A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors

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This dissertation titled
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Abstract

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A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors

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Counseling and mental health treatment has been in existence for decades. This progressing profession continues to meet the needs of our diverse society. Despite the professions progression, the African American population remains underserved; therefore, the Black Church and religious leaders have become a resource addressing spiritual, religious, emotional and psychological needs. Although, pastors are often the primary and only source of support for addressing mental health and spiritual needs, pastors are confronted with issues beyond their scope of practice, specifically knowledge surrounding severe pathology and DSM diagnoses (Farrell & Goebert, 2008; Weaver, 1995). Regardless of limited knowledge and skills in mental health, options for a referral by Black pastors for external mental health services are slim and in some cases, nonexistent. As a solution, pastors have implemented their own methods, such as casting out demons and divine healing to address mental health issues in the Pentecostal Church (Belcher & Hall, 2001). Mental health counselors are beginning to view the Black Pentecostal Church as a gateway to reach an underserved population through the means of fostering collaboration. However, literature suggests reluctance in Black Pentecostal pastors collaborating with mental health counselors (Mollica et al., 1986). The perception of Black Pentecostal Pastors is influential in how they address mental health, and can contribute to their reluctance in referring their parishioners for external mental health services, especially if the presented issue of the parishioner is perceived as a spiritual matter (Petty & Krosnick, 2014). To understand the perceptions of Black Pentecostal Pastors towards mental health and collaborating with mental health counselors, this research investigation used in-depth semi-structured
interviews with six Black male Pentecostal Pastors as the main data collection method to address the following questions: 1) What are the perceptions of Black Pentecostal Pastors towards mental health treatment? 2) How do Black Pentecostal Pastors address mental health issues with their church congregants, and 3) What are the perceptions of Black Pentecostal Pastors towards collaborating with mental health counselors? Critical Race Theory, Systems Theory, and Yalom’s Therapeutic Factors serve as the theoretical and conceptual framework for this study; in addition, a phenomenological case study was used as the methodological approach for this study. A phenomenological approach was implemented to analyze the collected data.
Dedication

This dissertation is dedicated to my grandfather, Bishop M.R. Jackson Sr., and my father, Bishop M.R. Jackson II. Their love for the ministry and compassion for people have inspired me in my own ministry and life’s purpose.
Acknowledgments

“Be not weary in well doing for you shall reap if you faint not” (Galatians 6:9). I thank God for strength; for the strength to withstand every storm that came my way. I thank God for the spiritual boost during my moments of weakness, which consistently rejuvenated me and allowing me to continue to press toward achieving my life’s purpose. I thank God for continually answering prayer, opening doors, and granting opportunities that many only can imagine. All glory and honor goes to the Most High, for nothing would have been possible without Him.

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Chapter 1: Introduction

It is a bright and sunny Sunday morning, warm weather, with a hint of a cool breeze flowing through the air. Butterflies flying, flowers are blooming, and birds chirping as they sit calmly in the trees. Men dressed in tailored suits; some with pinstripe, with matching shoes. Women wearing large bodacious hats, stylish and fancy as the hats worn are cocked to the side, some with feathers and others with rhinestones. Little boys in solid color suits with bow ties, wearing black patent leather shoes while little girls, strutting in their white gloves accompanying their fancy bright colored dresses, flowing in the wind as they walk alongside others; walking swiftly towards the front doors of a local Pentecostal church.

As the service begins, the sound of the organ fills the air; the rhythmic beats of the drums, hands clapping, tambourines ringing as the melodious voice of the Church Mother sitting on the front church pew offers praises to God through song, emerging from the gut and projecting sincere praise. Church members join in, raising their hands and rising to their feet, singing loudly as they sway side by side. Praises and thanks are elevated, uttering from the lips of the congregation; some dancing and prancing as their inner spirit is filled with such joy, feeling the presence of God.

As the congregation simmers, the devotional service is closed as the pastor changes the order of Sunday morning service. Attending church members grab their Bibles as an African American man, the pastor, dressed in a royal blue cassock style robe, lined at the hem with gold trimmings, a gold cross near each shoulder, begins to walk boldly to the podium. As he approaches the sacred oracle, he grabs the microphone, stating “Praise the Lord,” soliciting a reply from attending members, in which they respond, “Praise the Lord”. The pastor states “go with me to the book of James, the fifth chapter and we will be reading from the thirteenth to the fifteenth verse. And the scripture reads as thus:
Is any one of you in trouble? He should pray. Is anyone happy? Let him sing songs of
praise. Is there any one of you sick? He should call the elders of the church to pray over
him and anoint him with oil in the name of the Lord. And the prayer offered in faith will
make the sick person well; the Lord will raise him up. If he has sinned, he will be
forgiven. Therefore, confess your sins to each other and pray for each other so that you
may be healed. The prayer of a righteous man is powerful and effective (James 5:13-15,
New King James Version).”

As the scripture read by the pastor is finished, the attending church members follow by
saying Amen. Closing his Bible, the pastor continues to stand tall before the church, elaborating
on the scripture that he provided as the guiding force behind the sermon. The pastor indicates,
“Prayer is communicating with God; and a way of offering thanks. Prayer is also making a
request or divine petition to access inner healing. It is through prayer and faith that grants us
access to that healing we need.” As the pastor continues to speak on the effectiveness of prayer
and the implementation of faith, he begins to moan and shout, grabbing the attention of the
congregation. Church members, beginning to stand, raising their hands, while uttering boldly and
loudly “Glory” and “Amen Pastor,” a sign of agreement with what is being said. The pastor
continues and utters “No Christians should be sitting on no counselor’s or psychiatrist couch, God
has the healing you need. If you are in despair, God can heal you; if you are sick, God can heal
you, and if you feel like you’re losing your mind, God can heal you and straighten it all out. All
you need to do is pray, and have faith that God can, and that God will deliver. Can I get an
Amen?” And the congregation replied, “Amen.”

Statement of Problem

Spirituality and religion has historically been valued and practiced in the African
American community. Over the years, the involvement of religion among African Americans has
increased, which has caused African Americans to surpass the involvement of White culture in
the United States (Chatters, Taylor, & Lincoln, 1999; Chatters, Jayakody, & Levin, 1996; Constantine, Lewis, Conner, & Sanchez, 2000; Levin, Taylor, & Chatters, 1994; Pew Research Center Forum on Religion & Public Life, 2007). According to the research, 68% of African American adults belong to a local church (Neighbors et al., 1998). The research also indicates that that there is on average, 92% of African Americans attending regular services (Neighbors, et al., 1998). Both Constantine et al., (2000) and Taylor, Chatters, Jayakody, and Levin (1996) reported that African Americans also engage in religious involvement by dedicating time to religious readings, accessing religious programming, and seeking inner comfort and peace through spiritual and religious modalities. It is through the practice and implementation of spiritual and religious practices where African Americans gain a significant and essential source of strength, serving as a catalyst for coping with life’s daily challenges, such as incarceration, unemployment, poverty, and drug and alcohol abuse (Hendricks, Bore, & Waller, 2012).

