable way and that an individual's behavior is context specific based on social norms or social position (Carpenter & Lertpratchya, 2018; Chesner, 2017)

The origins of role theory go back to the seminal works of Moreno (1934), Mead (1934), and Linton (1936). Mead (1934) focused on the social aspect of the role in developing the self. Based on Mead, the self is not there at birth but develops from social interactions and observations. Moreno took this idea a step further. He describes roleplaying as the choice of playing a role in a chosen setting to explore, experiment, develop, train, or change roles (Chesner, 2017; Carpenter & Lertpratchhya, 2018). Linton came along in 1936 and believed that role was a socially assigned position without reference to a person's innate differences, abilities, or status. Linton's version of a role links individual behavior and social structure. Moreno (1934) had a different view from

his colleagues. Moreno viewed the role as the functioning form an individual assumes in a specific moment; he reacts to a specific situation involving others. According to Moreno, the form is created by past experiences and the cultural pattern in which the person lives (Chesner, 2017). Based on Aartsen et al. (2020), role theory begins with a set of normative expectations that are presumed to define specific positions or statuses in social structure and their corresponding behaviors in intervening with others. Aartsen states that the role is a fusion of private and collective parts. The environment's collective roles influence private roles. As a person matures and faces new problems, the number and kind of responsibilities they take on fluctuate regularly.

Much like their colleagues, Biddle and Thomas (1966) describe role theory as individuals in society occupying a position, and social norms, demands, and rules determine their role performance in these positions. The role is determined by the role performance of others in their respective positions, by those who observe and react to the performance, and by the individual's particular capabilities and personality. Egaly and Karau (2020) also imply that role theory holds that individuals' roles offer settings that influence their conduct. The example used in their study was from the Stanford prison experiment, which demonstrated that typical college students exhibited strikingly distinct behaviors based on their assigned roles. Based on the experiment, within a short time, the student's behaviors were either dominant or submissive. Egaly and Karau (2020) also noted that the expectations of others based on a person's role affected their conduct. Likewise, Carpenter and Lertpratchya (2018) argued that the degree of participation in an organizational role relates to increased role stress. In this case, the large amount of time the African American Baptist pastor spends providing mental health treatment to congregants increases role stress since he

serves the church as an administrator and the congregants as mental health provider. Carpenter and Lertpratchya (2020) used role theory to evaluate media communicators and show how much stress they developed from their jobs. The researchers found that the participants faced conflicting expectations and increasing pressures due to leadership not communicating their expectations. According to role theory, African American Baptist pastors display a comprehensive pattern of behavior, such as listening, caring, and guiding congregants. However, based on Harrison (2019), African American congregants' role expectations of their pastor differ culturally from those of the conventional white pastor. Namely, congregants expect the African American Baptist pastor to connect with them, be available to them, and often respond like family. Likewise, Williams and Cousin (2021) determined that the role of African American pastors is constantly changing and may involve situations they have never encountered before, such as having to take care of needy congregants and be vocal advocates for congregants or family members. Finally, Bryant (2021) agrees that the role of the African American pastor is forever changing and that they are seen as a new and significant source of support for individuals in the church experiencing emotional problems.

Therefore, today's African American Baptist pastor plays many roles. Understanding and clarifying his role as a mental health provider to congregants who disclose emotional distress is crucial. Harrison (2019) concluded that African American pastors give folks much-needed validation and a sense of belonging. However, many in mental health roles are not trained to deal with complicated psychological concerns. Metraux (2022) also found that when congregants receive treatment from pastors alone, it may be harmful if the mental health condition does not align with church beliefs. For

instance, the African American Baptist church is strong for heterosexual partnerships and against extramarital romances, forcing some preachers to avoid discussing sexuality and sexual promiscuity.

To better understand role theory, looking at three critical principles is imperative. These are role conflict, role stress, and role ambiguity. Understanding how these ideas apply to this research is vital for appreciating how challenging it is for African American Baptist pastors to transition from the position of pastoring to the role of mental health provider for congregants in distress.

Role Conflict

Role conflict occurs when trying to simultaneously meet the demands of two or more groups (Rainer, 2019; Salah Ud din, 2019). Likewise, in their seminal work, Biddle and Thomas (1966) noted that role conflict is the actor's exposure to conflicting sets of legitimized role expectations, making complete fulfillment of both realistically impossible. Instead, it is necessary to compromise, sacrifice some or both sets of expectations, or choose one alternative. Likewise, Smith (1984) posits that role conflict arises when two or more role expectations conflict or interfere with one another. Smith adds that meeting one expectation may make it challenging to fulfill another when there is a slight role conflict; compliance with one expectation may render compliance with another impossible. Smith underscores the significance of competing expectations due to the psychological struggle it generates. For example, pastors today must fulfill the role of spiritual leader, mental health provider, administrator, and business manager. Often pastors are challenged when taking on the role of mental health provider if they do not have adequate training or knowledge or believe that using mental health techniques is not in line with church values.

Corbie-Smith et al. (2018) demonstrated role conflict in a study with Black pastors who fulfilled roles as leaders, role models, liaisons to congregants, and mental health providers. Due to their ideological conviction in the separation of science and religion, it was difficult for pastors to envision themselves as research participants. Also, in this study, Corbie-Smith showed how difficult it had become for pastors to distinguish between their primary role as church leaders and other roles, such as grief counselors and mental health providers.

In addition, the pastor may encourage the congregation to think or act in accordance with the church's denominational beliefs, such as praying for mental health issues instead of using secular therapeutic procedures. Harmon et al. (2018) contend that the role of African American Baptist pastors exerts influence over their church and community due to their standing. In addition, they emphasized that specific behavior such as patience, accountability, humility, respect, and trustworthiness define the pastor's role. It follows that conflict is natural due to the unpredictability of relationships, especially when one person strives to fulfill many roles, such as the African American Baptist pastor.

African American Baptist pastors face unique personal, social, and environmental challenges that can create role conflict within their congregations. This role conflict is often seen when the pastor is in a dual relationship with congregants, where he is the spiritual leader but must also become the mental health provider, social worker, or advocate. According to Justice and Garland (2019), roles and interpersonal boundaries are interpreted in every human contact. Role conflict can arise when the pastor who offers to counsel automatically creates a dual relationship. Religious leadership necessarily involves relationships between pastors and congregants; pastors are often considered friend, teacher, spiritual advisor, shepherd, and sometimes coworker to congregants. By exploring how this

role conflict manifests among African American Baptist pastors, their unique challenges as mental health providers can be better understood.

Role Stress

Role stress is psychological distress resulting from the demands placed on an individual in their role. It is the feeling of being overwhelmed by the expectations of others and can lead to burnout or mental health issues (Faucett et al., 2018). Attempting to fulfill the unrealistic expectations of congregants, such as being available 24 hours a day to handle problems and providing mental healthcare to a person with a severe mental health issue that requires professional care, maybe a source of stress for the African American Baptist pastor. African American Baptist pastors' responses to role stress are frequently determined by their capacity to acknowledge their competence in a particular activity, in this case, mental healthcare, and their awareness of their educational limitations (Harrison, 2019). In the church, the pastor's role has become more complex. Pastors are expected to do more than preach in the pulpit. African American Baptist pastors must be cognizant of congregants' needs for more complicated mental healthcare and their own limits in terms of training and limitations (Kumar, 2018). Faucett et al. found that role conflict and role ambiguity are usually the causes of role stress, often influencing the relationship between stress and low job satisfaction. Their results indicated that role conflict and ambiguity had both linear and cumulative impacts on job satisfaction due to the stress of job expectations. For African American pastors, the experience of role conflict and role ambiguity may be stressful, resulting in low job satisfaction. Faris and Cheong (2020) found that role stressors lead to emotional exhaustion or even burnout due to the many expectations and demands a person must

meet. For instance, the African American Baptist pastor must frequently meet congregant demands; if he cannot reconcile these demands, he may experience emotional exhaustion.

Multiple roles (e.g., spiritual leader and mental health provider) or attempting to meet unrealistic expectations and responsibilities (e.g., being available 24 hours a day for emergencies) create stress and conflict across roles (Roberts, 2022). In examining role stress, Kumar (2018), Rivers (2021) and Aydintan (2018) identified role perceptions (i.e., how others perceive one should behave in a specific scenario) as a primary cause. African American congregants, for example, believe that the African American Baptist pastor should be their primary mental healthcare provider and can meet all their mental health needs. As an ordained minister, the African American Baptist pastor thinks he is responsible for providing spiritual advice and the duty to help those in distress despite lacking the necessary education and training. As the congregation's shepherd, guardian, and gatekeeper, roles based on religious beliefs and denominational standards but illequipped to deal with mental health problems, the African American Baptist pastor may experience high role stress (Aydintan, 2018).

Role Ambiguity

Role ambiguity is described by Salah Ud din (2019) as a condition of role randomness, a circumstance in which a person does not know precisely how to behave and, as such, is unaware of the consequences of their actions. A lack of knowledge is one of the reasons a person may assume a role with which they are unfamiliar. In the study, Salah Ud din (2019) examined workers' behavior and how a lack of understanding and expectations regarding their assigned jobs drove them to shirk their obligations.

According to the research, the lack of clear definitions or conduct expectations related to

their roles generated role uncertainty. Kumar et al. (2018) found that role perceptions (i.e., what an individual thinks is required in a given role) and expectations are needed for people to know how to channel their efforts.

African American Baptist pastors often face role ambiguity due to the complexity of their roles. They are expected to fulfill various roles such as spiritual leader, teacher, counselor, and administrator. Pastors might be overburdened by these responsibilities, resulting in uncertainty regarding mental health solutions and dissatisfaction if they fail to recognize their limitations. Balancing these expectations can be difficult as they are often required to reconcile different views within the same congregation. As a result, it is essential for African American Baptist pastors to understand the complexities of their role in order to lead their congregations effectively (Bolger, 2019; Rainer, 2019). These principles are essential to understanding why African American Baptist pastors may experience role conflict, role stress, and role ambiguity when counseling congregants with emotional distress. Pastors in African American Baptist churches are increasingly expected to provide more in-depth mental healthcare to their congregations (Metraux, 2022). Person-to-person and circumstance-to-circumstance, the role expectations they face vary considerably. Mental healthcare expectations may be vague or ambiguous when responsibilities are unclear (Bolger, 2019). In other words, the African American Baptist pastor may misunderstand the appropriate quality of care based on mental health recommendations. In a study of pastors (Protestant, Evangelical, and Baptist), both Rainer (2019) and Bolger (2019) found that pastors were under more stress, criticism, and conflict than ever before. Rainer also found that pastors are experiencing more significant mental health challenges. Likewise, Bolger found church members' expectations could be

unreasonable, expecting them to be available 24/7 and sufficiently knowledgeable to fix any issue presented. Both studies found that over 50% of pastors felt burned out because of their long hours and increasing mental health challenges.

Justice (2019) utilized role theory to demonstrate how the roles and boundaries of clergy determine appropriate versus inappropriate behavior between a person and his or her family, friends, coworkers, and professionals. According to Justice, the job of pastoral leadership differs significantly from that of the counselor. Viewed by congregants as spiritual authority, the pastor may downplay or disregard boundaries, establishing an environment that predisposes the pastor to overstep ill-defined boundaries. Justice concludes that religious leaders' professional duties should be limited to the pastor, teacher, and spiritual leader, and in those capacities, they should seek community resources to assist in meeting congregants' mental health needs.

Brief History of the African American Baptist Church

African American Baptist Church Born During Revolutionary War

The first African American Baptist church existed in Savannah, Georgia, from 1773 to 1774. The church was born during the Revolutionary War and planted when people struggled. In response to the maltreatment of African Americans and opposition to the Christianization of enslaved Africans by White evangelical preachers, formerly enslaved African Americans organized to create the church. (Allen et al. 2010). However, men were still beaten and persecuted for persistently holding on to the church's work. Finally, Adkinson-Bradley et al. (2005) found that the church became a safe place for African Americans to organize themselves internally. The researchers examined the psychological and social strengths of the African American church. They concluded that for the

counseling profession to collaborate with the African American church, they need to understand the religious experience of African American congregants. After the Revolutionary War, the church was reorganized. The minister was ordained to the office of a Baptist pastor. The church took on new life and was re-established with the Georgia Baptist Association. Although various methods were used to discourage and stop their congregating, the Baptist church grew more vigorous. According to Adkinson-Bradley et al. (2005), the church's involvement was crucial for African American men who could not establish themselves and take on male duties, particularly in American culture's definition of family relations. Adkinson-Bradley (2005) stated that, despite African Americans being denied the ability to be recognized as citizens and the right to vote, they might vote and vote in the church to elect church officers. However, masters and militia continually tried intimidation, punishment, and brutality to destroy the church and prevent the people from gathering.

By 1800, the church continued to flourish under various leaders. The first church building was built, and a regularly organized New Testament church evolved. It is an undeniable reality that in the Baptist faith, numbers matter. Therefore, the majority rule for any decisions made in the church (Adksion-Bradley, 2005). Regardless, the pastor and congregation constantly work together to overcome possible obstacles. Throughout history, the pastor has made a significant personal commitment to the church and community.

So, historically, the African American Baptist church has provided help to its people for over 400 years. The church was there to ease the pain of death, loss, and families being ripped apart by enslavers. (Adksion-Bradley, 2005) Therefore, the African

American Baptist church has played a historical role that has endured to the present in the lives of African Americans and their communities. Today, the African American Baptist church offers a home-like atmosphere for its congregants, an environment where they can be open and comfortable. According to Blank et al. (2002), the African American church is a sacred place and a psychological refuge from prejudice, discrimination, and mistreatment experienced in American society. Likewise, Lumpkins (2022) found that the African American church has been a place of spiritual healing and communal support throughout history.

Cultural Beliefs

Cook and Wiley (2018) suggest that African American Baptist cultural beliefs on mental health are important to the African American community. These beliefs are rooted in a long history of struggle, resilience, and faith. Mental health is seen as an integral part of a person's overall well-being and is viewed as a spiritual journey that requires both physical and spiritual healing. The church has played an important role in supporting those struggling with mental illness, offering counseling services, prayer circles, and other forms of emotional support to help individuals find peace. African American Baptist churches also take a holistic approach to mental health by addressing the social determinants of health, such as poverty, racism, and other systemic issues that can contribute to poor mental health. In addition, Snowden (2001) examined barriers to effective mental health services for African Americans. Snowden acknowledged that a deeply ingrained cultural belief among many older African American community members prevents them from sharing private and personal matters with strangers because doing so is considered inappropriate and weak. Along the same lines, Boyd-Franklin (2003) argued that a lack of trust for

clinicians from different ethnic groups leads to factors that impact the health-seeking behaviors of African Americans. Likewise, Allen et al. (2010) stated that no other institution could claim the level of loyalty and attention to African Americans as the institution of the church. Based on the church's historical and cultural significance, Black communities relied on pastors and ministers when they could not rely on others. Therefore, the African American Baptist church continues to be a primary resource in the lives of its members as it strives to meet their needs. According to research by Metraux (2022), African American churchgoers feel that getting professional treatment for emotional issues indicates spiritual defects. The survey found that the African American Baptist church has always taken a clear stance on those things that affected the church and community (Townsend, 2022). Therefore, individuals first rely on their beliefs to enhance their emotional health. Frazier et al. (2005), Burrell (2019), and Burse (2021) agreed that the relationship between religious involvement and psychological well-being in African Americans is an essential step toward healing. The researchers found that African American Baptist church congregants perceive that the church provides sustenance, strength, assistance, and moral guidelines and serves as a source of unity, a community gathering place to help attain social, economic, and educational goals.