The African American church, specifically the Pentecostal Black church, has been a pillar in the community, providing the space for spirituality and religion to be exercised (Richardson & June, 1997). Both the Pew Research Center Forum on Religion and Public Life (2006) and Payne (2008) mention that Pentecostalism is one of the fastest growing denominations embedded in the Christian faith. The Pew Research Center emphasizes that of the two billion of individuals that identify as Christian, that one fourth of those individuals are part of the Pentecostal denomination. Likewise, Hicks (2001), who also highlights that the Pentecostal church is one of the fastest growing denominations, where approximately 400 million individuals worldwide have become affiliated with the religious denomination. Hicks (2001) as well as the Yearbook of American & Canadian Churches (2006), suggest that Church of God in Christ (C.O.G.I.C.), which is one of the well-known Black Pentecostal Churches, has been identified as the denomination that is growing consistently in the United States. Regardless of the facts and statistics, historically and currently the church has been designated as the sanctuary and a safe
haven where African Americans can seek spiritual guidance, emotional and psychological support and comfort (Constantine, Lewis, Conner, & Sanchez, 2000). It is through the church, where attending members join forces, serving in the role of informal social support to other attending congregants (Constantine, Lewis, Conner, & Sanchez, 2000; Hatchett & Jackson, 1993).

Besides the church and its accompanying congregants, the pastors are authority figures and key constituents that assist in the providing of support to African Americans. Over half of African Americans who attend church prefer to seek counsel and guidance from a preacher or pastor, especially when crises arise (Payne, 2008). Handling crises is embedded within the role of Black pastors, in which it has been clearly delineated in the literature that pastors identify themselves as mental health counselors and spiritual advisors, regardless of the religious denomination (Adkison-Bradley, Johnson, Sanders, Duncan, Holcomb-McCoy, 2005; Allen, Davey, & Davey, 2009). Through these two identified roles, pastors assist in combating challenges of emotional distress, crises, and daily stressors plaguing African American men, women, and families (Adkison-Bradley, et al., 2005; Davey & Watson, 2008; Mattis et. al, 2007, Neighbors, Musick, & Williams, 1998; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Payne (2008) indicates that pastors provide counseling to parishioners addressing grief, issues related to alcohol, family and marital concerns, struggles with finances and unemployment, issues with the legal system, and depression. It is through pastoral and leadership training where pastors are introduced as well as equipped to assist individuals and families facing such challenges.

Embedded in the theological seminary coursework are trainings in pastoral care, mental health services and resources (Brown & McCreary, 2014). However, it is important to also be cognizant that not all pastors receive formal education, thus, being unaware of the resources and when to engage in the referral process for their parishioners to obtain professional external mental health treatment (Brown & McCreary, 2014).
Nevertheless, pastors are often the primary and only source of support for addressing both mental health and spiritual needs; pastors are confronted with issues that are greater than the knowledge, competence, and skills that they may possess. It is during these times where the assistance and collaboration with a mental health provider should be suggested. However, a study conducted by Mollica, Streets, Boscarino, & Redlich (1986), examined the willingness for pastors to engage in the referring parishioners for external mental health treatment. It was through this study where the results indicated that some pastors are reluctant to make referrals for counseling and mental health treatment (Mollica et al., 1986). Some religious doctrines have been noticed to be more rigid than others, one being the Pentecostal Black church. It is possible that referrals from Black Pentecostal pastors be affected by the Pentecostal doctrine and belief system. It is also possible that Black Pentecostal pastors perceive external counseling and mental health services as negative and parishioners having a lack of faith. Depending on how Black Pentecostal pastors perceive mental health could influence church congregants and attendees towards seeking external mental health treatment. Regardless of what the answers may be to such inquiries, pastors must adhere to the call for help from their church congregants. Therefore, if Black Pentecostal pastors are combating mental health issues and other presenting concerns of their parishioners, then how do Black Pentecostal pastors then combat the mental health issues with those who are seeking assistance? What issues are being addressed and what approaches are being used in the Black Pentecostal church by the pastor? Is what is being done in the Black Pentecostal church by pastors enough or can the services rendered be strengthened through collaboration? Are Black Pentecostal pastors open to collaboration with mental health providers? If Black Pentecostal Pastors are opened to collaboration, then how are they envisioning this collaboration? These answers are limited within the research and need further investigating.
Purpose

The purpose of this phenomenological case study is three-fold: a) to understand the perceptions of Black Pentecostal pastors toward mental health treatment, b) to ascertain the approaches utilized by the Black Pentecostal Pastors when addressing mental health issues with church congregants, and c) unearthing the perceptions of Black Pentecostal Pastors towards collaborating with mental health counselors. This will be explored by examining the personal experiences and perspectives of Black male Pentecostal Pastors. In order to obtain such valuable and new information, Patton (2002) suggests that qualitative methodology would be the best fit; therefore, the study utilized in-depth interviewing, which is embedded in qualitative methodology and a popular procedure for data collection. Due to the limited amount of literature in existence regarding the Black Pentecostal Church and mental health, this is a significant area of research that needs to be explored (Allen, Davey, & Davey, 2009). It is the goal of this study that a bridge is built between the counseling profession and the Black Pentecostal church to render adequate services to an underserved population, African Americans.

Significance

The purpose of such an exploration of this topic stems from the literature indicating that there is limited usage of mental health services by African Americans due to existing barriers, which are greater for African Americans than individuals belonging to the majority group (Snowden, 2001; U.S. Department of Human Services, 2001; Ward, Clark, & Heidrich, 2009; Ward et al., 2013; Williams, Gonzalez, Neighbors, Nesse, Abelson, Sweetman, & Jackson, 2007). These barriers consist of the existing stigma surrounding mental health treatment, the increased challenges for African Americans to obtain financial assistance and health care, the lack of trust in mental healthcare providers, the fear of being culturally misunderstood, and significant concerns about being misdiagnosed (Allen et al., 2010; Alvidrez et al., 2008; Anglin et al., 2006; Constantine et al., 2000; Eugene, 1995; Hines-Martin, Malone, Kim, Brown-Piper, 2003; U.S. Department of Human Services, 2001; Ward, Clark, & Heidrich, 2009; Ward et al., 2013; Williams, Gonzalez, Neighbors, Nesse, Abelson, Sweetman, & Jackson, 2007).
Department of Health and Human Services, 1999). These barriers for African Americans speak volumes to their personal life experiences, which are derivative of a history of discrimination, racism, and social injustices. These experiences are demonstrative of Critical Race Theory (CRT), which is a theoretical framework that examines how race, discrimination, and social injustices play a pivotal role in many of the challenges that people of color encounter. The oppression and the challenges confronted by African Americans served as a catalyst for developing this theory, which also attempted to eliminate barriers where race plays a significant role in the experienced challenges of African Americans; while gleaning on how the context and other factors related to CRT circumscribe their view of the counseling profession. CRT is one of the theoretical frameworks that were utilized in this study to assist with interpreting the data collected.