Therefore, it can be noted that the African American Baptist church is a powerful force for African Americans (Allen et al., 2010; Bryant, 2021; Coleman, 2022; Lewis, 2021). In addition, the African American Baptist church also functions as a platform for promoting health, social well-being, and community development. Today's African American Baptist church emphasizes confronting life's obstacles and the tribulations plaguing the African American community (Hays & Payne, 2020). However, Jordan (2020)

suggests pastors continue to struggle to provide mental health treatment for emotional discomfort, even with stigmatization and a lack of congregational education on mental health concerns.

Stigma and the African American Church

Armstrong (2019) argued that sustaining the self-image of congregants while meeting their multifaceted needs necessitates deliberate attention to identifying and resolving different hurdles and stigmas. Similarly, Avant, Crumb, Crowe, and McKinney (2020) highlighted mistrust, fear of misdiagnosis, stigmatization, and indoctrination as causes of stigma toward mental healthcare. Similarly, Lumpkins (2022) finds that as issues of mental health move to the forefront in the African American community, many African American pastors do not address mental health problems. Their attitude toward mental health corresponds with the stigma imposed by the church and how church leadership views and addresses mental health issues.

Stigma is a significant barrier to treating mental health issues (Alvidrez et al., 2008). The fear of stigmatization can lead individuals to avoid mental health treatment and suffer quietly in silence. Armstrong (2019) suggested that stigma or the social cognitive processes that urge people to avoid the label of mental illness that arises when individuals are linked with mental health treatment motivate them to avoid mental healthcare. Many African Americans believe people should not know about their circumstances or mental health due to stigma, judgment, and being viewed as incapable of coping with life's issues (Conner et al., 2010). Historically, the church has viewed mental health concerns as a devil's vice and a distractive tool (Montgomery, 2020). In many instances, mental healthcare is not an option for many African Americans in the

Baptist church due to the secrecy and stigma associated with seeking help. When African American Baptist church members ask aloud about mental healthcare, they are frequently addressed with guilt or shame (Montgomery, 2020). Mertraux (2022) further claims that for many African American churchgoers, contacting a mental health organization may induce intense hopelessness, causing them to rely entirely on the church. Pitts (2022) stated that the stigma and guilt surrounding mental health therapy discourage African Americans from seeking treatment. The researcher noted that for many black men, seeking psychological help is seen as a weakness, and they do not want to be seen as crazy or out of control. Therefore, African American church members are more inclined to seek mental soothing that is free and familiar to the church. In addition, Freeman ((2019) and Avent-Harris et al. (2020) both concluded that pastors often discouraged their congregants from seeking professional counseling or taking psychiatric medications because they can be seen as spiritually weak, lacking adequate and acceptable coping strategies, and a sign of frailty, especially for black men.

Moreover, they are frequently mocked for having little or no faith. The combination of this message and historical stigma drives many African American households to overlook or conceal mental health issues. Therefore, many African Americans in the church believe one is to cope with problems without the assistance of outsiders (Blank et al., 2002).

Literature Review

To comprehend the function of the African American Baptist pastor in delivering mental healthcare in the church, one must first understand the African American Baptist

church, its origins, the role it performed when it was founded, and its current impact on the African American community.

The Church Pivotal in Helping Survive for 400 Years

Historically, the African American Baptist church has provided help and comfort to its people for over 400 years, starting with slavery. The roots of the African American church go back to the slavery era. In 1794, the Black church was born due to oppression and opposition. (Allen et al., 2010) The church became a safe haven for African Americans, allowing them to express their authentic cultural and spiritual heritage and feel free. They could enjoy simple dignities offered to human beings, such as teaching their children the ways of life through God's Word. (Allen et al., 2010). The African American church began as a source of support for African American families. As time passed and the church grew, these cultural expressions within the context of the African American church became ways in which African Americans could show a sense of meaning and loyalty to their culture. Townsend (2022), Lumpkins (2022), and Samuel (2019) state that the African American church has historically been the preserver and perpetrator of Black ethos, values, and norms. The church is an autonomous social institution providing African Americans order, protection, services, and meaning.

The Church a Safe Place

According to Pitts (2019), Coombs (2021), and Sutton (2020), the African American church played an integral role in the liberation of African Americans in the Jim Crow South and the civil rights era. The church became a place where leaders could be developed, and people could have hope.

The African American church also became a safe place to develop a community where African Americans could internally organize themselves (Adksion-Bradley et al., 2005). As a result, individuals form friendships within the African American church, experience fellowship, and find moral support. For many years, the African American church helped create a dependable place where people and families could express their culture, humanness, and dignity and exercise rights such as voting and electing church officers and leaders within their spiritual environment. (Allen et al., 2010). In addition, Samuel (2019) and Metraux (2022) expressed that the African American church was a safe space that afforded African Americans a distinct social experience. For decades, it provided a refuge from continuous oppression.

Finding Personal Identity and Role Development

The African American church, for many people, became a way to find personal identity and role development (Allen et al., 2010). Hammer (2019) discovered that the African American church was the social core of people's lives through education, economic, psychological, and religious well-being. The church provided African Americans with helpful coping methods to survive their often in-human environment. Similarly, Lumpkins (2020) investigated current African American churchgoers and found that many discovered enhanced self-worth and emotional stability via spiritual growth, even in today's environment. Similarly, Johnson (2019) observed that African Americans sublimated their identities and received therapeutic respite from the societal constraints they faced through the church. Johnson emphasized that the church has historically been the key institution through which black people sense prestige, power, and status. Johnson says that this is most likely why African Americans choose pastors

as counselors for mental healthcare. According to Adksion-Bradley et al. (2005), the church's role was even more significant for African American men because they could not openly assert themselves and assume male roles, especially in family relations, as defined in American culture. The African American church gave African Americans a sense of control and power because African-Americans created, owned, and operated the organization (Morris & Robinson, 1996). According to Samuel (2019), the African American church helped develop the hallmarks of family values through its culture.

The African American Baptist Pastor and Training

In a study, Bolger (2019) found that African American pastors feel they are not equipped to offer the help their congregants need due to a lack of preparedness and training. According to researchers, African American Baptist pastors engage in more counseling-related activities than pastors of other races. (Young, 2003). It can be easily understood when considering the historical issues African Americans have encountered and the supportive nature of the African American Baptist church. Most African Americans have benefited from African American Baptist churches, and many think that the church has been essential to the development and survival of African Americans. African American congregants have sought church leaders for counseling services for decades as an alternative to traditional mental health professionals (Ellison et al., 2006). Harrison (2019) concluded that African American pastors have increased responsibilities in the church but have not had many educational opportunities. Harrison notes that today, education through Bible colleges and seminaries is open to African American pastors, but they mainly emphasize ministry skills. Simmons (2021), Samuel (2019), and Townsend (2022) agree that African American pastor sees more mental health issues today in the

church than ever before. They note that pastors are dealing with more complicated personal and mental health problems and must spend more time counseling members. African American pastors act in various capacities for church and community members. Metraux (2022) also argues that while pastors may be the first or only resource to which African American congregants turn, receiving counseling or mental healthcare solely from a pastor may be counterproductive if a mental health issue does not align with the church's values.

According to Gaffney (2016) and Aten et al. (2011), African Americans look to their pastor for comfort, direction, and support in times of crisis. Samuel (2019) also found that African American pastors have the church's responsibility and reach far beyond Sunday and Wednesday night worship services. Pastors are used for many reasons, such as family problems, financial problems, and bereavement. Likewise, Allen et al. (2010), Payne (2008), and Neighbors et al. (1998) concluded that the African American church and pastor have historically been and continues to be a primary source of help and a gatekeeper in the delivery of community and mental healthcare services for many African Americans. Samuel (2019) concurs that the primary connection between the pastor and congregant frequently places pastors in various circumstances, including mental health. A study by Wallace and Constantine (2005) attributed that African Americans tended to go to their pastors for counseling based on tradition and values that emerged from their historical experiences. Metraux (2022) and Bolger & Prickett (2021) came to the conclusion that the African American pastor was the one who was sought out for emotional assistance with daily concerns, even if they had little understanding of the matter. The study discovered that pastors felt overwhelmed by the mental health requirements of their

congregations due to inadequate mental health training. The Afrocentric cultural belief is that family members, close friends, and trusted community members, such as church members and pastors, are the primary assistance resources when they experience problems or issues (Wallace & Constantine, 2005). Therefore, since congregants often seek help for mental health issues like emotional distress from their pastor rather than mental health professionals, African American Baptist pastors often find themselves functioning as an alternative to mainstream health providers (Allen et al., 2010; Bolger, 2019; Burse, 2021; Lumpkins, 2022). Additionally, Avant- Harris (2020), Burse et al. (2021), Clemons (2021), and Taylor (2020) concluded that African American pastors generally tended to be highly accessible, shouldering a significant therapeutic responsibility for African American families in their church community. Furthermore, African American Baptist pastors represent individuals familiar with African American communities' issues. Therefore, these pastors serve as a trusted source of help when congregants encounter mental health issues (Payne, 2008). Finally, Adkinson-Bradley et al. (2005), Hays and Payne (2020), and Williams (2021) found that African American pastors play a significant role in advising congregants on mental health issues. Moore et al. (2022) and Harrison (2019) agreed that African American pastors frequently saw themselves as serving the church's mental health needs through preaching, teaching, and counseling. However, in their research, many pastors acknowledged that pastoral counseling requires unique qualities and skills. Although pastors, church leaders, and laypersons have performed spiritual counseling for years, it has not been highly recognized as a preferred or recommended treatment modality (Mattis et al., 2007).

Training and Skills in Mental Health

Based on the World Health Organization (WHO), competence is sufficient knowledge, psychomotor, communication, and decision-making skills and attitudes to perform actions and specific tasks to a defined level of proficiency (WHO, 2011). The keywords are knowledge, attitude, and skills in observing this definition. These are all critical components of competence. Knowledge enables the individual to understand with confidence a specific subject and have the ability to use it for a specific purpose (WHO, 2011). In addition, Tarver, Winfield, Preston, Wilkerson, and Shorter (2021), who researched pastors addressing addictions, discovered that pastors believed education and training were essential for helping others and benefiting the community. In addition, the researchers discovered that the participants had no training in mental health or addictions and encountered several obstacles while working with congregants. Murphy (2020) concurred with the necessity for improved mental health training since pastors must be able to handle various challenges and circumstances.

Additionally, Coleman (2022), Copeland (2019), and Finke et al. (2002) suggest that a person's attitude to ministry (values, beliefs, and theology) can lead to positive or negative behaviors. Finke also suggested that skills are the ability to learn through education, training, and experience to perform specific actions to a particular level of measurable performance. Finally, Copeland and Coleman discussed competence as not only the knowledge, attitude, and skills that allow the African American Baptist pastor to perform his tasks properly; it is also an understanding of one's limit to provide appropriate pastoral care.

Pastoral Education and Training

Concerns have been raised regarding the mental health competence of African American pastors due to the high rate at which they are requested to give services (Roney, 2020). Tarver et al. (2021) and Simmons (2020) concluded that although pastors often attend professional development workshops, few participate in mental health training. Even though they were counseling congregants with mental health concerns and addictions, the Tarver et al. research participants reported that the training and literature they had been exposed to included little to no information on these topics. Armstrong (2019) believes that despite some pastors pursuing additional training in pastoral counseling or pastoral psychotherapy, many without counseling background or experience continue to treat complex clinical problems independently.

A study on African American clergy as a source of mental health providers found that many clergies providing mental health and counseling services became distressed because of their insufficient skills and inability to effectively help congregants through emotional distress issues (Ellison et al., 2006). Ellison and his research team found that many African American pastors avoided dealing with mental health problems because of their poor knowledge. In addition, Williams (2020) assessed seminary training and found that basic training included Bible, theology, church history, philosophy, biblical language, preaching, leadership, and administration. Williams noted that few seminaries teach courses in mental health. Williams stated that seminary enables African American and Caucasian pastors to blend their pastoral experiences with their education. Likewise, Lummis (2006) showed that developing and disseminating courses and educational resources to African American pastors without seminary or college degrees raises concerns

due to their lack of understanding of basic information on mental health. Lummis found clear evidence that many seminaries had undergraduate-level programs for those in or headed for ministry in the African American church, yet few offered counseling or mental health courses or training. Roney (2022) and Tarver et al. (2021) found that African American pastors' understanding of mental health problems becomes particularly troubling when clinical needs and spiritual concerns become intertwined, and they cannot distinguish between them. The participants also stated that they are unsure of the underlying issue that must be addressed and whether it is connected to mental health when confronting various problems. In her study, Williams (2022) offered evidence that many African American pastors lack the expertise and skills to function as mental health professionals. She states that pastors must know their limits to provide mental healthcare to congregants.

Similarly, Roney (2022) concluded that many pastors felt inadequately trained to recognize mental distress symptoms when providing congregants with mental healthcare. Pickard, Shen, and Johnson (2019) completed a study of older African Americans receiving mental health counseling from pastors and found that the amount of training and knowledge pastors tend to have specific to working with older people was not clear.

The study by Pickard et al. concluded that pastors need the training to detect and attribute causes to the problems that elderly persons confront. Stanford (2014) studied one hundred Protestant and Christian seminaries. The research found that only fifty-nine seminaries with a high African American student population offered some courses in mental health. Thirty seminaries offered no counseling or mental health courses. Twentyone presented only biblical studies. According to Stanford (2014), the training of African American pastors determines their ability to assist congregants who require psychological assistance.

Unfortunately, there is a scarcity of information about African American Baptist pastors' schooling and training in mental health in the relevant literature. We know that the Baptist church took pleasure for hundreds of years in its long process of selecting men to serve as pastors. Furthermore, Finke and Dougherty (2002) argued that the Baptist denomination was built on local autonomy and feared any change, suggesting centralized control. Baptists believe men are called to preach and pastor.

Many upcoming African American Baptist pastors learned by example; with this in mind, African American Baptist pastors, therefore, approached formal education, including Bible College, with caution. They believed the educational process was too secular. Many then entered the ministry as they learned by the example of older pastors. According to Finke and Dougherty (2002), many African American Baptist pastors entered the ministerial field with varied knowledge of life issues, especially mental health issues. The researchers argued that if African American Baptist pastors chose an education, it was to a school where the curriculum aligned with their beliefs. The researchers also suggested that African American Baptist pastors are taught to rely on biblical principles, prayer, and scriptures. As a result, learning by example is anticipated in the church, and many African American Baptist pastors do not feel compelled to pursue higher education. Cohall and Cooper (2019) noted that despite the critical role of pastors, the formal preparation of Baptist pastors had not been empirically studied. African American pastoral education has a long and complex history, shaped by the experiences of African Americans in the United States. Both challenges and opportunities mark this history, as African Americans have sought to express their faith in a culture that often denied them access to formal theological education. A significant proportion of church members seeking therapy, as determined by

Peck (2023), warrant pastors taking official training courses. Peck acknowledges that pastors usually do not acquire academic counseling training. However, congregants are more likely to seek counseling from a pastor rather than a mental health counselor because they desire to integrate faith into their treatment and relationship with the pastor. Peck also stated that pastors should have proper training in counseling due to the high stakes involved in counseling settings and the possibility of unintentional harm. According to Peck, when an individual seeks therapy, he or she is experiencing considerable mental, emotional, relational, or spiritual discomfort. Peck also says that if people do not receive adequate care, their condition may remain unchanged, deteriorate, or even result in a suicide attempt or completion. Peck believes that, even though counseling training does not guarantee against these consequences, the possibility for harm lowers when the pastor has formal training.

Unlike many Protestant pastors, African American Baptist pastors are taught fundamental doctrine and principles of theology through introductory bible courses and practice when they advance in the church's ranks. (Murphy, 2020). As a result, African American Baptist pastors subscribe to fundamentalism, a religious ideology based on biblical infallibility, authority, and literalism. (Murphy, 2020). In addition, Potter (2020) observed that fundamentalism directly results from the Bible school and Christian university movement. Potter also stated that African American pastors educated in these colleges were encouraged to avoid and stay isolated from the outside world. Potter stressed that this thinking produced an adversarial and defensive attitude against secular concepts. Therefore, many African American preachers focus on doctrine rather than people. However, in her study, 71 percent of pastors questioned by Roney (2022)

acknowledged not having the training to detect mental health concerns. Considering this, an African American Baptist pastor with little expertise, experience, or training in mental health would have trouble identifying the underlying reason for significant emotional distress connected to family issues. Participants in Tarver et al. (2021)'s study stated that education on mental health issues and assessment abilities was essential to their capacity to fulfill their pastoral roles and serve their communities and congregants most effectively.

Aten et al. (2011) looked at African American Baptist pastors, their congregation's mental health difficulties, and the mental health in the community that had overwhelmed them. Aten et al. identified the need for increased mental health training and disaster preparedness to help congregants experiencing emotional distress. Cohall and Cooper (2019) suggest that formal education is not at the forefront of the Baptist tradition. Therefore, to prepare pastors, the author suggests that more opportunities for mentoring new pastors by older, more seasoned pastors be done with ample opportunity for additional mental health training. Likewise, Harrison (2019) found that many African American pastors learned by participating in services or attending seminars related to ministry. The author also noted that many pastors learned by observing and mimicking other leaders. In previous research, Stanford (2014) and Allen et al. (2010) concluded that African American pastors might misinterpret the severity of psychotic and emotional distress symptoms because of their lack of training and education. As a result, they were inclined to construe mental and emotional issues in religious terms or interpret clinical symptoms as a sign of religious conflict. Bruder (2020), Burse (2021), Campbell (2021),

and Coleman (2022) concluded that pastors (in general) lacked the training and skills to relate to people with mental health problems. The researchers found that even pastors working as chaplains or in other capacities had difficulty working with patients with mental health issues. In her study, Roney (2022) examined 70 accredited seminaries in North America. She found that 59 of those seminaries briefly mentioned the topic of mental health through existing courses, and only 21 had courses devoted to mental illness and counseling.

Additionally, Bishop (2022) concluded that pastors often must cope with various psychological, spiritual, and mental health issues in the church. However, without receiving appropriate mental health training, they lack the tools to distinguish between demonic and mental issues. The challenges facing pastors and their role as church leaders and mental health providers strengthen the need for a greater understanding of mental health. Bishop also found that seminars do not give the attention needed to provide the curricula to equip pastors with the tools necessary to identify and address mental health issues or the challenges they face with mental health among their congregants.

On the other hand, Banks (2019) found that African American pastors are excited about the chance to learn about mental health issues. However, he states that many of them feel unprepared. Banks noted that becoming knowledgeable and equipped with the tools and skills necessary to help others experiencing a mental health crisis is important. Understanding mental health is essential today for African American pastors because they could do more harm than good in responding to congregants' who may experience an emotional crisis. Knowing what emotional distress is and how to address it effectively is crucial to developing competence in dealing with mental health issues.

Attitude and Perspective of African American Baptist Pastors on Mental Health

Along with education and training, it is crucial to understand the attitude of the African American Baptist pastor toward mental health. Unfortunately, according to Stansbury and Schumacher (2009), due to a lack of research, literature on African American Baptist pastors' conceptualization of mental health and illness relies more on assumption than valid documentation. However, Holt (2019) and Campbell (2021) found that many African American pastors see mental health as a spiritual issue, not a physical one. Likewise (Smith, 2019) found that many pastors dealt with mental health from their personal theological views. She stated that many grew up with messages that negatively viewed mental health. An opposite view from Walker (2020) states that a prevalent belief among African American pastors is that theological rigor provides context for psychological understanding. In other words, Walker emphasizes that pastors might get insight into mental health concerns by applying the Bible to contemporary psychology. According to the study, this capability gives a more comprehensive approach to mental health.

According to Payne (2009), research focusing on the attitudes of African American Baptist pastors toward mental health problems provides some evidence of their attitudes toward emotional distress, which is one of the most common mental health issues among African Americans. In Smith's (2019) study, many of the pastors reported that they were never taught about counseling or mental health while growing up or in the church. Smith also noted, as well, that because of this negative view and a lack of awareness, many of the pastors had little to no personal mental health experiences until later in their ministry. In a study, Payne (2009) also found significant differences in how African American and White

pastors thought about emotional distress. Caucasian pastors more widely accepted that emotional distress is a biological mood disorder. However, many African American pastors, particularly those who identified as Baptists, were substantially more likely to agree that emotional pain results from a lack of faith in God. Payne concluded that African American pastors were more open to defining emotional distress in terms of spiritual meaning and less open to describing it in biological terms. This study by Payne (2009) partially corroborated the findings of her 2008 study of African American pastors' attitudes toward mental health. African American pastors spoke of emotional distress as a weakness, and psychiatrists and medicines were not mentioned favorably.

An opposite view by Walker (2020), which many African American Baptist pastors follow, states that pastoral counseling is founded solely on biblical principles and entails guidance, reconciliation, and discipleship. Walker also states that secular counseling's worldview is driven by non-biblical beliefs that are not proven to work when the problem is spiritual. He states that assessing the client's experience is too exhausting for pastors because they are not therapists. Walker noted that for pastors to obtain a massive content of classes in psychology does not translate into good practice. He states that the pastor helps his/her congregant through personal and spiritual issues based on scriptural and theological understanding.

African American Baptist Pastors as an Alternative to Mental Health

Jordan (2019) states that many in the African American church believe that seeking help outside the church for mental health issues indicates a lack of faith in God. However, research shows African American Baptist pastors engage in more counseling activities than pastors of other races (Young et al., 2003; Jordan, 2019). It is

understandable when we consider African Americans' historical adversities and the supportive nature of the African American church. In times of crisis, many African Americans seek the pastor's comfort, guidance, support, and direction. Samuel (2019) observed that African American pastors are viewed as an alternative to conventional healthcare practitioners. As a result, the African American church has been and continues as a significant resource for mental health concerns such as emotional distress, and the African American pastor is frequently the initial point of contact for resolving emotional difficulties (White, 2017). Furthermore, African American Baptist pastors are a steady and vital influence in African American churches due to their function as liaisons between the African American community and the larger society. African American congregants are more likely to seek help from their pastor for mental health issues because the church has historically been a stronghold of the family and community (Samuel, 2019).

The African American church is often one of the primary entry points for mental healthcare issues (Allen et al., 2010; Burse (2021); Mc Dade (2021); Simmons, 2020)). African American Baptist pastors are frequently called upon in their role to counsel people suffering from mental illnesses. Townsend (2022) notes that the African American pastor is the first line of response for mental health problems in the church. Townsend noted that because of the availability and openness of the pastor, congregants feel free to go to them with emotional distress issues. Bishop (2022) concluded that the role of the pastor is significant to the overall wellness of the congregation and is not limited anymore to sermons but includes increased care and providing support to families.

Sutherlin (2019) found that the church is like a community within the community for African American congregants. Therefore, the pastor's attitude and perception of mental health are critical. Brown and McCreary (2019) found that African Americans use the church as a place for mental health resources, making pastors the principal gateway for mental healthcare for congregants. In addition, Burse (2021) stated that the attitude and perception of African American pastors are of the utmost importance since their role is the spark that enables African American congregations, families, and communities to survive and even grow in a hostile and even debilitating society. According to Sutherlin (2019), the African American pastor, in his role, is also a sounding board and provides specialized attention to the person and the issues they present. Based on how the African American Baptist pastor understands mental health, he is likelier to emphasize spiritual things when congregants feel emotional distress. Even though the spiritual aspect is critical, the African American Baptist pastor must be aware of mental health issues and know how to counsel or direct congregants who disclose emotional distress (Crenshaw, 2023; Taylor, 2020; Sutherlin, 2019; Peterson, 2022). African American Baptist pastors have a unique platform from which they can address various spiritual and secular issues. As a result, the African American Baptist pastor is considered someone who understands issues and is a member of the African American community. This status in the community affords the African American Baptist pastor a high level of confidence, trust, and respect (Banks, 2019). Bishop (2022) found that pastors often take the lead in a crisis offering support and responding to congregants in trouble. Bishop concluded that nearly 40 percent of adults seeking pastoral support for mental health concerns had an increased risk of severe depression. He noted that 50-75 percent of pastors who provided ongoing

mental health support risk burnout due to being overwhelmed, often caused by role conflict and role ambiguity.

Knowledge and Understanding of Mental Health Issues

According to Roney (2020), care provided to congregants is influenced by pastors' expertise and comprehension of mental health concerns and their capacity to discern emotional discomfort and underlying mental health disorders. However, Roney also noticed that many pastors claimed they lacked the training to provide good mental healthcare.

The study by Thompson et al. (2004) suggests that African American Baptist pastors vary in their knowledge and understanding of mental health issues. The study also agreed with Banks (2014), Hankerson et al. (2015), Payne (2014), and Taylor et al. (2015) that African American Baptist pastors are seeing more congregants with serious emotional issues that need more extensive care. Merritt (2019) surveyed pastors to determine how they dealt with depressed individuals. Merritt concluded that pastors with a lower degree of education were more willing to give spiritual therapy for a wider variety of severe mental health issues than pastors with a higher level of education.

Additionally, they were more likely to refer patients to external mental health treatment.

Crenshaw (2015) illustrates in her study the lack of educational training in counseling that pastors receive in assisting individuals experiencing fundamental problems in their daily life circumstances. In addition, Crenshaw found that certain daily life circumstances may be unfamiliar for pastors due to their lack of training in identifying various stages of emotional distress. In a separate study by Aten et al. (2011), African American Baptist pastors reported feeling overburdened by the mental health issues for which their

congregants and community members sought their assistance. According to Samuel (2019), there is evidence that pastors who are ill-equipped and unprepared to detect and manage signs and symptoms of emotional distress are more likely to counsel, according to the Bible, than to make referrals. Previous research done by Thompson et al. (2004) suggests that pastors may misinterpret the severity of emotional distress in many cases. For example, the African American Baptist pastor is less likely to be familiar with severe emotional distress leading to suicidal ideations.

Roney (2020) also found that even though religious counseling provided by pastors is a viable care option for many mental health problems, most pastors may not have the training or knowledge to deliver appropriate treatment. In addition, Thompson et al. (2004) found that even well-educated African American Baptist pastors, who are more knowledgeable about mental health, reported insufficient knowledge of the signs and symptoms of mental illness and that participants had difficulty determining when a situation required professional services. Unfortunately, there has been little research on the practices and competencies of African American Baptist pastors who provide mental health services to congregants who disclose emotional distress. Likewise, studies by Kramer et al. (2007), Snowden (2001), and Stansbury & Schumacher (2008) suggest that religious and ministerial training may point African American Baptist pastors toward religious conflict rather than interpreting actual clinical symptoms. Merritt, (2019) agrees that pastors can quickly turn to religious interpretation for individuals displaying signs of mental health problems because of their lack of understanding.

According to Payne (2008), African American pastors' attitudes toward emotional distress, one of African-Americans' most common mental health issues, still reveal nothing

about their counseling style. Payne's (2008) study provided evidence that African American pastors' perception of mental health issues among their congregants showed significant differences between African American pastors and Caucasian pastors dealing with the same issues. In addition, there were significant differences in how both groups conceptualized emotional distress. It was found in this study that Caucasian pastors were more in agreement with the statement that emotional distress is a biological mood disorder than their African American counterparts. In addition, many African American pastors were significantly more likely to agree with the statement that many emotional distress issues are hopelessness that happens when one does not trust God (Cook & Wiley, 2019).

Furthermore, Payne (2009) found and partially collaborated on the results of her earlier study about the attitudes of some African American pastors. In the 2008 study, Payne evaluated the sermons of 10 African American Pentecostal preachers using a qualitative analysis. Qualitative analysis of the sermons showed that the preachers discussed emotional distress using multiple terms in their sermons. The study also found that the preachers discussed situational emotional distress, but it was unclear to what extent they referred to other forms of emotional distress from the sermons. Brown and McCreary (2019), Sutton (2020), and Coleman (2021) concur that pastors have acknowledged a need for further training on specific emotional difficulties and support in accessing referral services.

Copeland (2019), Coleman (2022), Simmons (2020) and Lewis (2021) suggest that from a general viewpoint, many pastors spoke of emotional distress as weakness and a lack of faith. In addition, several pastors condemned antidepressant medicines, calling them shameful and something to be kept hidden from others. In another study by Kramer et al. (2007), the perceptions of African American pastors were examined regarding emotional

distress. The researchers conducted two focus groups, one consisting of seven African American pastors and the other five pastors from predominately Caucasian churches. The data analysis was done with ethnographic software. According to the Kramer et al. (2007) study, counseling individuals with emotional distress was one of the top mental health difficulties pastors from both groups confronted. The African American pastors accepted various non-exclusive theories about emotional distress's causes, including spiritual and cultural factors, while the Caucasian pastors accepted theories of psychological, biological, and spiritual causes. The study findings showed that pastors reported a filtering process. They attempted to distinguish between events that could be categorized as mental health crises, life crises, or spiritual crises.