When encountering such obstacles, African Americans turn to the church to aid in the facilitation of coping with challenges. The Black church can be deemed as a system, where church members and clergy formulate a unified approach to create a “therapeutic” environment to meet the physical, psychological, and emotional needs of the parishioners. This “therapeutic” environment facilitates healing and positive change, which mimics the group counseling experience as positive group variables emerge (Yalom, 2005). The positive group variables that are present are known as Yalom’s therapeutic factors, which are essential to self-growth and personal transformation (Yalom, 2005). However, for this to transpire, each individual within the church, or system, must fulfill their role within the church system. For instance, pastors are positioned to provide counseling to parishioners, in which spiritual modalities (e.g. prayer and Biblical scriptures), to address the mental health issues that are presented. As everyone in the church system contributes, this will enable the system to unite, working as a whole and functioning in the capacity that facilitate a therapeutic and/or healing environment. This approach mimics the premises of Systems Theory (Corey, 2002); therefore, Systems Theory is the second
theoretical framework that is utilized to aid to understanding the context of the Black Church, specifically the Black Pentecostal Church. Furthermore, Yalom’s therapeutic factors were also used as a guide to for interpreting the experiences and the “therapeutic” approaches that Black Pentecostal pastors implemented to address the mental health needs of their parishioners; in addition, to how these factors therapeutically influence the church system.

Although the roots of African Americans are deeply embedded in church, the commitment of the Black Church is invaluable to the individuals and families in the Black community; however, there are limitations. When seeking relief from the distress that is being encountered by African Americans, the key constituent of the Black Church is the pastor, who is the individual that not only identifies and functions as spiritual advisors, but also has adopted the role as a mental health counselor in which therapeutic methods are incorporated to address the distress being experienced by their church congregants (Adkison-Bradley, et al., 2005; Davey & Watson, 2008; Mattis et. al, 2007; Neighbors, Musick, & Williams, 1998; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). The literature suggests that the effects of racism and injustices contribute to the distress that African Americans experience; for instance, self-esteem (Rosenberg & Simmons, 1971), struggles with socioeconomic status (Griffith et al., 2013), and mistrust in the healthcare system (Allen et al., 2010). With African American pastors understanding racism, challenges faced, and knowledgeable of the spiritual needs for Black men and women to overcome the trials they are facing in their personal lives, pastors perceive themselves as qualified to help their parishioners. Such factors impact the limited referrals pastors provide for external mental health counselors; however, these reasons are not the only contributing causes.

When combating the mental health concerns of parishioners, African American pastors become stuck in addressing the presenting issue, due to their limited scope, skills, and knowledge. It is within this stage of the therapeutic process where consultation or a referral for external mental health services are needed, but are often not sought (Mollica et al, 1986). In a study conducted by
Mollica et al. (1986), the referral process between pastors and mental health providers were examined, in which the results displayed the limited interactions among pastors and mental health providers; however, the study did not examine ethnic background. Also, the same study showed that 85% of Evangelical pastors would rarely or would never refer church congregants to psychiatric professionals nor would they refer congregants to community mental health counselors and that Black Pastors were willing to refer a church congregant to other clergy members instead of counselors in the community (Mollica, et al., 1986). In a similar and more recent study by Stanford and Philpott (2011), the referral process was also being examined; however, with Baptist pastors. This study yielded similar results to Mollica’s et al (1986) study where it showed limited referrals were made between clergy and mental health professionals. Although both Mollica et al. (1986) and Stanford and Philpott (2011) highlight the reasons behind the limited referrals, it is unclear whether these same reasons reflect Black Pastors today. It is also unclear whether these same reasons reflect Black Pentecostal Pastors. It is possible that with possessing a strong sense of faith in God, in addition to the doctrine and theological underpinnings that serve as a strong foundation; these may be key factors that have an impact on how African American Christians, even pastors, may perceive counseling and mental health (Constantine, Lewis, Conner, & Sanchez, 2000). Although there may be various perspectives in existence among pastors, along with an array of contributing factors, such as racism, a historical relationship with helping professions, and the system of the church, aids in the formation of these perceptions, it is indicated that there is limited research and a closer examination is needed (Allen, Davey, & Davey, 2009).

With Black Pastors taking on the challenge to address mental health and other presenting issues of their church congregants, selected methods are implemented by the Pastor handling the issue. Therapeutic approaches vary among pastors, especially in the Black Pentecostal Church where unique theological underpinnings and spiritual and religious practices serve as a catalyst for inner healing. This contributes to parishioners being an overcomer and having a testimony to
encourage someone else. The modalities that are chosen by Pentecostal pastors have been briefly mentioned in the literature as divine healing through altar call (Belcher & Hall, 2001), using the gift of discernment to recognize illnesses and evil spirits (Arrington, 1994), and exorcisms or deliverance (Belcher & Hall, 2001; Mercer, 2013). Historically, these unique practices were prominent in the Pentecostal church and aligned with the theological foundation that the Pentecostal church was built upon. Though these unique techniques are valuable, the literature lacks in how relevant these therapeutic modalities are to not only today, but also its relevance to the Black Pentecostal church. The unique methods for combating mental health issues that are implemented by Black Pentecostal Pastors need further exploration.

As each of the existing gaps was examined in this study, the ultimate purpose was to look critically through the lens of the Black Pentecostal Pastors and explore the possibility of collaboration between the Black Pentecostal Pastor and mental health counselors. The Black Pentecostal Church and the Pastor are working diligently to provide support in multiple capacities to assist an underserved community (Blank, Mahmood, Fox, & Guterbock, 2002). Mental health counselors are not only aware that the African American community continues to not receive the mental health services that are needed or underutilizes this form of resource (Payne, 2008), but counselors are also beginning to realize that the Black Church can serve as the gateway for rendering services to a community in need (Baker, Bowen, Butler, & Shavers, 2013). However, bridging the gap between mental health counselors and Black Pentecostal Pastors to formulate a collaborative relationship can be ambiguous, especially since the needs in the literature for an effective collaboration has not been address (Baker et al., 2013). This is a concern addressed in a meta-analysis of the literature for the Counseling and Values journal; researchers highlight the limited content surrounding an intersection between spirituality, race, and ethnicity (Baker et al., 2013). Therefore, this study began to create a pathway to exploring the perceptions of Black male Pentecostal Pastors towards collaboration; in addition to also exploring the needs for effective
collaboration among Black Pentecostal Pastors and mental health counselors from the perspective of the participants (i.e. Black male Pentecostal Pastors). It was the purpose of this study to begin to bridge the gap in the literature by examining the information gathered through the proposed research questions as well as examining the gathered data through the lens of CRT and Systems Theory to ultimately assist in creating an understanding of the Black Pentecostal church and the needs for developing a therapeutic alliance to better serve a community in need. Both CRT and Systems theory were used as a guide to aid in interpreting the data collected in the study to understand the perceptions of Black Pentecostal pastors towards mental health and collaboration with mental health counselors.