Summary and Conclusions

This literature review focused on African American Baptist pastors' perceptions, attitudes, and training in dealing with emotional distress. The conceptual framework was presented in detail. This framework is qualitative. There was a review and discussion of the history and role of the African American Baptist church. The current literature shows that the African American Baptist pastor is the first line of mental health outreach for many African American congregants. However, it is unknown how the African American Baptist pastors' encounters with congregants who display emotional distress influence their handling of such circumstances.

This literature review focused on several additional issues relevant to the present study. First, the conceptual framework of the study was explained. This framework was qualitative because the study's goal is to understand the lived experience of African American Baptist pastors when congregants disclose emotional distress.

The next section of the Literature review discusses the history of the African American Baptist church. This information included information about the central role of the African American Baptist church in the African American community. Next, the following section discusses the African American Baptist pastor and training. This information is essential for comprehending the level of knowledge of African American Baptist pastors when confronted with congregants who disclose mental health issues, the African American Baptist pastor as an alternative to mental health, and the African American Baptist pastor's attitude and perception towards emotional distress. Pastors providing mental health services to congregants must balance their role, perspective, and experience while offering pastoral counseling. Therefore, the study also examines how African American Baptist pastors recognize, respond and understand emotional distress in their congregations and their level of mental health knowledge and training in their role as mental health providers. (Brown & McCreary, 2019; Roney, 2020; Lewis, 2021).

Chapter 3: Research Method Chapter

Introduction

In this study, I aimed to explore the lived experiences of African American Baptist pastors on the role of mental health providers when counseling congregants who disclose emotional distress. The research indicates that African Americans use the church for mental health assistance. Avant et al. (2015) and Payne and Hayes (2016) concluded that African American congregants have a trusting relationship with the church and the pastor. However, the authors also noted that this relationship could aid or complicate the pastor's ability to address congregants' mental health issues. In addition, research indicates

congregants have a high stigma against medical and psychiatric specialists due to their mistrust, persistent misdiagnosis, and lack of sensitivity to their spiritual beliefs (Openshaw & Harr, 2009). Therefore, I aimed to comprehend the African American Baptist pastor in the role of mental health provider. As a result, pastors, mental health practitioners, and academics will have a greater understanding of the African American pastors' role in providing mental health services, thereby contributing to the body of knowledge in the mental health field.

In this chapter I cover the chosen research design, philosophical approach, the selection process of participants, data collection and analysis methods, research limitations, and ethical considerations. I discuss questions of trustworthiness and clarify the role of the researcher. I present a thorough plan for this investigation.

Research Design and Rationale

According to Creswell (2003), qualitative research is the most effective method for understanding the experiences of participants, such as African American Baptist pastors in their role as mental health providers because qualitative research examines different knowledge claims, inquiry strategies, data collection methods, and data analysis techniques. Therefore, I chose this method to explore the African American Baptist pastor's lived experiences in the role of mental health providers when counseling emotionally distressed congregants. Esch and Esch (2018) suggested that a qualitative approach is used when prioritizing the event's meaning. According to the researchers, a qualitative method must be innovative, ethical, inquisitive, and participant-in-context. Jackson et al. (2007) asserted that qualitative research is beneficial when it focuses on complicated subjects like human behavior and felt needs. In addition, Jackson et al.

concluded that qualitative research aims to understand social processes through all participants' perspectives and experiences.

Esch et al. (2018) suggested that the research progresses because subjectivity is valued as findings emerge due to the interaction between the researcher and the participants. Merriman (2009) and Durella (2019) concluded that qualitative research ensures in-depth analysis and a higher level of problem knowledge. The authors also noted that qualitative research is used to understand an issue better. It includes a systemic way to collect, measure and analyze data to answer the question. Lincoln and Guba (1985) also referred to the human instrument method when discussing qualitative research. In other words, the focus moves to understand humans' incredibly nuanced experiences and reflections. In this study, the emphasis was on exploring the lived experiences of African American Baptist pastors when they counsel congregants with emotional distress. I aimed to thoroughly explore the significance of those real-life experiences and how they affect how the pastor offers counseling and guidance to those congregants as a mental health provider. Additionally, the qualitative research approach helped to provide an in-depth understanding of human behavior, actions, motivation, representation, attitudes, values, and tacit knowledge.

I chose interpretive philosophy to explore and understand the experiences of African American Baptist pastors who counsel congregants with emotional distress in the role of mental health providers. An interpretive philosophical framework was the best way to learn about and comprehend a phenomenon better. Therefore, an interpretive philosophical approach is best suited to answer the central research question: "What are the

African American Baptist pastors lived experiences of counseling emotionally distressed congregants in the role of mental health providers?"

According to Putnam and Banghart (2017), an interpretative phenomenological philosophy approach emphasizes two distinguishing characteristics: meanings and interpretations. Meaning is how people make sense of their experiences or adjust to their everyday organizational existence. Giving meaning to or extracting inferences from commonplace events or deeds is another definition of interpretation. The interpretative phenomenological philosophy approach is based on the notion that reality is socially constructed or given meaning through comprehension and interpretation. As a result, it is a broad term that relates to a particular person's world. To comprehend the essence of a phenomenon as it is experienced by a limited set of people inside some shared frame, researchers employ an interpretive phenomenological philosophical approach (Smith et al., 2009). The interpretative phenomenological philosophy technique does not need ideal aims or numerical or statistical analysis of the data or supporting materials. According to Deetz (1996), the interpretive philosophy perspective gives the researcher greater scope to address issues of influence and impact and ask questions. The social world is acknowledged as a human creation with many characteristics that cannot be quantitatively observed and measured; as a result, access to reality can only be obtained through social constructions like language, consciousness, and shared meanings.

The interpretive philosophy perspective is supported by observation and interpretation; therefore, to observe is to gather data about events or concerns (Aikenhead, 1997). Making sense of that information by inferences or evaluating the correspondence between it and patterns is the act of interpreting. It is also crucial to acknowledge that

research problems may arise in a social context (Boland, 2004; Remenyi & Panther, 2004). Hermeneutics goes hand in hand with the phenomenological interpretative philosophical method, as I sought to analyze how African American Baptist pastors counsel emotionally distraught congregations.

Hermeneutics is the technique and practice of interpretation. It derives its name from Hermes, the Greek messenger of legend who bore knowledge and understanding between gods and mortals (Ricoeur, 1976). Hermeneutics started to be connected with text interpretation in the 17th century. However, the development of modern hermeneutics, which went beyond the illumination of the biblical text to illuminate human understanding, is credited to Schleiermacher (Gadamer, 1975). Three key philosophical assumptions or constructs inform hermeneutics as a strategy for knowledge creation. These constructs shape the research strategy for this study. They are (a) hermeneutics is the study of how language is used to share the understanding that we already have with one another; (b) knowledge is created through discourse; meaning develops through conversation or hermeneutic exchange between the text and the inquirer; and (c) the researcher repeatedly switches between readings of different text fragments and interpretations of the entire text, demonstrating an evolving grasp of the phenomenon (Koch, 1996). Ricoeur (1976) stated that the hermeneutic technique integrates an understanding of the past, present, and future. This method connects the phenomenon to the reader and the text's conversation.

Therefore, the interpretative philosophy approach and the hermeneutic technique were well-suited to this study, as I sought to comprehend the significance of the lived experience of African American Baptist pastors when counseling emotionally distressed congregants

as mental health providers. The method has a risk of subjectivity in interpretation, but if precautions are made to account for researcher bias, it offers extensive analysis (see Smith & Osborn, 2015). In addition, these participants' gender, age, and educational attainment added to the complexity of the study. Narrative inquiry, case studies, and grounded theory approaches were rejected. Narrative inquiry is usually limited in scope to a single individual (Creswell, 2013), which would not provide for a holistic and in-depth view of the phenomenon. Likewise, case studies that concentrate on a detailed examination of a single case over a long period would have been too constrained to get a more comprehensive analysis of all the participants' responses using a single analytical framework (see Patton, 2015). Lastly, a grounded theory approach was inappropriate since I did not seek to generate a new theory.

Role of the Researcher

My principal responsibilities in this study were as an interviewer and an interpreter. However, Creswell (2014) highlighted significant responsibilities in the role of the qualitative researcher. This role is not limited to the planning stage or data collection process but involves each study step. According to Creswell, the researcher must be aware of the various subjective realities that participants address and how their backgrounds may affect how results are interpreted. In other words, paying close attention to each speaker and comprehending their point of view will be crucial without allowing personal prejudices to skew what is said. Likewise, according to Murchinson (2010), the qualitative researcher turns into a research tool; hence, it is essential to consider how the researcher's influence affects the data gathered. Qualitative researchers frequently keep journals

throughout their research to better understand how their mental state may affect data collecting.

The researcher using the interpretive philosophy plays an active role and essentially serves as an instrument in the study (Smith et al., 2009). Thus, another crucial issue in qualitative research is the researcher's reflexivity. Reflexivity involves the researcher's perspective, the type of knowledge they seek to know, and their theoretical background. It also discusses how the researcher's cultural background and previous interactions may have affected the study's design and data interpretation methods. To lessen this, the researcher must be conscious of their values and the potential for bias that could influence the research at any point (Creswell, 2014).

The researcher must ensure that communication with the participants happens organically to encourage honest and in-depth discussion. The researcher must also comprehend how their involvement with the bracketing procedure has affected them. According to Smith et al. (2009), this approach reduces the possibility that preconceptions will have adverse effects that would taint the study process. Therefore, before conducting these interviews, I wrote down my beliefs and dispositions to eliminate any opportunity for prejudice or bias.

Methodology

A phenomenology methodology allowed me to capture and interpret multiple subjective experiences of African American Baptist pastors in the role of mental health providers. The phenomenological perspective helped me to develop a composite description of the essence of the experience for all individuals. These descriptions consist of what they experienced and how they experienced it (see Moustakas, 1994). Creswell (2014) defined the

phenomenological technique as the ability to ascertain what an experience means to those who have had it and to offer a detailed account of it.

Phenomenology is defined as the study of structures of experience or consciousness. It is the study of “phenomena,” appearances of things as they appear in our experience, or how we experience things (Smith & Thomasson, 2005). In contrast to narrative research, which covers the lives of a single individual, a phenomenological study describes the significance, for several individuals, of their lived experiences of a specific idea or phenomenon. I used it to gain an understanding of African American Baptist pastors in their role as mental health providers in emotional distress. This methodology allowed participants and myself to jointly create a knowledge of the role of African American Baptist mental health professionals.

Consequently, a phenomenological perspective was appropriate and allowed me to reflect on the subjective character of reality, illuminating each participant's understanding of their role as mental health providers while retaining the validity and uniqueness of each individual's experience. I relied on an inductive approach to explore and understand the relationship between African American Baptist pastors in the role of mental health providers and congregants with emotional distress. According to Thomas (2006), An inductive approach has the following purposes: (a) to condense raw textual data into a brief, summary format, (b) to establish clear links between the evaluation or research objectives and the summary findings, and (c) develop a framework of the underlying structure of experiences or processes that are evident in the raw data. Thomas also stated that the general inductive technique offers a simple, systematic set of steps for assessing qualitative data that can result in accurate and reliable findings. Finally, a discussion on replication

was added to facilitate any follow-up attempts by other researchers using other populations in different contexts. In this section I cover the logic for selecting participants, instrumentation, recruitment, and data collection and analysis. Being a certified mental health practitioner is at the heart of any personal beliefs, presumptions, and prejudices I hold regarding this study. Therefore, it was essential to maintain objectivity and refrain from using personal opinions or professional prejudices to influence how the data was received and interpreted by bracketing personal views.

Moustakas (1994) indicated that bracketing ensured the researcher remained focused on analyzing the participants' experience. Moustakas also concluded that by bracketing, firsthand experiences of participants helped validate a qualitative study and interviews. Similarly, Delve (2018) suggested that the researcher can employ bracketing early in the research process and then reflexively as the study progresses to suspend researcher bias and focus on social, cultural, and historical variables that shape interpretation.

Additionally, Delve believed that bracketing becomes a method for verifying the study process and outcomes. Creswell (2013) also underlined that with bracketing, the researcher sets aside all preconceptions and experiences and relies on intuition, imagination, and universal structures to acquire a picture of the event.

Participant Selection

Participants for this study consist of a purposive sampling of African American Baptist pastors. According to Patton (2002), nonprobability sampling is the method of choice for most qualitative research. Purposive or deliberate sampling is, therefore, the best sampling strategy. According to the premise that the investigator wants to learn, comprehend, and acquire insight, they must choose a sample from which the most can be inferred. This is

the rationale for purposeful sampling. I explored the lived experiences of eight to ten African American Baptist pastors who counsel emotionally distressed congregants in the role of mental health providers. Therefore, participants were chosen based on their provision of mental health services to congregants in emotional distress and their pastoring experience. Although there are many African American pastors, the focus was limited to African American Baptist pastors to understand better this particular segment within the community and church leadership. In addition, this group is well-suited for the study based on the group's diversity regarding age, length of the pastorate, and congregation size.

Therefore, the criteria for participant selection for this study included (a) African American Baptist pastor, (b) in a counseling role of emotionally distressed congregants, and (c) following a literal view of the Bible (a biblical text should be understood in light of the apparent meaning conveyed by its linguistic structure and historical context, according to a literal interpretation of the Bible).

Participants were recruited and contacted either verbally or by email once a list of those who meet the criteria was prepared. In addition, an informal meeting with those who volunteer was held at a local church to inform them about the study and interview process and answer any questions they posed.

However, if it turns out that recruiting did not result in a sufficient number of participants, all volunteers, regardless of age or length of the pastorate, will be used in the study. The interpretive technique frequently employs purposeful sampling. After all, it enables the researcher to choose the subjects that most accurately represent the studied experience (Pietkiewicz & Smith, 2012).

According to Boddy (2016), qualitative researchers have been criticized for not justifying their research sample size. Boddy also noted that the literature on sample sizes in qualitative research is sparse. Mason (2010) also stated that sample size and saturation in studies employing qualitative interviews should avoid going beyond the point where it is ineffective and that the newly discovered material does not contribute to the overarching narrative, model, theory, or framework. Boddy (2016) and Sandelowski (1995) suggest that qualitative sample sizes of ten may be adequate for sampling among a homogenous population. In addition, Sandelowski is one of the few authors on sample size in qualitative research to note that a sample can be too large. Sandelowski concludes that an extensive sample does not permit the deep analysis of in-depth approaches.

The relationship between sample and saturation is essential. Saturation is the most common guiding principle for assessing the adequacy of purposive samples in qualitative research (Morse, 1995). Saturation was developed by Glasser and Strauss (1967). It was formally known as theoretical saturation and was influenced by the grounded theory approach to qualitative research. Hennink (2017) asserts that most qualitative researchers today adopt data saturation or topic saturation. This more extensive application emphasizes measuring sample size rather than the suitability of data for theory development. When used in this more general sense, the term saturation describes the stage of data collecting when no new problems or insights are discovered, the data starts to repeat itself, and continued data collection is unnecessary.