**Overview of Methodology**

The type of methodology that best aligned with the aim of this study was a qualitative approach. Within qualitative methodology, its purpose is to make meaning; particularization and understanding the specific experience being explored (Crouch & McKenzie, 2006; Mason, 2010). Denzin and Lincoln (1998) indicate qualitative research is multi-faceted which allows the creation of pathways where researchers can explore a phenomenon and its meaning through other experiences. As Patton (2002) specifies, this study will align with the qualitative approach to recognize the emergence of themes and patterns, concepts, insights and an occurring phenomenon through the analyzing of the collected data from Black male Pentecostal Pastors and their perceptions towards mental health and collaboration are explored; in addition to investigating how Black Pentecostal Pastors address mental health issues with their parishioners by examining their personal experiences. To gain this in-depth understanding of the identified aim of this study, the phenomenological approach is used, in which Patton (2002) recommends as an inquiry for exploring an individual’s experience, enabling the participants to recount their experience by how it was perceived, described, feelings that arose, personal reflections, and how these components combined to translate into meaning (Patton, 2002). A case study approach was also
implemented because it not only examines a phenomenon within a naturalistic environment (Baxter & Jack, 2008), but a case study can also be used to explore and gain a holistic understanding of bounded systems (Creswell, 2007; Denzin & Lincoln, 2005; Merriam, 1995; Yin, 2003). Combining these two types of methodology was most applicable due to the study being bound by a specific place (i.e. Detroit) and participants (i.e. Black male Pentecostal Pastors) to explore their experiences with combating mental health issues with church congregants. A phenomenological case study was applicable for also in gaining an in-depth understanding of the perceptions of Black Pentecostal Pastors towards mental health and collaboration with counselors. In-depth interviews are the data collection strategy that is used for gathering the experiences and perceptions of the participants. This type of methodology defines the research design, and uses not only the established research questions for this study, but also utilizes CRT, Systems Theory, and concepts derived from Yalom’s therapeutic factors as a theoretical and conceptual framework for this research. The identified theories and concepts are also used to aid in the interpretation of the data, which assists in gaining an in-depth understanding of the perceptions of Black male Pentecostal Pastors towards mental health and collaboration while simultaneously exploring how Black Pentecostal Pastors contribute to their church functioning as a therapeutic system to combat the mental health issues of their parishioners. Yalom’s Therapeutic Factors are influences that facilitate client change during the group counseling experience. Yalom (1995) identifies eleven therapeutic factors that serve as a catalyst to exercise growth and personal transformation. Utilizing Yalom’s therapeutic factors aids in understanding how the Black Pentecostal Church system can mimic the group counseling experience, where a therapeutic breakthrough is achieved and inner healing and growth is ascertained. The next section identifies the three research questions that guide this study.
Research Questions

There are three research questions that govern this study: 1) What are the perceptions of Black Pentecostal Pastors towards mental health? 2) How do Black Pentecostal Pastors address mental health issues with their church congregants? 3) What are the perceptions and attitudes of Black male Pentecostal Pastors about fostering collaboration with mental health counselors? The overarching research questions are guided by the existing gap in the literature. To work towards filling in the gap in the literature, a phenomenological case study approach was implemented. Semi-structured interviews were conducted and used as the main source for data collection with six participants (n=6). See appendix D for the complete list of the interview protocol for both the initial and follow-up interview.

Sampling and participant recruitment. Within qualitative methodology, the literature indicates that the sample size tends to be smaller than in quantitative methodology (Marshall 1996; Mason, 2010). Jette, Grover, and Keck (2003) recommend that when the research participants possess a certain level of expertise and knowledge in the explored topic, that the number of participants can be reduced to the amount needed for the study. Therefore, for this study, the sampling procedure that is used is purposeful sampling, which according to Glesne (2011), elicits rich in-depth information from participants that contain a wealth of knowledge and experience that is pertinent to the topic at hand. Interviews occurred with Black male Pentecostal Pastors, who are individuals who are knowledgeable in the areas of religion, spirituality, and the Black Church. The participants have years of lived experience addressing an array of needs of their parishioners. Thus, they all share the phenomena of being pastors of Black Pentecostal Churches within the African American community; a lived experience bound by race, history, social injustices, and confronting the numerous needs existing in the Black community.

Within this study, the research participants were recruited from Detroit, Michigan. Within Detroit alone, 82.7% are Black or African American (United States Census Bureau, 2010) and
this same city have many Black churches. In addition, literature indicates that most the growth among the Pentecostal church occurs in urban areas (Hicks, 2001), which is why it is vital that the participants of the study were recruited in the area chosen.

The research participants recruited from Detroit, located in Wayne County Michigan, are Black Pentecostal Pastors who are men. Although women pastors do exist, they will be excluded from this study, due to the researcher aligning with the literature and the culture of the Pentecostal church. According to Lawless (1983), women are called to the ministry serving as preachers; however, women are rarely serving in the role of a pastor in the Pentecostal Church. Lawless (1983) also continues by indicating that this is part of the historical and contextual framework of pastors; system of patriarchy. For these reasons, only male Pastors were recruited, which is a delimitation for this study.

Although the participants recruited for this study will be Black Pentecostal male Pastors, there are other requirements that the prospective participants must meet in order to be eligible. The following criteria must be met in order for prospective participants to be eligible for this study: 1) identify as Black or African American descent, 2) identify as a male, 3) currently affiliated with the Pentecostal denomination, 4) parishioners are predominately Black or African American descent, 5) must be a pastor that provides counseling (i.e. pastoral counseling) and address mental health practices within their church with their parishioners, and 6) participants must be thirty-five-years of age and older. Although membership size and the number of years pastoring can serve as important factors in understanding their role as counselors, for this study, participants were not discriminated on these bases. This study obtained six (n=6) participants and were recruited by utilizing the Pentecostal directories (i.e. Pentecostal Assemblies of the World Inc., Church of God in Christ, Apostolic, etc.) as well as recruited through networking, which is a method employed in a recent study by Bowen and Moore (2014).
Limitations and Delimitations

Highlighting the limitations of a study is a key component in research. By doing so, it enables the researcher to discuss the details surrounding barriers with the location and sites, participants, documents; in addition to aiding readers in understanding the data within a given study (Glesne, 2011). However, limitations that occur can stem from both the type of methodology selected (i.e. qualitative or quantitative) as well as what was unavailable to the researcher during the time the study was conducted. One of the limitations in this study is a limitation often mentioned in qualitative research and one that was highlighted by Griffin (2004) as the usage of smaller numbers for participants in qualitative research. In this study, six (n=6) participants were recruited. The participants obtained are Black male Pentecostal Pastors from Detroit, Michigan and were between the ages of 50 and 75 years old. According to Charmaz (2006), it is recommended that in qualitative research, having approximately twenty-five participants is considered sufficient; therefore, with having only six participants for this study as well as using qualitative methodology, the number of participants for this study could be seen as a limitation.