Saturation is a vital sign that a sample is sufficient for the phenomenon under investigation, that the data collected have adequately represented the variety, depth, and complexities of the topics under investigation, and that there is, thus, content validity (

Francis et al., 2010). Assume, for instance, that the study cannot enroll three to eight people, as Smith et al. (2009) indicated. The study will use snowball sampling to discover more volunteers who fit the criteria or consider other African American pastors of different denominations who deal with comparable difficulties. Smith and Osborn (2008) also advise that the study should initially look for four to eight people who match the study criteria to prevent being overwhelmed.

Instrumentation

Semi-structured interviews are the most efficient way to gather data for the interpretative approach. They let participants tell their stories more naturally and discuss any aspect of their experiences that they deem essential (Smith & Osborn, 2015). In addition, semi-structured interviews are also necessary and valuable in guiding participants as they relate their experiences. (Smith & Osborn, 2015). Therefore, each African American Baptist pastor will be interviewed using ten predetermined open-ended questions about their lived experience in the role of mental health provider counseling congregants with emotional distress. In addition, semi-structured interviews will allow for the effective collection of in-depth data using language that participants can easily comprehend. Such conversations can produce rich data, information, and ideas in a semistructured interview since the degree of questioning can be adjusted to the situation, and the interviewer can ask more questions for deeper understanding. (Amanfi, 2020). I will use an interview method form with a list of interview subject conversation topics. It will assist me in focusing the interview on the participants and their understanding of being mental health providers and helping congregants in emotional distress. Each participant will receive identical questions because they are designed to address the research issue. Accordingly, open-ended interview

questions will be developed depending on the themes under study. This process will allow African American Baptist pastors to express their views, feelings, and opinions. Therefore, semi-structured interviews will yield the most reliable data for the study.

Data Collection

Before contacting potential participants, obtaining institutional review board approval will be required. Once done, initial outreach will be through contact with a General Southern Baptist Fifth District, Atlanta Chapter representative to obtain names of African American Baptist pastors who meet the criteria and are willing to be interviewed about their experience. The first phase will be to speak with the volunteer African American Baptist pastors to establish a rapport, discuss initial consent, get to know the participants, and alert them to ethical issues.

Islam and Aldaihani (2021) remark that the interview investigates the interviewees' experiences, perspectives, opinions, ideas, beliefs, and motives. The researcher thinks that interviews create a more profound appreciation or comprehension of societal concerns or occurrences. Semi-structured interviews will be used to allow both the interviewer and the interviewee to diverge and explore any issue or response at a deeper level. The semi-structured interview is more flexible than structured interviews, and it helps both the interviewer and interviewee stay on the topic (Islam et al., 2021). Interviews will be face-to-face with participants, with only me and the participant present. Only participant initials will be utilized to secure their anonymity and promote candor. For doctoral-level research, three to eight interview respondents are the recommended sample size; nevertheless, interviews will continue until data saturation

(Smith et al., 2009).

The data will be collected through notetaking as participants answer a prescribed list of eight to ten questions from the interview protocol form. Using the interview protocol form will allow the sequence of the questions to collect in-depth, meaningful responses as the interview progresses. It will also help to encourage the participants to talk and share their experiences, feelings, opinions, and knowledge concerning their role as mental health providers counseling congregants with emotional distress (Patton, 2002). During the interview, impression notes will be made to remember details that stand out while the participant is talking but may not be clearly expressed. Each interview will be 60 minutes long, based on recommendations by Pietkiewicz and Smith (2014). Second interviews may be possible if there are other questions during the analysis process. Information regarding counseling options will be accessible if any participant exhibits discomfort or stress due to the interview. Anytime they choose, participants are allowed to withdraw from the study. In-person interview notes will be kept in a lockable file folder and kept in a closed filing cabinet.

Data Analysis Plan

Data analysis is managing, coding, storing, and analyzing data (Evers, 2018). According to Islam et al.(2021), qualitative data analysis includes interpreting, identifying, and examining patterns and themes in textual data and determining how these themes and patterns help understand the phenomenon. In addition, Islam finds that qualitative analysis stresses making sense of or comprehending a thing above forecasting or explaining it. Researchers should have specified processes for examining multiple data sources because processing data might be complicated while performing qualitative research (Giorgi, 2009). According to Alase (2019), interpretative phenomenology analysis will utilize the

African American Baptist pastor's direct quotes, first-person experiences, opinions, feelings, and knowledge gleaned from the interview to extrapolate the meaning of the participant's history and experiences as a mental health provider to congregants with emotional distress. Data collected in this study will be analyzed using thematic data analysis. According to Braun and Clarke (2006), thematic analysis is a method for identifying, analyzing, and reporting patterns (themes) within data. Coding is an integral component of theme analysis. Grouping codes into themes is a method for summarizing sections of data that aids in answering the research question and achieving the research objective (Gosley, 2021). For this study, three strategies will be implemented to outline the data analysis process: (a) the preparation and organization of data, (b) classifying data for developing themes, and (c) representing the data (Creswell, 2013). Placing the data in the participant's context and perspective is crucial for the analysis (Smith et al., 2009). Reading the entire transcript will give the researcher a sense of the overall experience related to the interviewee, as Peoples (2020) recommended.

Preparation and Organization

The preparation and organization step begins with transcribing participant interviews and notes taken during face-to-face meetings. Each participant will have a folder that includes the transcripts and any notes taken during the interview. For example, initials will identify participant one and (P1), and all notes related to P1 will be placed in a secure folder after the interview. The numerical categorization will help me identify the information gathered for each participant. This process will take place with each participant. All documents will be stored in closed and secured files in a locked file cabinet.

Classification of Data

The data classification stage of data analysis will follow a procedure to find and create preliminary meaning units based on the transcripts' descriptive, linguistic, and conceptual components (Smith et al., 2009). All information at this point is relevant and given equal value. The following stage is to create a coding system to help identify specific details for evolving themes (Moustakas, 1994). Durdella (2019) states that codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes signify that something means something and will form part of a more significant meaning structure as analysis and interpretation progress (Durdella, 2019). After coding the data, the codes will be combined, classified, and evaluated using thematic analysis to develop themes that reflect the significance of the data in relation to the study's research question. Segmenting is the core of analytical work in qualitative research. Clustering statements can be used in conjunction with segmenting to highlight developing themes that emerge and capture common themes within the disparate experiences of the participants (Smith & Osborn, 2008). These themes are big groups with numerous smaller groupings to create a familiar concept. (Durdella, 2019). The themes must be arranged into a structure that clarifies how words, phrases, sentiments, and thoughts relate. This structure allows the data to be followed from the first statements through to the final themes for later plausibility evaluation.

According to Saldana (2015), thematic analysis follows a four-step process: (1) identifying codes in the data, (2) creating categories of codes and identifying commonalities, (3) reviewing the categories and developing themes, and (4) applying emerged themes and their relevance to the research question.

The final step will be to write a narrative that analyzes and interprets the common themes and final meaning units discovered through close engagement with the interviews and transcripts to shed light on the essence of the experience of African American Baptist pastors who counsel members in emotional distress.

Issues of Trustworthiness

Trustworthiness in qualitative research is a measure of research worth and the strength of the findings (Levitt et al., 2017). This section will explore how credibility, transferability, dependability, and confirmability will be established. According to Lincoln and Guba (1985), these four measures best demonstrate trustworthiness.

Credibility

According to Bloomberg and Volpe (2016), qualitative researchers are concerned about the validity of their communication. Therefore, they employ various procedures to reduce the likelihood of misinterpretation, including redundancy of data gathering and procedural challenges to explanation. This process is called data triangulation. It is a process of using multiple perceptions to clarify meaning. Dezin (1978) proposed four types of triangulation: (1) the use of multiple methods, (2) multiple sources of data, (3) multiple investigators, and (4) multiple theories to confirm emerging themes and findings. According to Merriam (2009), there are four reasons to use triangulation: (1) to enrich the data by explaining the various aspects of specific concepts; (2) to help refute data if another detail invalidates a set of data; (3) to confirm a hypothesis that another set of options has confirmed; and (4) to use one set of options to help explain the unexpected findings of another set of options.

According to Marshall and Rossman (2010), using interviews to collect data provides credibility to qualitative research. In addition, Marshall and Rossman argue that interviews improve the consistency and accuracy of research. According to Tracy (2010), recording and transcribing interviews also contribute to developing credibility. Interviews that are recorded and transcribed guarantee that no material is lost or misconstrued. Tracy believes that researchers should demonstrate rather than declare the level of depth in their data descriptions. By doing so, the researcher enhances the research's credibility. Similarly, Stenfors et al. (2020) recommend that when evaluating data quality, the attention should be on the data's depth, richness, and appropriateness, as well as if, when evaluated, the data give sufficient evidence to answer the research question.

Maxwell (2005) states that it is essential to identify any researcher biases and misunderstandings of what they heard or observed. To decrease researcher bias, Baker (2011) purports taking the following steps: (1) create a thorough research plan; (2) during the interview process, start with broad questions to introduce the topic; (3) summarize the answers using the original context; (4) review research with an outside peer to have them review the research plan and data; and (5) keep detailed records of all research materials. Even though different words may be used, the participants should be able to recognize their experience in the interpretation. According to (Hammarberg et al., 2016), the bracketing exercise can foster reflexivity, which concentrates on the researcher's possible impact on the research.

Transferability

Creswell (2013) states that transferability is defined as the degree to which the research results can apply or transfer beyond the bounds of the project. Transferability implies that

the research study results can apply to similar situations or individuals. Creswell (2013) also advises including detailed descriptions of the study's other aspects, such as its location, participant mannerisms, and any other elements that might later be relevant in addition to the data. Finally, according to Rudestam and Newton (2015), the themes that emerge via coding should logically follow the raw data and enable other researchers to draw similar findings. The interpretive method lends itself to transferability since it captures a variety of viewpoints surrounding a particular phenomenon (Smith et al., 2009).

Dependability

In qualitative research, dependability serves the same purpose as reliability in that it ensures that the study's methods are accurate and consistent and that the results are stable (Patton, 2015). However, Patton warns that even the most well-laid strategies can encounter minor issues that could eventually undermine the stability of the data as circumstances change. In order to assure the dependability of the data, Creswell (2013) also suggested taking accurate notes, making high-quality recordings, and providing thorough transcriptions. In addition, Merriam (2009) suggests that creating an audit trail is essential and that researchers can do that by keeping journal notes.

Similarly, the researcher is responsible for the study's correctness and consistency, according to Lincoln and Guba (1985). Therefore, the researcher can use programs like EverNote to maintain the tracking and storage of data. In addition, this program can make collected data accessible during a potential audit. According to Rudenstam and Newton (2015), an audit trail validates data reduction, analysis, and synthesis as the investigation progresses.

Confirmability

Patton (2015) relates confirmability to the impartiality of the study and its potential impact on the findings in qualitative research. Additionally, it highlights the researcher's point of view. Additionally, confirmability accounts for the researcher's ability to confirm or corroborate descriptions of how data will be checked and rechecked. Finally, the method may also call for the cooperation of two or more people to ensure the objectivity of the study's conclusions (Elo et al., 2014).

Identifying any biases that may have personally impacted the process will be made more accessible by the methods to assure reflexivity, where the researcher reflects on personal beliefs, values, and biases to ensure transparency of their position (Hammarberg et al., 2016). Therefore, as a mental health provider, it will be essential to ensure that any themes interpreted by the participants are reasonably interpreted without potential bias. In contrast to depending solely on the researcher's interpretation, Darawsheh (2014) advises incorporating direct quotes from participants (interviewees) to illustrate themes. In addition, Patton (2015) proposes that the methods to ensure reflexivity will assist in identifying any personal biases that may impact the process.

Ethical Considerations

The institutional review board (IRB) has specific guidelines for research, especially research that includes human subjects. Therefore, protecting human subjects in this study is an important ethical consideration. Before beginning the research project, the researcher should build trust with each participant, according to Janesick (2011). The idea is to get in touch with each participant and set up a meeting to explain the study's purpose and thank them for participating to win the trust of African American Baptist pastors. The study's

participants will also get written material outlining their right to discontinue participation at any time. By expressing the study's goal, the researcher anticipates collecting rich and detailed data; participants will feel appreciated. The researcher will give each participant a copy of the informed consent describing the study's objectives after the meeting with the participants.

Furthermore, participation is optional, and individuals can stop at any time without repercussions. Finally, the researcher will not use names or church affiliations during the study to avoid marginalizing participants. All participants will be made aware of the confidentiality of the study and that I am the only person with access to the research data. Schrems (2014) states that all participants will be treated with beneficence. A locked file cabinet will be used to store all of the notes, transcripts, and data. Data will be protected and preserved for at least five years, with access only by me.

Chapter 4: Data Analysis

The purpose of this research study was to explore African American Baptist pastors' lived experiences as mental health providers to congregants who disclose emotional distress. This phenomenological qualitative study included eleven African American Baptist pastors/ministers. I also aimed to understand the relationship between pastoral care and mental health services. According to Koeing (2005), pastors usually offer pastoral care grounded in scripture during trying times. He pointed out that because both spirituality and mental health deal with the body, mind, and spirit, their relationships are entwined.

Koeing (2005) also observed that pastoral care and counseling are increasingly integrated into practice. Likewise, according to Whitehead (2016), pastors can assist

people with mental health concerns by using pastoral theology, which includes pastoral care and mental health. He asserted that people are social creatures that depend on one another for their emotional, bodily, and spiritual well-being. Humans require kinship, confidants, and connections. Young (et al. 2003) noted that pastoral care and mental health services can be relatively the same because one must build a relationship and trust with the person, and both can use scripture to help provide ways for people to express their feelings.

The following research question guided my inquiry:

RQ: What is the lived experience of African American Baptist pastors as mental health providers to congregants who disclose emotional distress?

Demographic features of the study participants, a comprehensive outline of the data analysis, trustworthiness, the data collection process, and a synopsis of the research outcomes are all included in this chapter. The participants' lived experiences are essential to the research since they provide insight into their perspective on mental health and their role as mental health providers, which may be investigated. Open-ended questions were used to explore the lived experiences of African American Baptist pastors in their role as mental health providers. The interview setting was a local church in Georgia.

Demographics

All interviewees identified themselves as African American Baptist pastors/ministers and self-identified as 30 to 60 years old. All participants were engaged in counseling for the mental health needs of congregants who expressed emotional distress in some capacity (see Table 1).

Table 1*Years/Ministry, Education, Training Hours*

Participant	Years in ministry	Education level	# Counseling training hours
P1	13	Doctorate in ministry	6
P2	12	BA Theology	0
P3	20	BA Theology	3
P4	23	Master's theology	9
P5	10	Bible college	0
P6	40	Master's theology	10
P7	47	Doctorate in ministry	120
P8	24	BA Theology	120
P9	25	Doctorate in ministry	15
P10	30	Doctorate in education	40
P11	16	Education Specialist	3

Data Collection

The interviews were conducted over 10 weeks. I received Walden University IRB approval # 10-06-23-0648128 to conduct research on October 24, 2023. A total of 10 participants were engaged in face-to-face semistructured interviews to obtain a comprehensive understanding of the African American Baptist pastors' daily experiences as a mental health provider during the process of counseling congregants experiencing emotional distress. One participant was interviewed by telephone due to problems with

conflicts in schedules. Every attendee designated a specific date and time for the interview . All participants were flexible with scheduling their interviews.

When meeting with participants, I explained the interview process and the consent form to each participant. Each participant acknowledged and agreed to the process and signed the consent form. Follow-up interviews were not necessary. The interview questions were met with participants' comprehensive, introspective, detailed, and indepth replies. Before the end of each interview, I invited the participants to impart any more insights or remarks they deemed pertinent to the research subject and study. Each participant provided some excellent additional input about the role of mental health in the church and how it affects congregants.

Through this process, I was able to acquire specific accounts of participants' lived experiences in counseling congregants with emotional distress (see Giorgi, 2009). The interviews were hand-recorded, spanning 60-120 minutes. The interviews adhered to the interview protocol and were designed to address the research question.

Data Analysis

Data analysis was conducted using the MAXQDA 24 (2024) software version and following the seven-step procedure recommended by Creswell (2014). As the initial step in data preparation and organization, the handwritten responses to the protocol questions were transcribed. By comparing the transcripts to handwritten notes, I edited, reread, and reviewed them to ensure their accuracy. I then confirmed that the imported transcripts served as source files for the MAXQDA 24 program.

The second step of the analysis, reading and reviewing the data, involved thoroughly rereading the transcripts (Creswell, 2014). This rereading aimed to view the

dataset entirely and to make preliminary notes of potential patterns in participants' responses. The early notes, which included citations to specific transcripts and replies contained within the transcripts, were composed manually.

In the third step of the analysis, preliminary data coding was performed (Creswell, 2014). During this stage, In Vivo coding was used. According to Saldana (2016), for the majority of qualitative research, InVivo coding is suitable. The data were systematically categorized into words, phrases, or sequences of phrases that conveyed significance in describing the participants' lived experiences regarding the phenomenon under investigation, participants' viewpoints on their roles, beliefs concerning mental health, and the church's relationship with mental health. In this manner, each pertinent segment of data units was assigned a concise, descriptive term or phrase that encapsulated its significance. The transcript snippets were tagged, and an initial code was allocated in MAXQDA 24. The identical designation was given to transcript portions that conveyed comparable meanings. The codes were formed inductively by clustering excerpts with similar meanings. Table 2 is a list of the initial codes identified during this step.

Table 2

Initial Codes

Initial codes	<i>N</i> of participants	<i>N</i> of transcript excerpts
Role in lives of congregants	10	10
Stigma	2	2
Church equipped	11	11
Side effects of mental health issues	4	4
View of counseling	7	7

Counseling values and beliefs	10	10
Preparation for counseling	2	2
Tools, resources, referrals	8	8
Building rapport	10	10
Criticism	7	7
Dialogue on mental health	1	1
Expectations	3	3
Counseling experience	15	15
Prayer/mental health	10	10
Foundations in counseling	1	1
Final thoughts/mental health	8	8

The initial codes were grouped into themes at the fourth analysis step (see Creswell, 2014). When codes formed substantial components of a broader theme that described the lived experience of the event under investigation, they were grouped together. Initial codes were assigned to the exact phrases that represented a theme. Subsequently, preliminary descriptive labels were given to the topics. To validate the codes and themes as representations of the patterns evident in the participants' replies, a comparison was made with the data (see Table 3)

Table 3

Emergent Themes

Roles	MH provider	Church & MH
Pastor	Counseling education/ foundation	Church equipped
Life of congregant	Training	MH dialogue
Building rapport	Tools/resources	Physical/spiritual
Influence of counseling	Referral practice	View ofMH

Prayer & MH

Role changes

Stigma

For further analysis, using MAXQDA 24, transcripts were coded again for similarities and subthemes, which allowed me to outline reoccurring words and phrases from the original transcripts. Five subthemes were produced when comparing the participants' responses to interview questions. These subthemes were (a) role changes, (b) prayer and mental health services, (c) criticism, (d) mental health training, and (e) church equipped for mental health.

A further observation was made on each participant's pitch, tone, facial expressions, and body language as they gave their experience accounts. I also observed how each participant reacted when asked questions or making comments. Throughout the interview process, I was attentive to the participants' accounts of their personal experiences. All transcriptions and accompanying notes were backed up and stored on a password-protected personal computer. All the interviews were transcribed and imported into MAXQDA 24 software, where folders were created to store the interview information.

Discrepant Cases

Participants' responses regarding their attitudes and perspectives toward mental health, the church, and their lived experiences were similar. None of the participants provided any information that was not anticipated in the interview responses. No discrepant cases were found during the research study.

Evidence of Trustworthiness

As discussed in Chapter 3, trustworthiness is established by credibility, transferability, reliability, and confirmability. Various techniques were employed in this research

investigation to provide coherence and credibility throughout the study. Preserving the integrity of the study was my primary concern during this procedure. The interview protocol form, researcher notes, and triangulation were employed to guarantee the study's consistency.

Credibility

By adhering to the interview procedure, I was able to present the 11 study participants with the interview questions in a consistent manner throughout each session. The interviews remained centered on the lived experiences associated with the phenomenon explored in the research, as directed by the interview protocol, which functioned as a script. Lincoln and Guba (1985) noted that persistent observation aims to identify the characteristics and elements in the situation that are most relevant to the problem or issue being studied and focus on them in detail. Likewise, Moir and Megheirkouni (2023) suggested that persistent observation can be used for face-to-face interviews to ensure depth and understanding of the phenomenon studied. The observation occurs from when the researcher enters the interview room to when the researcher leaves.

Moir and Megheirkouni (2023) noted that a key characteristic of persistent observation is that it enables the researcher to observe participants' reactions, behaviors, facial expressions, body language, and changes in vocal patterns. Persistent observation gives the researcher valuable insights into the hidden feelings of participants regarding the phenomena studied. I used persistent observation during the interviews, observing the participants' body language, behaviors, vocal tone, pitch, and facial expressions as they discussed their experiences in the role of pastors and mental health providers, paying close attention to how the participants reacted when asked questions or made comments relevant

to the issue. I created the codes, concepts, and categories to analyze the characteristics and elements relevant to the issue studied and checked my notes and the transcripts several times to ensure the participant's comments were clear. I focused on the shared experiences of all 11 participants and the meanings connected to them. To further establish the study's credibility, an external review of the transcripts was conducted by a colleague who verified the accuracy of the procedures, techniques, and data analysis.

This person had no affiliation with this research.

Transferability

The demographics and background information of the participants were utilized to ascertain transferability. During data collection and analysis, transferability was demonstrated by using the MAXQDA software program and going through each step of the data collection and analysis process. Transferability was demonstrated by disclosing sample characteristics, personal traits, and the duration of data collection (see Johnson et al., 2020). The interview schedule was set up based on the participants' preference in the evening due to work schedules and other obligations for the participants and the researcher. I was able to accommodate their preferred times. Accurate transcription of the participants' direct quotes, which provided raw data for disclosing their lived experiences and the meanings attached to these experiences, was another way to demonstrate transferability.

Dependability

The study's dependability may be ascertained by its internal and external consistency. Establishing dependability requires the researcher to describe the study procedure (Johnson, 2020). In order to identify and establish the consistency of the study, interview protocols, researcher notes, and persistent observation were implemented. To

ensure dependability, I used open-ended interview questions for each participant. To understand each participant's perspective, I reviewed the research purpose, participant demographics, and the data analysis that supported the research question. The data were evaluated for authenticity by looking at the participants' responses to the interview questions, reading transcripts, and comparing participant responses to interview questions.

Confirmability

The confirmability of the study was established in several ways. In order to establish confirmability, I designed the interviews to enable participants to clarify their answers and add to their answers. I also used persistent observation to observe participants' reactions, behavior, body language, facial expressions, and vocal changes. I used reflexivity after each participant interview. As part of this process, I had to selfreflect through field notes and a reflexive diary that highlighted my thoughts and biases related to the responses given by the participants. Reflexivity necessitated analyzing the positional, emotional, and different perspectives that the research generated.

Results

The main research question was “What is the lived experience of African American Baptist pastors as mental health providers to congregants who disclose emotional distress?” Each participant stated that they had some experience of offering spiritual counseling to congregants who presented with emotional distress. Three of the participants had actual mental health training. Two of the participants worked in the mental health field. The participants understood the distinction between professional mental health counseling and pastoral care. When confronted with mental health

conditions that exceeded their capacity or influence, the majority of pastors indicated a willingness to refer to mental health professionals.

All participants referenced using spiritual resources as their number one step to assist their congregants who disclosed emotional distress. The data revealed three main themes. These themes were roles, values, beliefs: experience as a mental health provider: and mental health in the church and community. The data also revealed five subthemes. These were identified through the MAXQDA 24 program, where similar phrases or answers showed a parallel meaning.

Theme 1: Roles, Values and Beliefs

In looking at the role of African American Baptist pastors through history, there has always been a multiplicity of roles. Within the setting of the African American Baptist church, specific abilities have been unique to master these tasks. Many African American Baptist pastors fill the roles of preacher, teacher, advocate, and mental health provider.

The second interview question was relevant to Theme 1: "*What role do you play in the lives of your congregants, and what is your role in supporting the mental health needs of your congregation?*" Pastor 1 was relaxed and open during the interview. His responses were mixed with moments of teaching and biblical explanations as he shared his experiences. He had not experienced formal mental health treatment or care. His foundation was strictly from a Biblical foundation.

My role is as a spiritual liaison equipped by God for duties in the church. My role is that of spiritual leader per Ephesians 5 where I am equipping the saints from God's kingdom perspective. My role encompasses helping individuals to understand God's plan

for humanity and their individual lives. When I think about emotional distress, humanizing situations and making the person comfortable is an important step. I support by being there when needed for the person. Pastor 2 was a little tense but relaxed during the interview. He openly shared his experiences with the various youth of the church.

My role is someone who is a teacher, educating from a Christian viewpoint. The Word of God is the anchor compared to society. I hope that I am a role model for others I support by letting them know that I am there for them and that they can trust me.

Pastor 3 was open and candid about his experiences and how he has been in the church and preaching from childhood. He states he was a pastor for ten years, but the church was forced to close due to COVID-19.

I see myself as an advocate for professional help. I am there to support, but if it is more than I can do, I would rather get the person help. I think the role has changed tremendously. I know it is harder for pastors and ministers now because they have to be open to dealing with everything that comes through the door. I support members by being open to what they need. I try to work with them from a human point of view, letting them know that it is ok to have issues but bringing them to God is what will help alleviate the pain.

Subtheme (1) Role change. "How has your role changed?"

Pastor 4 responded:

My role has changed tremendously, especially post-COVID. People need more and are burdened down more. I am doing more than just preaching and pastoral

counseling. I see more people with mental health issues. I have to spend more time working through things with people and families.

Pastor 5 responded:

It seems that I am trying harder to help people. I believe that mental health is real. I have dealt with more personal crises than before. People want you to be more than just a Spiritual leader. They want you to help with life problems and issues.

Pastor 2 responded:

I do not think that the role has changed. I think the method of dealing with people today has to change because people are dealing with more in-depth issues that we did not hear about before.

Prayer is a mainstay of the African American Baptist church. Historically, mental health issues were seen as "a vice of the devil," and the solution was only prayer. For many African American congregants, prayer and faith are the answer to mental health issues. Many African American congregants believe that professional mental health service providers are not in tune with their God or their faith, and therefore, they do not trust them. Participants discussed and shared their views on this relevant question to theme one, "*Do you believe that prayer alone solves mental health issues?*" In most cases, the participants discussed prayer and used examples from the Bible. They also used other scenarios to explain how powerful prayer is for the believer.

Pastor 1 shared his experience and belief in prayer:

Only God knows the heart of man. Can prayer alone work? I believe it can. I believe in the power of God to do anything. If the person is seeking him with their whole heart, through sincere communication with God, there is a possibility that

God will or may fix it. Prayer extends beyond the natural eye or what we see. I believe it is possible. We can pray for those who need mental health care. God can use other avenues to make something happen.

Pastor 2 responded to the question stating “Prayer alone does not solve issues. Prayer is our foundation. But sometimes we may need more.” Pastor 11 gave this response: “I believe that prayer is our foundation. Prayer guides us in the right direction. It does not leave us helpless. Therefore, I believe that prayer is what we need.”

It is crucial to understand that prayer has always been a significant foundation of the African American Baptist church's worship experience. Research confirms that religious rituals such as prayer can help people cope with the effects of everyday stress. Scott (2024) confirms that everyday spiritual experiences, such as prayer or meditation, help older adults cope with negative and enhanced positive feelings.

Subtheme (2) Mental health services and prayer: "Do you believe that mental health services, in addition to prayer, can help congregants?"

Pastor 4 responded that “We have to have counseling even though prayer is our foundation. Post-pandemic a lot has happened with losses, pain and hurt. We need to balance mental health services and prayer.” Pastor 7 responded: “I believe in prayer, but today, we need to do more. I believe that mental health services can provide a better solution to many of the needs of our congregants.”

The final question relevant to theme one was dealing with expectations in the role of pastor. The question was, "*As a pastor, would you agree that you cannot meet all the expectations of church members when providing pastoral care?*" Congregants look to the pastor to give aid, advice, and support in every area of life. Pastors often have to use resources and time

to deal with all the issues that can arise in the church. The majority of participants answered this question based on their beliefs and values. Each participant acknowledged the importance of their work in the church and shared their appreciation for the pastoral leadership position, even in the face of criticism. Offering a listening ear to the person is a key component of both pastoral care and mental health. Pastoral care attends to an individual's spiritual needs. It often involves questions of faith, belief, or doubt. Pastoral care lets you talk to someone who cares about you and keeps your concerns confidential. Pastoral care includes preparation for marriage, baptism, funeral planning, or other life transitions.

On the other hand, mental health care addresses the well-being of an individual concerning their mental and emotional health. Mental health can suffer because of situations such as illness, grief, or job loss. It can also be caused by trauma or chemical imbalance. The majority of the time, mental health treatment is provided by professionals who have received training in various techniques for treating patients' mental health issues. The foundation of mental health is empathy and trust. Based on the participants, all provided pastoral care, and some provided mental health care to congregants.