Another limitation is the limited time for the researcher to be present in the field. In conducting research studies, the investigator is to identify the length of time that will be allotted with each participant for interviews. Restricted time for interviewing can contribute to original and significant questions being left out or missed, which can be observed as the researcher not capturing the participant’s entire experience.

There are other potential limitations, such as time constraints that existed with arranging interviews. For prospective participants having an array of responsibilities, both personal and church related, their schedule was not conducive to the timeframe of the study. This limited the ability to gain participants for the study and contributed to the slow process for obtaining
participants as well. With the participants that were able to partake in the study, arranging interview times for the initial and the follow-up were challenging, and a limitation.

Although technology is resourceful, especially in qualitative research, electronic devices can have difficulty registering the voice of the research participant. For participants that may have spoken in a lower tone or if the device wasn’t located closer to the participants, transcribing the interviews became difficult. The researcher had to consistently review the recording to capture the words of the interviewee. Although this was a limitation, engaging in member checking to follow-up with the participants for accuracy was utilized.

One potential limitation centers around the researcher (i.e. identifies as Black, Pentecostal, a mental health counselor, involvement with a religious and spiritual family, and a Pastor’s daughter). Engaging in reflexivity is to using a critical eye to examine how the researcher, participants, setting, and research procedures interact and may influence one another (Glesne, 2011). This will allow the researcher to see how those characteristics that were identified can serve as a resource to the study or hinder it. Thus, engaging in reflexivity and disclosing such details about the instrument, the researcher, in this study, this should assist with eliminating this limitation.

In terms of delimitations, the current study excluded Black female Pentecostal pastors from serving as participants. Women are diligent in contributing to the ministry of Christ and are faithful church participants. According to Barnes (2006), 66-88% of the church is comprised of women; however, a smaller percentage of women are serving in religious leadership roles (i.e. clergy and pastors), especially in the Black Pentecostal church. Lawless (1983) highlights that within the Pentecostal church, males dominate most pastoral positions; therefore, to preserve the culture of the Black Pentecostal church, only Black male Pentecostal pastors were recruited.
Definition of Terms

African American/Blacks: A subgroup of Blacks who resides in the United States due to the dispersion of African natives during the slave trade and slavery times (Constantine, Richardson, Benjamin, & Wilson, 1998; Constantine, Lewis, Conner, & Sanchez, 2001).

Black church: African American denominations of the Christian faith that is identified as a religious institution that has a congregation is predominately African Americans and is trusted in the African American community (Hankerson, Watson, Lukachko, Fullilove, & Weissman, 2013).

Church: A creedal institution that serves as a location for religious education and support, political activism, economic and academic support, social and psychological resource, provides medical (e.g. church nurses) and psychological care, and serves as a safe haven in times of crises for individuals and families (Mattis, et al., 2007).

Community-based interventions: An entity that either collaborates with agencies that are in the community to facilitate behavioral changes or either engages in reaching the behavioral needs of while working with individuals in their natural settings (e.g. church, home, schools) (Williams, Gorman, & Hankerson, 2014).

Congregants/parishioners: A group of individuals that meet on a regular basis for worship and other religious involvement and practices (U.S. Religion Census 2010: Summary Findings, 2012)

Healing/deliverance. The work of God that provides restoration, curing, and progression towards wholeness of the mind, body, and spirit (Chirban, 1992).

Liberalism: “A system of civil rights litigation and activism characterized by incrementalism, faith in the legal system, and hope for progress (Delgado & Stefancic, 2000, p. 2).”
Mental health counselor: A mental health professional that hold a master’s-degreed and possess the knowledge and skills to provide mental health treatment to individuals, children, families, groups to address mental illness, behavioral, and emotional concerns and disorders (American Counseling Association, 2011).

Pastor/clergy: A religious leader in the African American community that oversees a creedal institution (the church), and provides spiritual and religious resources, economic, sociopolitical needs, emotional, psychological, and other means of support to parishioners (Billingsley, 1999; Mattis, Mitchell, Zapata, Grayman, Taylor, Chatters, & Neighbors, 2007).

Pastoral counseling: A pastor/clergy who uses religious and spiritual methods to assist individuals with personal challenges, including issues related to mental health (McMinn et al., 2010). For this study, this definition of counseling will be utilized.

Pentecostalism: A religion with a doctrine and a foundation consisting of divine healing, speaking in tongues, spiritual discernment, and believe in the usage of other spiritual gifts and charismatics (Lynn, 2013; Synan, 2004).

Plead the blood of Jesus: A phrase often used in the Pentecostal church to reference the blood of Jesus Christ that was shed on Calvary for remission of sins, overcoming ability, and healing. This phrase is used during spiritual warfare (Mercer, 2013).

Professional counseling: A professional relationship and a therapeutic alliance between the counselor and the client, in which client, individuals, and families becomes empowered to achieve positive mental health, education, career goals and aspirations, and overall wellness (Kaplan, Tarvydas, & Gladding, 2014)

Religion: A creedal institution and an organized system of faith, worship, cumulative traditions, and prescribed rituals (Fukuyama & Sevig, 1997).
Spirituality: A relationship with or belief in a higher power or entity greater than oneself that involves a search for wholeness and harmony, purpose in life, and promoting personal growth (Hadzic, 2011; Julian, 1992).

Yokes: A word figuratively used in the church that refers to bondage or affliction (Leviticus 26:13; New International Version).
Chapter 2: Literature Review

The purpose of this chapter is to examine the literature that is pertinent to the Pentecostal Black Church, specifically a discussion surrounding the black church and the role that it serves in addressing mental health concerns. Although historically the Black Church has served as a pillar in the African American community, providing support and comfort to individuals and families in a time of need, pastors are often confronted with issues that may be deemed beyond the realm of knowledge and skills possessed. It is during these times where the pastor can begin to engage in creating a referral process for their church congregants to obtain professional counseling and mental health services. However, the literature suggests that pastors are reluctant to take the necessary steps to refer parishioners for professional counseling services in order that their mental health needs and instead, begin to take the necessary steps to address the mental health concerns of their congregants themselves, regardless if they feel inadequate to do so. Therefore, the purpose of this study is three-fold; it is to explore the perceptions of Black male Pentecostal Pastors toward counseling and mental health treatment, to explore how Black Pentecostal male Pastors address mental health concerns with their congregants, and to explore the perceptions of Black male Pentecostal Pastors in fostering collaboration with mental health counselors. The review of the literature is divided into thirteen sections: (a) overview of counseling, (b) expansion of counseling specialties, (c) overview of religion and spirituality, (d) a description of spirituality and religion as it relates to mental health, (e) the personal connection of spirituality and religion for African Americans, (f) African Americans and counseling, (g) Critical race theory, (h) the role of the Black Church (i) Systems theory, (j) Role of the Black Pastor and contributions to the church system, (k) the perceptions of Black pastors, (l) overview of the Black Pentecostal Church and Pentecostal doctrine, and (m) the fostering of collaboration between the Black Pentecostal Church and Mental Health Professionals.
Counseling Overview

Counseling is a therapeutic resource that has been available for individuals and families to address mental health issues. Counseling is also a place to learn to develop the necessary skills to effectively cope with challenges individuals encounter daily. This resource is a catalyst for addressing an array of psychological and emotional barriers that serve as a hindrance for individuals. One of those barriers or challenges could be related to marriage, such as the preparation of couples unifying their love as well as tackling existing issues within the marriage such as infidelity, honesty, trust, and finances (Gladding, 2013). Some individuals seek counseling as a resource to assist them with coping during the grieving process, allowing the individual to find strength, comfort, and inner peace (Gladding). Daily, individuals and families in society are confronted with high levels of stress, whether it is from the lack of employment, issues in the workplace, or having difficulty wrestling with the economic downturn and searching for ways to stay “above water” to have some type of financial stability. Counseling, too, is a resource where the individual seeks the guidance and learn skills needed to successfully overcome these types of adversities. Other aspects of counseling include taking preventative measures to tackle issues related to suicide, self-injurious behaviors, safe and healthy sexual behaviors, drugs and alcohol, and a major concern in our schools, bullying (Gladding). The development of wellness is encouraged and modalities are adopted from evidence based practices located in the literature and interjected within counseling for clients to learn. Regardless of the presented issues or what type of treatment is being sought through the usage of counseling, it is the therapeutic alliance between the counselor and the client; in addition to the amount of effort and willingness of the client or individual to change to make improvements to their lives is what makes the resource of counseling effective (Rogers, 1957).
Counseling: A progressive movement. Though counseling is a source that many in our society utilize to aid them in combating a variety of issues, it took time for the profession to develop a comprehensive approach to strengthen the counseling services being provided. The roots of the counseling profession became planted during the time of the progressive guidance movement during the 1900’s (Gladding, 2013). During the early development of the profession, a significance was placed on the exploration of meaning and purpose and providing preventative measures to assist individuals with their decision-making process in life (Gladding, 2013). One topic that centers on meaning and purpose is the selection of a vocation. Frank Parsons was a pioneer in the counseling profession that focused his work on vocational guidance. With using a critical eye, he began to observe and see the need of vocational guidance during a time of economic, social, and political transitions. Therefore, Parsons’ work began through advocacy, which was displayed through acts of lobbying, lecturing and speaking before others, as well as through writing. For instance, one example of the lectures provided by Frank Parsons was in 1906, where he spoke eloquently at the Economic Club in Boston about the need of a Vocation Bureau (Davis, 1969). According to Davis (1969) who was a biographer who studied Parsons’ work mentioned that the lecture was coined with the subject “The Ideal City” where the lecture emphasized the importance of guiding youth in obtaining a meaningful vocation. This initiative was explained further in a later writing by Frank Parsons (1908) where he states:

The main purposes of the Vocation Bureau are to aid young people in choosing an occupation, preparing themselves for it, finding an opening in it, and building up a career of efficiency and success. And to help any, young and old, who seek counsel as to opportunities and resources for the betterment of their condition and the means of increasing their economic efficiency (p.3).

Frank Parsons’ work continued, taking the initiative in taking the lead role in the developing and implementing plans that consisted of vocational training and education that
enabled individuals with understanding the key components of what was called vocational success (Parsons, 1909; Smith, 2012). Incorporated in the plan was an approach that would enable people to learn to select a work environment that was conducive to one’s aspiring career choices, personal traits and skills, and job factors (Parson, 1909; Smith 2012). These plans were incorporated in a book entitled Choosing a Vocation which was published by Parsons in 1909. It was through these efforts where Frank Parson was then identified as the Father of Guidance, and a frontrunner for the field of counseling. However, as time progressed, many other key constituents began to build upon the foundation that was already in the process of being built. The emergence of new theoretical approaches, concepts, therapeutic modalities, and counseling specialties began to transpire. In addition, a greater number of individuals became inspired, searching for programs and courses that would contribute to the augmentation of their learning and skill acquisition that would enable prospective counselors to be prepared to obtain the new certification that was developed for counselors (Gladding, 2013). With all the new developments and the continued motivation of theorist and key constituents in the field, it was these components that began to influence continued progression of the counseling profession.

**Counseling specialties emerging.** Over the years, the number of counselors increased along with the expansion of counseling specialties to address diverse needs and meet the needs of various populations. The usage of a variety of strategies was developed to serve as a channel to engage populations into seeking counseling and mental health services. For example, career development and counseling is a specialty that emerged. The counseling profession continued to follow the plan that was established in prior years by Frank Parson and continue this work by expanding the multiple components that encompasses career development and counseling (Gladding, 2013). The decision to continue within this counseling specialty was impacted on the growing research within the profession. For instance, based on a study that focused on career selection, the research indicated that one in five Americans reported that it was by chance that
they obtained the job that they are currently working (Hoyt, 1989). In addition, the same study indicated that in regards to exploring employment options, 60% of workers in the United States stated would provide a thorough and in-depth examination of job choices if allotted the opportunity to plan their work lives again (Hoyt, 1989). This study as well as other studies began to impact the specialty development, specifically career counseling, enabling the counseling profession to hone in on work roles and how those roles are interconnected with life roles. This created specialty enabled counselors to focus more on meeting the needs of individuals that are experiencing issues related to career development and exploration.

**Marriage, couple, and family counseling.** Another counseling specialty that surfaced was marriage, couple, and family counseling. The American Association for Marriage and Family Therapy (AAMFT) is the professional organization that is affiliated with this counseling specialty. Since being established in 1942, the patterns of marriages and the internal dynamics of families have been a focal point of this organization (AAMFT, 2002). The development of trainings, journals, ethical standards, and competencies has been initiated, strengthening the core of the marriage and family therapy profession (AAMFT, 2002). Regardless of the year this specialty was founded, marriage, relationships, and the establishment of family are a value that has been in existence for many years. However, over the years, a wedge began to seep in to those marriages, relationships, and families, causing a breakdown to occur. For instance, “an increase in the divorce rate began during the beginning of the Baby Boom Era [years ranging from 1946 to 1963] and continued until the 1990’s” (Gladding, 2013; p. 338). Even with currently analyzing the divorce rates, literature indicates that approximately 50% of individuals planning on marrying will end in divorce (Gladding, 2013; Maples & Abney, 2006; Whitehead, 1997). With the counseling profession maintaining a close eye on this issue plaguing the society, this served as a call to the profession to begin tackling this existing issue. Other trends that the literature mentions that have influenced the progression of this counseling specialty was the role of women changing.
Due to social change, women have expanded their options of work, which has permitted many women to become the primary breadwinner for the home (Gladding, 2013). This is a trend that has affected families in regards to time and emotional needs being met, and the woman, who is often times the “glue” of the family to be less available inside the home (Gladding, 2013). This same trend has also impacted marriages, spouses struggling to successfully transition with sharing the provider role. This trend began to challenge tradition and contributed to families and spouses having difficulties with these changes (Gladding, 2013). This was a spotlight that the counseling profession shined a light on, developing a specialty to assist with maintaining the structure of families and marriage.