Pastor 1 responded,

Knowing what I believe about my role, I cannot allow others to dictate to me what God has called me to do. In my role, my job is to lead God's people. Leadership is important, but "followship (being able to follow)" is even more important. If believing and trusting, there is only one Spirit and one God, then I know that God is not going to conflict with his spirit. God is not the author of confusion. People

are pleased through the work of the person God has sent. Disagreements may come, but I have to say "check with the one who sent me." I am to the point where I am impacted but not moved by people or pleasing people. My job is to do what God has sent me to do, even if others disagree or are critical.

Pastor 3 responded,

First, it is not possible to meet the expectations of all church members. It is important to set goals that the church agrees on. It is hard to be impartial, regardless of how I feel. I have a duty and responsibility to help them even if they are angry with me.

As each participant answered this question, it was evident that all of them understood the gravity of being responsible for the spiritual growth of their congregants. Spiritual growth was significant because, for the believer, the internal process of removing barriers, notions, routines, and false life beliefs is known as spiritual progress. It is connected to mental health because, as Scott (2024) pointed out, spiritual development and spirituality can aid in a person's ability to manage life's challenges and stresses. She observed that spiritual experiences and teachings enhanced pleasant emotions while assisting people in overcoming negative ones. Likewise, Weber (et al. 2019) noted that spiritual growth can promote mental health through positive religious coping, community support, and positive beliefs. All participants voiced respect for their role even in the face of criticism because they were grounded in God's calling to lead in this position, even in the face of adversity.

Pastor 4 responded,

First, yes, I cannot meet every need a person has. Secondly, it would be another shot to get it right. It is an opportunity to meet them at their point of need. I would

probably try harder to understand them. I would try to reach them early on in care. It can be difficult when people have their minds made up about you and who you are. Most people want you to fix everything in their lives, and when you do not, they see you differently.

Pastor 8 responded,

Yes, I agree that we cannot meet all the expectations of church members. For me, I would have to pray and ask God for help. I realized there was nothing I could have done to the person. I would not feel bad because I have done everything possible to help them. I would probably tell them, "If this is what you feel, it is ok." I cannot change your mind, even if you think I have not done enough, it is ok. In all honesty, this would not change how I see, think about, or feel towards the person. I would just want the best for them.

Subtheme (3) Criticism: "How would you respond to criticism for poor pastoral care?"
?"

In evaluating criticism, it is vital to understand that who the pastor is to congregants has been shaped since the beginning of the church. Clinebell (2021) suggests that pastors should be aware of the theological realities they constantly deal with in counseling (i.e., guilt, sin, alienation, struggles, pain). These can lead the person to express anger and dissatisfaction when the pastor tries to help them, and they resist care.

Pastor 10 responded:

I have learned how important it is to provide love to congregants, even in the difficult times. They have to have trust in me that I am willing to counsel and help them.

As a pastor, I have learned that I do not need to take things personal. Pastor 11 responded:

Criticism is something we will all face at one time or another. It is how we respond to it that is important. I have been an educator for years, I have dealt with all kinds of attitudes. I have developed a thick skin. But what is important here is to be able to learn to focus on the end goal, which is to help the person get through whatever they are facing.

Theme 2: Education and Experience as a Mental Health Provider

Of the 11 participants, four had completed a Doctoral program, three had completed a Master's program, three had completed a bachelor's program, and two had completed Bible College. Nine of the participants had completed some mental health training. Two of the participants worked in a mental health capacity. Four of the participants had some pastoral counseling courses. For many participants, even with their education, they still expressed that the Bible has the answer to everything they do and need. None of the participants were interested in using formal therapeutic approaches as they counseled congregants. They expressed that their education was a formality, but their foundation was in the Bible. Clienebell (2021) also suggested that, to some extent, the pastor is unique among the counseling professions in his training. He states that this training should equip him to be of particular help to those whose problems are rooted in an unsuccessful search for a philosophy of life that would give meaning to their existence. The question was asked, "*Describe your experience working with congregants with emotional distress.*"

Pastor 2 responded,

I do not have a lot of experience in counseling. I see counseling as a tool That enhances what I believe. I try to talk freely and with confidence. I Try to emphasize

that I am here to listen. My experience with mental health has been mostly positive, especially when they trust me enough to talk to me. There have been some negative experiences when they hold things in and avoid talking about underlying issues that can lead to behavioral problems. A majority of the participants felt that they were prepared to deal with mental health and counseling because they relied on their Biblical foundations and experience. As the participants talked, it was apparent that they all thought that there was an awareness of mental health issues in the African American Baptist church and the

African American community that needed to be addressed.

Pastor 4 responded,

I work with varying degrees of stress and situations identified as mental anguish. Through my training, I have learned to help people engage in self-discovery and the cause for the disconnect. I would say that most of my experiences working with people have been positive because they have been helped. I believe that training is important. I think that there needs to be more training on mental health crises and marital crises. The course work and application of the principles learned have been helpful to me in working with people who exhibit mental health issues.

When evaluating the participants' experience, it stood out that even though many did not have any formal mental health training, all felt that they were prepared because they were called by God to serve. There was a strong undertone in all of the interviews that no matter how much training was involved, their interest was in connecting with their congregants, and they felt a need to be able to do more for their congregants. *Subtheme*

4 Mental health training: "What parts of your training make you feel prepared to counsel congregants with emotional distress?"

Pastor1 responded, "My primary resource, of course, is scripture. I feel that I am trained to help those with emotional distress because of my calling. I understand that pastoring is much more involved today. I believe in finding resources." Pastor 6 responded,

My experience is working on several levels with people, such as panic attacks, Bipolar disorder and those with mental illness. My goal is to try to give them some form of comfort and, through God's Word, find solutions. I would say that my experiences have been both positive and negative. I have seen people helped. I feel like I am prepared not only through my education but because God has placed this calling on my life. God has given me an awesome responsibility, and I want to do the best I can to fulfill it. There are things I would do more. I like to stay informed and abreast of what is going on in the mental health world. Pastor 6 had a Master's degree and about ten hours of counseling and mental health training. Pastor 10 responded,

I actually worked with those diagnosed with anxiety, depression, and Borderline personality. I am not an expert in the field. I found that when things were too difficult, and it was something I could not handle, I referred out. The majority of my experiences with counseling have been positive. I have fourteen years of experience in the field. I think that what I have is adequate. It is enough to know and recognize various diagnoses. Of course, it is important to stay open and up on the field and what things are out there as resources.

Pastor 10 had a Doctorate in Behavioral Education and about 40 hours of counseling and mental health training. A majority of participants had a good understanding of mental

health issues. Many of them had good experiences working with congregants, and they felt rewarded when they could help them through their issues. However, mental health and counseling training was limited to only about 330 hours for the entire group of participants.

Theme 3: Mental Health and the African American Baptist Church and Community

Historically, the response to mental health issues in the African American Baptist church has been to "keep silent." Many of the participants stated that mental health or mental issues were never discussed openly in the African American Baptist church because of the stigma attached to the idea of mental health. Years of discriminatory treatment and practices have had a significant influence on the mental health of the African American population. Mental health issues were once thought to be correlated with immorality and a lack of faith.

The participants shared their level of awareness concerning how mental health is viewed in the African American community and Baptist church. The question relevant to theme three was, *"How do you think counseling or mental health treatment is currently viewed in the African American community and church?"*

Pastor 1 responded, "I would say that it is still very much unknown. The connection between the two is still a learning curve in the community. There is definitely room for growth and opportunity both in the church and the community." Pastor 3 responded, Counseling views are changing. However, the stigma is still strong. Talking about it more and being open to it helps. It is hard for us to admit or talk about having any kind of Emotional problem. It is seen as if we are "crazy."

Pastor 5 responded,

Poorly. The church does not talk about mental health. The community does not see it as vital. Our culture has taught us to close down things that we feel are negative. Mental health needs to be addressed because it takes all forms, not just distress. The church needs to be able to recognize when someone is in pain or hurting. The church has the ability to help both congregants and the community, and we need to address this better.

Many of the participants expressed the fact that mental health issues have always permeated the church and African American families. They cited the fact that culture has played a significant role in how mental health is viewed. For many, they never talked about mental health issues or heard it discussed as children or young people from the pulpit. All participants agreed that it was not a conversation that was talked about because it was someone else's business.

Subtheme 5: Church equipped for mental health: "Why do you think the church is equipped to deal with those suffering from emotional distress?"

Based on the history of the African American Baptist church, learned messages and beliefs about mental health have led not only the church but the African American community to feel as though it is a subject that should be avoided. For years, the belief was that mental health issues were to be kept secret, and that belief has permeated the African American Baptist church and the African American community. Clineball (2021) suggests that the African American Baptist church is more than just a place to go for spiritual involvement or comfort; it is a part of the broader community. Therefore, in African American communities, an even more significant percentage of individuals will first seek assistance from the church.

Pastor 1 responded,

The church is equipped because it is the body of Christ. It is empowered by God. It is the hands and mouth of God. The church is equipped to handle all situations. We look at how Jesus handled situations. God can handle anything because his power is limitless. God deals with the church through the spirit, and people in the church are led by the spirit. God has equipped the true believers through a connection with Him. God uses vessels for His own glory. I believe the church is equipped for mental health and taking care of His people. Nothing is too hard for God. God is the under girding foundation of all care. Relationships are important and influential in the counseling process. Presenting myself as a true ambassador of Christ and getting myself out of the way. Trust is also very important.

Pastor 3 responded,

Currently, the Black church is not equipped to deal with mental health. We have not learned to talk about mental health in a way where people know it is just like having a physical illness. In a mental health crisis, I see myself as a resource. I am going to help find help or resources to get the person what they need. My own experience influences me with counseling emotional distress. I know how it feels to be in a dark place and need help getting out.

The African American Baptist church, all through history has been a key refuge for many in hard times. Unfortunately, remnants of past negative rhetoric are still embedded in its walls today. Pastor 6 responded,

I do not think the church is equipped to deal with mental health. There are those who allow God to show them how scripture speaks to mental health. We have

access, but we do not know how to use it. My role in a mental health crisis is a supportive one. It is important to stay in contact with the person and listen to the person. It is important to assess, observe, and listen because no matter what we think, the crisis is real to the person. I always stay informed about what is going on with the person because, at the end of the day, even with a counseling ministry, I am responsible for the person's care.

Summary

The data for this study were collected via face-to-face semi-structured interviews with 11 African American Baptist pastors. The interviews were transcribed and imported into MAXQDA 24 software. I identified three main themes and five sub-themes. The main themes were roles, values, and beliefs, experience as a mental health provider and mental in the church and community. The five sub-themes were role change, prayer and mental health services, criticism, mental health training, and the church being equipped for mental health. The research question was: What is the African American Baptist pastor's lived experience as mental health provider to congregants who disclose emotional distress? Chapter 5 presents an interpretation of the findings, recommendations, and implications for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this qualitative phenomenological study, I aimed to fill a gap in the literature by exploring African American Baptist pastors' lived experience as mental health providers to congregants who disclose emotional distress. African Americans experience myriad mental

health issues such as depression, anxiety, PTSD, and low self-esteem (Sutton, 2023). Townsend (2022) stated that this population approaches their pastor for support, education, and comfort. Additionally, Ross (2020) drew the conclusion that African American Baptist pastors have a crucial function as gatekeepers within the Black community. Consequently, how they handle issues that arise within the church matters a great deal. The African American Baptist church has not received much attention in research on mental health issues, and more research is required to understand the viewpoints of African American Baptist pastors on these matters (Ross, 2020). To address this gap, I explored the experience of African American Baptist pastors in the role of mental health providers using a phenomenological research design. The phenomenological approach provided the basis for me to obtain detailed accounts of the African American Baptist pastors' lived experience regarding their role as mental health providers to congregants who disclose emotional distress. Using a qualitative approach, I was able to investigate the participants' viewpoints from their perspectives (see Creswell, 2014).

Summary of Key Findings

The analysis yielded three main themes: (a) role, values, and beliefs; (b) education and experience as a mental health provider; and (c) mental health and the African American Baptist church and community. Role, values, and beliefs were the first theme, which produced three subthemes: role change, prayer and mental health services, and criticism. The second theme was education and experience as a mental health provider and produced one subtheme, mental health training. The third theme was mental health in the church and

community and produced one subtheme, whether the church is equipped to address congregants' mental health issues.

Interpretation of the Findings

Role Changes

According to Jackson (2015), the African American community holds pastors in high esteem as trusted members of the community who often function as a resource for mental health support among their congregants. Therefore, role identity is essential for pastors who can place themselves at risk when they view themselves as set apart from or even above their congregants. Role identity helps explain how pastors see themselves in various roles and how they interact socially with others and respond to others' expectations (Pooler, 2018). According to Williams and Cousins (2021), the role of the African American Baptist pastor is constantly changing and may involve situations they have never encountered before, especially postpandemic. Likewise, Bryant (2021) suggested that the pastor's role is a source of support for individuals in the church experiencing emotional problems. Foye (2023) found that in their role as pastors, they call upon personal experiences and biblical sources to support congregants' mental health needs.. Townsend (2022) agreed that the pastor's role includes the counselor's position because it can be more accepting and accessible than that of the mental health professional. Clinebell (2021) stated that in most African American communities, the only professionals available for counseling are African American pastors. My study supports the literature.

All the participants in my study stated that their roles as pastors, encouragers, counselors, and listeners were used to help members and their families with mental health issues. Pastor 6 stated, "My role has changed tremendously, especially post-pandemic. I

see more and more people with the same issues related to stress." Pastor 7 stated, "My role has changed because I am seeing more mental health problems that are not related to spiritual growth." Pastor 8 stated that "the pastor's role had changed. All pastors/ministers today deal with mental health issues, unlike years before when mental health was not seen as a disease; it was hidden away." According to Payne (2017), pastors view counseling as an integral part of their calling; however, they recognize the limitations of their practice and scope. All participants agreed that they have limitations and referred to a biblical foundation as the basis of their care for congregants with mental health issues. The participants stressed that the societal expectations of independence, suppression, and keeping mental health concerns a secret in order to carry on as if there was no emotional suffering were still a big part of the church.

Prayer and Mental Health Services

African Americans have relied on religious texts and customs for a long time to provide them with comfort and hope. According to Foye (2023) and Sutton (2023), pastors use prayer and bible scriptures that constitute a significant part of their counseling process. Hodge et al. (2019) noted that spirituality's positive influence on Blacks' behaviors was due to prayer, worship, and church service attendance. They stated that all these were protective factors in the Black community. Likewise, Clinebell (2021) noted that prayer, scripture, and devotional literature can be a distinct value when used carefully, particularly in supportive and crisis counseling. My study confirmed this. All participants stated that prayer and scripture were an essential part of their mental health role. Pastor 1 stated, "Can prayer work? I believe that it can. I believe in the power of prayer and the power of God to do anything." Pastor 4 stated that "prayer is the foundation of any form of counseling." Foye

(2023) found that many of the pastors, regardless of their level of training, held to the Biblical theory that mental illness was due to spiritual factors such as demonic possession. The participants in this study did not express that viewpoint. Only one participant answered that mental health was motivated by Satan to present people with spiritual challenges.