**School counseling.** School counseling is a counseling specialty that materialized as well, stemming from the vocational guidance movement and the initiatives that centered on character development (Gladding, 2013). The American School Counseling Association (ASCA) was established in 1952 as an organization to support school counselors in their efforts to assist students with their overall development (ASCA, 2004). School counseling occurs in the school setting, providing both direct and indirect services to strengthen the students academically, personally, socially, and with career planning, which are identified domains that have been established by the American School Counseling Association and incorporated in their comprehensive model that is encouraged for implementation (ASCA, 2012). It is established by the profession that counselors that engage in this area of expertise that they collaborate with school personnel and community resources to strengthen the services that are being provided to the students to strengthen their overall development.

**Christian counseling specialty emerges.** Though these counseling specialties have been specified, there are other specialties that have developed, such as addictions counseling, substance and alcohol counseling, financial counseling, grief counseling, trauma counseling, rehabilitation counseling, and many more. However, with the American population becoming
more diverse, in a variety of ways; populations are growing, and with assuring that a continuation of effective counseling and mental health services being provided, the counseling profession must stay abreast of the existing issues and concerns among an array of populations. The field must also stay current of both the values and the numerous ways individuals cope with life’s daily stressors, such as examining religion and spirituality and the value of using it as a therapeutic intervention. Religion and spirituality plays a vital role in the lives of many, even though the usage of religion and spirituality may be deemed as greater among various ethnic populations, such as African Americans. According to the Pew Research Center’s Forum on Religion & Public Life (2007), when compared to the United States population overall, African Americans were recognized as having a higher involvement in spiritual and religious activities, including prayer, attending church services, and level of affiliation with a certain type of religion. Nevertheless, the field of counseling was able to detect the significance of religion and spirituality, coming together to search for methods to begin constructing a framework that will assist counseling professionals in integrating techniques that align with the faith of their clients while hoping to simultaneously attract underserved populations and clients interested in counseling, but are interested in using religion and spirituality as a modality for coping and healing.

In order for professionals in the mental health field to continue in progressing with this mission, the counseling field has not only developed areas of multicultural competencies as a systemic method to increase knowledge and awareness on spirituality that counseling professionals are encouraged to embrace, but also creating an organization that have derived from the profession by the name of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC, 1998; Baker, Bowen, Butler, & Shavers, 2013), and creating specializations that implements faith based approaches when working with clients in a therapeutic environment. One of those specializations that have been developed is known as Christian counseling; however, Christian counseling is the umbrella that also includes Pastoral counseling,
Biblical counseling, and Christian psychology (McMinn, Staley, Webb, & Seegobin, 2010). According to Carter (1999), The National Catholic Guidance Conference which was founded in 1974, is now known as ASERVIC, assisted with the development of this specialty.

**Christian counseling.** Although the mentioned specialties main goal is to implement a faith based approach, each of those named specialties are unique. For instance, Carter (1999) describes Christian counseling as contributing to client change by imploring concepts that derive from psychology and theology; however, Carter (1999) also indicates the disconnect that exist in Christian counseling, in which some of the theoretical approaches that derive from psychology are ignored, but Christian counselors try to maintain the foundation of some of those theories and will additionally incorporate biblical teachings within sessions. Both Carter (1999) and Strong (1980) suggested in the literature that in Christian counseling that counselors should fuse biblical teachings along with scriptures with the counseling techniques and theories being implemented.

There are four approaches that stem from Christian counseling, Nouthetic or Orthodox approaches, Atheistic viewpoints, Neutral or Parallel Positions, and the usage of integrated approaches (Carter, 1999; Kirwan, 1984; Quackenbos, Privette, & Klentz, 1986). The Nouthetic or Orthodox approach focuses on combating the mental issues that the individual is encountering by addressing the guilt of the individual seeking services (Carter, 1999). The overall goal of this approach is to allow individuals to see the value of taking an introspective glance and evaluating personal sins in order that the individual can ultimately be spiritually redeemed.

The second approach, Atheistic viewpoints, is a different method for addressing issues in Christian counseling. Kirwan (1984) states “this approach is identified as the un-Christian approach because of its theories recognizes human reasoning as the ultimate truth.” This approach fails to acknowledge God as the ultimate truth. Theories that fall under this category are often disregarded by some, due to some of the concepts being contrary to the beliefs that Christian counseling were founded upon. However, other professionals that practice this specialty of
Christian counseling take a different perspective, enabling them to see how various concepts from this approach can serve as a bridge, connecting those concepts to religious and biblical teachings (Carter, 1999; Lawrence & Huber 1984).

The third approach, Neutral or Parallel Positions, is an approach that enables the counselor to solely focus on the presented issues of the client and maintaining a neutral stance (Carter, 1999). Additionally, with this position, the counselor refrain from providing personal opinions and thoughts on religious matters as well as abstaining from incorporating their personal religious and spiritual values when working with the client. The counselor demonstrates characteristics such as empathy and understanding as the client guides the session addressing religious, spiritual, and any other issue of importance (Carter, 1999). The Neutral or Parallel Position mimics the person-centered approach developed by Carl Rogers (Rogers, 1980).

The last approach that is embedded in Christian counseling are integrated approaches. This framework incorporates experiences from both religious and secular aspects of one’s life. According to Kirwan (1984) this is deemed as most beneficial due to this method possessing the ability to implement both experiences. In Christian counseling, though the client seeking services may be a Christian, the individual is yet part of the world; therefore, it makes it difficult to ignore one experience when both the secular and spiritual experiences play a vital role for the individual in everyday life. To assist with aiding the client in eliminating the main problems they are confronting; in addition to examining ways to create positive changes, the counselor integrates prayer, bible study, and personal testimonies to aid to this therapeutic process.