The majority of participants felt that mental health and spiritual health were intertwined but operated differently. Many felt that both were important, but the spiritual aspect weighed more. Even though many of the participants leaned toward biblical scriptures, they all felt that mental health services were an essential part of counseling congregants. Pastor 1 stated, "God can use other avenues to make something happen." Pastor 2 stated, "They can go together and help each other." Pastor 3 stated, "I would definitely say prayer coupled with mental health services work." According to Sutton (2023), pastors are willing to work with mental health agencies to provide counseling services where needed if they become overwhelmed. The consensus in my study was that participants were willing to refer to qualified mental health professionals when mental health issues were beyond their limitations and the mental health provider was someone, they had confidence in and trusted. Pastor 4 stated, "I have no problem reaching out to others for help. It is always important to ask for guidance."

Criticism and Expectations

Egaly and Karau (2020) noted that the expectations of others based on a person's role affected their conduct. The African American Baptist pastor is seen as a role model, a father figure who can be trusted and has the answers for everything. They are often in a position of authority and influence. Keck (2014) concluded that ministry can be challenging and sometimes perplexing. He stated that when congregants' expectations and

demands on the pastor are not met, it often leads to expressed anger and disappointment. With congregants' expectations of pastors, ministry can occasionally be complex and confusing. Therefore, when they view things differently or suggest referrals to others, congregants may be critical. All participants agreed that criticism was inevitable in their role as mental health providers. Pastor 2 stated, "I see what I do as part of being in a leadership position. We have critics. It would not hinder me from my work." Pastor 6 stated,

One of the greatest lessons is learning to deal with criticism and expectations in this position. I have learned how to deal with confrontation and not take it personally. I think it is crucial that I do not get emotionally involved as a pastor.

Rogers and Tinsley (2023) stated that pastors are often placed in an authority and influential position. Congregants look to them for guidance in everyday matters and support in a time of crisis. Pastors are frequently the first responders in mental health and resemble primary care physicians in many circumstances. They are frequently entrance points for more official mental health services and therapies. Keck (2014) noted that pastors must focus on being whole. He stated that pastors must learn to connect to their emotions to prevent reactions to criticism and emotional breakdowns.

Education and Mental Health Training

Many pastors have limited training and education in mental health (Foye, 2023). Sutton (2023) noted, as well, that pastors lack traditional training to address significant mental health issues. Samuel (2019) found that only 25% of the African American pastors in her study had any formal mental health training. My study confirmed the literature given that only three participants had any formal mental health training. Pastor 10 worked

in the mental health field for about 14 years. Pastors 7 and 8 each had a total of 120 hours (about 5 days) of training in mental health. The majority of participants had 15 hours or less in mental health training.

The literature suggests that African American pastors do not have adequate education and training in mental health to support effective counseling of their congregants (Payne, 2013). However, Townsend (2022) found that having a master's degree was moderately and positively associated with having some pastoral counseling training. Her study also found that there is a strong, positive association between pastors with an associate degree and the ability to counsel congregants with suicidal ideations or attempts. My findings confirm this, as the majority of participants had higher-level degrees, and they counseled more patients with depression, anxiety, and stress.

It is also essential to understand that the African American Baptist pastor is seen as someone trustworthy and supportive by congregants. Most congregants do not care about the pastor's level of education as long as they have a relationship with them; their concern about mental health care hinges on counseling work that is meaningful and helpful. They are not concerned about whether the pastor can recognize or diagnose a mental health problem. Likewise, the pastor is more concerned with the congregants' welfare and how they serve, guide, and help congregants in their life situations. My participants explicitly stated that they do not hold counseling licenses and that their method is based on using scripture and biblical teaching to help members of their congregation deal with mental health concerns. Research indicated that counseling based on this approach may yield more culturally relevant and consistent techniques for this demographic (Iheanacho et al., 2021). According to Taylor et al. (2021), African Americans use religious practices and resources

as pivotal options for coping with mental health stressors and issues. The study's results support this.

Views of Mental Health by African Americans

Mental health conditions have a profound effect on the quality of life in the African American community. Stigma and negative messages surrounding mental health have led to adverse consequences in the treatment of those struggling. Expectations for mental health are deeply embedded in African American cultural standards, according to Ross (2020). Additionally, he pointed out that mental health concerns are not typically addressed or openly recognized in African American families or churches. Any mental disease has long been viewed as a personal problem, a weakness, or a character flaw.

Along with this view came a sense of shame and embarrassment. Townsend (2022) concluded that the African American community, particularly those with profound and enduring ties to church or religious tradition, suffers significantly from the stigma associated with mental health. The participants in this study were all very sensitive to the growing issue of mental health in their congregations and the African American community writ large. The participants talked about the need to destigmatize mental health issues, explaining how the African American community and the church view mental health. Pastor 2 stated, "There is still a negative stigma when people talk about mental health. I do not think that the church has done a lot to change the views because we do not talk about it." Pastor 4 stated, "I do not think that the church fully understands mental health. We need to earn the trust back from folks. They do not trust us, and they certainly do not trust those working in mental health."

Even though there was limited awareness and experience in some areas related to mental health, the African American Baptist pastors in this study did not allow these factors to influence how they responded to mental health. Contrary to Hays (2015), who stated that negative views about mental health could negatively impact the formal helpseeking behaviors of African Americans involved in the church, participants in this study had views and experiences that did not hinder them from participating in treatment when needed or assisting congregants with treatment or referrals for treatment for mental health issues; 8 of 11 participants had no problem referring congregants for appropriate care.

The African American Baptist Church Being Equipped for Mental Health

Townsend (2022) states that the African American church has been part of its congregants' lives since the middle of the eighteenth century. The church offers resources, safety, community, education, advocacy, and spiritual comfort. By promoting conversations on mental health, the church can break the taboo and encourage everyone to acknowledge the existence of mental health problems. History clearly shows why African Americans chose the African American church for emotional support. Dempsey (2016) states that a lack of cultural connection and cultural mistrust is due to past encounters with oppression and racism. Therefore, the African American church has become the resource where most congregants seek solace for mental health issues. In assessing whether the African American church is equipped to address mental health, the mental health awareness of the African American Baptist pastors must be determined. It is vital to understand the African American church's foundational belief system in order to understand their readiness to address mental health. According to Bolger (2022), African American pastors say they are overwhelmed with people coming to them for mental health

care. He stated that many of them reported feeling ill-equipped to offer their congregants needed help. Bolger noted that African American pastors stated they are overworked because the needs in African American communities are often more than their abilities can accommodate. Congregants in Bolger's study openly said that they would seek their pastor first because they perceived mental health issues as highly stigmatized not only in the church but also in the community. The congregants in

Bolger's study saw their pastor as uniquely qualified to help address such concerns.

On the other hand, the pastors interviewed in Bolger's study said they were not adequately prepared and trained to address mental health. This was confirmed in this study. Pastor 10: "the church is only equipped if it is properly trained, and many are not. It is important today to teach pastors how to handle mental health issues." Pastor 2: "The church is lacking. There are not enough professionals to refer to. I think we could do more if professionals were on staff." Pastor 7: "In all honesty, I do not think the church is equipped for mental health. I have given much more post-pandemic. I had to back up and regroup because of the increased load."

Research shows that those individuals engaging African American pastors for assistance can be as emotionally distressed as those seeking out professional psychiatrists. Stanford (2021) concluded that 90% of African American pastors provide some type of pastoral counseling, but less than 10% ever make a referral to a mental health service. Even today, many view churches as more than places to find solace or spiritual engagement. Stanford (2021) concludes that African American pastors need to be trained to recognize mental issues and to recognize that a congregant's problems may be more than spiritual and may require professional care. Findings from the current study also found that African

American Baptist pastors need to be equipped and trained to provide the kind of support and ongoing care needed as mental health providers.

Limitations of the Study

The sample size was one of the study's limitations. Eleven people was a sufficient sample size to present a range of experiences and reactions, although a larger sample size with more varied viewpoints would have been preferable. It was unlikely to be possible to discern distinctions between African American Baptist pastors from other Baptist denominations that were not represented due to the small number of pastors from a single denominational group.

The African American Baptist pastors interviewed were from the Atlanta region of Georgia, limiting the range of views that might have been explored in a different geographic region. African American Baptist pastors from other areas, such as rural Georgia, may have different experiences and viewpoints. These different experiences could impact their particular approach and beliefs about mental health. A third limitation was the use of snowball sampling. This strategy recruits referrals from participants who have already agreed to participate, likely limiting the sample to friends and acquaintances who likely will have had similar experiences (e.g., church community, location, denomination, etc.). Sixty-minute interviews limited the number of interview questions asked; more questions would have allowed additional time needed for follow-up that would have yielded more exhaustive information.

Recommendations

This study adds to the corpus of knowledge on African American Baptist pastors' experience counseling congregants with mental health issues. Several recommendations

can be made to help advance the limited research on this topic. First and foremost, the study should be carried out with a larger and more diverse sample, including people from a broader range of denominations and geographical locations. Further, the study could focus on more specific mental health issues and African American pastors' problemspecific counseling strategies. The study's findings may provide additional insight into how counselors should assist African American clients who see their spirituality and religious beliefs as vital coping and recovery mechanisms.

The opinions of African American Baptist pastors about treatment and professional counselors could be the subject of future studies. Studies show that a large number of African American Baptist pastors are hesitant to recommend professional counselors to their congregants. Heseltine-Carp and Hoskins (2020) claim that clergy members are used to recognizing and referring patients with severe mental health issues to mental health providers when they have confidence in the provider. More research is needed to determine how African American Baptist pastors feel about collaborative care and referring patients to mental health professionals. I also recommend that when beginning the interview with the participants, inform them that the responses and interactions can be casual. African American Baptist pastors were found to be very formal at the beginning of the interview, but as the interview progressed, they became more comfortable and casual. Being casual helped them communicate and elaborate on their answers, offering more in-depth insight.

Implications

My findings suggest several implications. The results of this study indicated that African American Baptist pastors are the first line of mental health care for most congregants.

Therefore, they must understand the need to be equipped and ready to handle mental health issues that arise and that working collaboratively with mental health professionals is needed to provide adequate and appropriate mental health care. The African American community's perception of mental health and the stigma attached to receiving mental health care can be addressed by pastors adopting a more positive outlook on mental health, offering mental health services and circulating encouraging messages about its causes, conditions, and interventions. This step alone has the potential to effect positive social change in the greater African American community.

Conclusion

The purpose of this phenomenological study was to explore the African American Baptist pastor's lived experience as a mental health provider to congregants who disclose emotional distress. To that end, I interviewed eleven pastors with churches whose members primarily identify as African American and who prefer to seek assistance with their mental health issues from pastors as opposed to professional counselors. Three main themes and five subthemes emerged from the data. The first theme, roles, values, and beliefs produced three subthemes (i.e., role changes, prayer and mental health services, and criticism. The second theme, experience as a mental health provider, produced one subtheme (i.e., mental health education and training). Mental health in the church, the third theme, also produced one subtheme (i.e., was the church equipped for mental health?).

The findings suggested that African American Baptist pastors are willing and open to education and training in mental health care. It also suggested that pastors are willing to collaborate with mental health professionals where needed to provide adequate and

appropriate mental health services to congregants who struggle with mental health issues. This study suggested that pastors are open and willing to work to inform the African American community about the benefits of mental health and provide the support needed for the community to become comfortable with mental health professionals. The pastors in this study attested to the application of scripture and building a person's spiritual basis as tools for assisting people in navigating their surroundings. Findings confirmed that pastors are aware of and sensitive to the different mental health issues and need guidance for understanding and recognizing more severe emotional issues. This is supported by other studies that found African American pastors to be aware of their limitations in the field and practice of mental health counseling.

The African American Baptist church has been evolving for decades, but there are still some areas that the church does not openly discuss. Mental health is one of those areas. For decades, African Americans have used spiritual notions and themes as coping methods to help them deal with life's mental challenges. Insights from this study have the potential to catalyze more open conversations on mental health care in the church and that more diverse approaches will be considered.

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Appendix A: Interview Protocol Form

Interview Questions

1. Describe your experience working with congregants with emotional distress.
2. What role do you feel you play in the lives of your congregants, and how does your pastor's function relate to your mental health role?
3. How would you describe mental health and spiritual health? Similar, Different? Why? Please explain.
4. Based on your position within the church, how do you establish a rapport with emotionally distressed congregants to facilitate the care they need?
5. Describe to me what the following statement means: Mental illness is a physical event with spiritual side effects or a spiritual event with physical side effects.
6. What impact does counseling have on your values and beliefs, and how does it influence your counseling of congregants with emotional distress?
7. In reality, as a pastor, would you agree that you can not meet all the expectations of church members? Would you explain how being criticized for failing to meet this expectation or poor pastoral care would influence how you see, think about or feel towards congregants you counsel with emotional distress?
8. Why do you think the church is equipped to deal with those suffering from emotional distress? What are the different influences affecting your experience counseling congregants with emotional distress?
9. Would you categorize some aspects of your experience as positive or negative?
10. What tools or resources do you use to counsel congregants with emotional distress, and could areas of your experience be improved?

11. How do you think counseling or mental health treatment is currently viewed in the African American community and church?
12. Is there anything you wish to share that we did not discuss regarding your thoughts and feelings about mental health issues or treatment?

Appendix B: Demographic Questions

Please indicate the following:

1. Your age in years _____.
2. Your Primary Geographical location _____.
3. Your number of Years as a Pastor _____.
4. Your number of years of education _____.
5. Your highest earned degree _____.
6. Your number, if any, of completed counseling-related courses or training
_____.

Appendix C: Participant Recruitment for Study

Greetings:

As part of the requirement to earn a doctoral degree in Psychology, I am undertaking a research study on how African American Baptist pastors assist members experiencing emotional distress. The objective of this study is to discover the lived experience of African American Baptist pastors when confronted by congregants who disclose emotional distress. Therefore, this study seeks African American Baptist pastors who meet the research criteria to participate. The eligibility requirements for participation in the study are as follows:

- Must be an African American Baptist pastor for five or more years
- Must have previously provided or is currently providing counseling to congregants who experience emotional distress
- Must follow a literal view of the Bible

Benefits:

Participation provides the opportunity for participants to share their experiences with mental health. Data collected from the lived experiences of pastors like you support positive social change by improving mental healthcare in the church and community it serves

Risks and Benefits:

Minimal risks may be encountered with participation in this study, such as revealing personal disclosures or discussing stressful situations. However, with the protections in place, this study would pose minimal risk to the participant's well-being.

Withdrawal without Prejudice:

Participation in this study is entirely voluntary. Participants are free to refuse to participate or to stop participating at any time. Participants are also free to refuse to answer any questions they feel uncomfortable addressing during the interview process. If you are interested in participating in the study, please contact the researcher at the contact information provided below.