Strong (1980) also presents similar information regarding Christian counseling and elaborates that even though there are multiple interpretations, it is vital that the basic principles and the foundation of this specialty are not forgotten. Strong (1980) recognizes Christian concepts, specifying that the foundation is built upon the values and realities of faith in Jesus Christ. Carter (1999) agrees with the foundation of Christian counseling and mentions further
those principles that are included, for example, the sanctity of marriage. The establishment of
marriage lays the groundwork for the development and implementation of the family unit, in
which this principle aligns with the teachings of the Bible. According to Genesis 1:26-2 (the
New King James Version), “God created man on the sixth day of creation, where man was crafted
and molded in the image and likeness of God”; however, the written work of the Bible stated
further in Genesis 2:18-25 that “it is not good for man to be alone”; therefore, woman was created
from the rib of man, serving as a helpmate and a companion. It is within this same passage of
scripture where God institutes marriage stating, “Therefore, a man shall leave his father and
mother and be joined to his wife, and they shall become one flesh. And they were both naked, the
man and his wife, and were not ashamed” (Genesis 2:24-25, New King James Version). This
began the steps towards the bearing of children and evolution of the family unit. It is suggested
that this facilitated the opportunity for the family to become the first ordained institution (Carter,

Strong (1980) suggests that the establishment of free will should be recognized as a
principle encompassed in Christian Counseling. It is indicated that Christians are to display the
characteristics of Christ and follow his commands. As individuals, each has been given the
freedom to choose their own actions, behaviors, thoughts, attitudes, and beliefs, which is
emphasized in Christian counseling. With free will individuals are given the power to choose
right or wrong; to live in sin or to adhere to the voice of God and living the life God requires.
This identified principle also aligns with biblical teachings, where in Deuteronomy 30:11-19
(New King James Version) where it indicates where God grants us the opportunity for one to
choose a life of prosperity, healing, and abundant blessings by obeying his commandments or
choosing the path of destruction and death. Christian counseling embraces this principle and
using it as a basis that for client change to occur, that the client or individual must choose to
change, turning away from sin or the negative aspects in one’s life. It is significant with Christian
counseling that God can help with facilitating the personal changes that are needed in one’s life by God granting sufficient grace and mercy, guidance by his Holy Spirit, supplying wisdom and self-awareness through his unadulterated Word, providing peace for inner healing to transpire, and granting strength to not only make the needed changes in one’s life but also to maintain once those changes are made (Strong, 1980).

**Christian psychology.** Christian psychology is a branch of Christian counseling. This type of counseling is similar to Pastoral counseling in the sense that this therapeutic approach can also be classified in two distinct categories. One classification is what the literature identifies as integrationists, who are individuals that are mental health professionals who assimilate spiritual and religious activities and techniques in counseling or psychotherapy (McMinn, et al., 2010). The faith of the counseling psychologist is applied in sessions, serving as a guide to assist with creating a framework that is faith-based; in addition to a combination of techniques that are congruent with both modern psychological approaches and religious or spiritual concepts (McMinn, et al., 2010). McMinn et al. (2010) mentions the second form of Christian psychology by stating that “an alternate form of Christian psychology is comprised of philosophers, theologians, and mental health professionals who allow their practice to be guided by ancient truths and wisdom embedded and derivative of the Bible and other Christian texts” (McMinn, et al., 2010, p. 393-394). When examining each of these diverse specialties though some of the core components are similar, differences are also in existence. Regardless of which type of counseling is selected, according to McMinn (1996), it is a valuable tool in society and has been deemed as effective, especially when religious and spiritual beliefs and practices are prominent among many. This can be a resource that is accessible for individuals, specifically the African American community, where religious and spiritual ties are salient (Pew Research Center, 2009) and where mental health and counseling services are recommended.
Pastoral counseling. Pastoral counseling, also embedded in Christian counseling, is unique and is categorized in two distinct ways. Pastoral counseling can be classified as therapeutic interventions provided to individuals seeking services from a person who may identify themselves as clergy, or serving specifically in the role as a pastor (McMinn, et al., 2010). Although the pastor’s role is to provide spiritual advising and emotional support, some pastors who engage in providing approaches that can be deemed as therapeutic, lack in formal training and hold no credentials. However, often, individuals will seek the services primarily from the pastor and will serve as the main preference for services sought (McMinn, et al., 2010; Oppenheimer, Flannelly, Weaver, 2004; Weaver, 1995). This can be due to the rapport and relationship that has already been established between the pastor and the potential client (Hardy, 2014) or could be due to how the role of the pastor is perceived and held in high regard. Other reasons that have been specified in the literature also include lower costs for services and proximity to services (Farris, 2006; Hardy, 2012, 2014; Stansbury, Beecher, & Clute, 2011; Taylor, Chatters, & Levin, 2004; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). The alternate form of Pastoral counseling is a mental health professional that is qualified with dual licensures or certifications, having an educational background in ministry and in counseling (McMinn, et al., 2010). The Council for Accreditation of Counseling & Related Educational Programs (CACREP) is the accrediting body for counseling programs. They promote high scholastic standards and excellence in professional preparation (CACREP, 2014). The overarching mission for CACREP is to successfully prepare mental health professionals through the creation and implementation of standards to assist with competency development (CACREP, 2014). This accrediting body has also developed requirements for individuals who are interested in pursuing pastoral counseling. This facilitates the opportunity for prospective counselors to learn to integrate spiritual, religious, and ethical values into the counseling process (CACREP, 2014). This aligns with the profession of pastoral counseling, in which this profession embraces
the psychological and spiritual techniques to strengthen the services provided to clients. With mental health professionals practicing pastoral counseling working in multiple domains, this facilitates the opportunity for prospective clients to have a choice on the type of counselor they may prefer.

**Biblical counseling.** The specialty of Christian counseling is diverse and includes a specialty known as Biblical counseling. This is a form of counseling that has been described in the literature by McMinn, Staley, Webb, and Seegobin (2010) stating that “the development of this approach derives from Protestants, who were identified as conservative Christians, that were eager to reclaim the role of counseling within the ministries of the church” (p.392). Nevertheless, Biblical counseling places a great significance on the teachings that are engrained in the Bible. It is the teachings that take precedence over other valued counseling approaches and theories that are incorporated into therapy (McMinn, et al., 2010). This form of Christian counseling is deemed as an approach that is most sufficient for the caring and cultivating of the soul. It is considered to have a philosophical underpinning that provides a comprehensive approach and is an effective method for counseling (Adams, 1970; MacArthur & Mack, 1994; McMinn, et al., 2010).

**Overview of Spirituality and Religion**

Spirituality and religion have been in existence for centuries and are highly valued universally. Though often these two concepts are used interchangeably, there is a difference between the terms. Spirituality is the ability for an individual to connect with a sacred or transcendent power as the individual embarks on a personal journey to search for meaning and purpose (Behere, Das, Yadav, Behere, 2013; Hadzic, 2011; Julian, 1992) and profound understanding about relationships, love, and life (Behere et al., 2013). As individuals, questions ponder daily in our minds, ranging from the purpose of our very own existence to questions regarding the hidden mysteries of life. However, by having a connection to a spiritual source, it
facilitates moments of revelations and clarity. Likewise, Heath (2006) states that the spiritual relationship an individual has with a supreme power, functions as a mirror, enabling the individual to engage in moments of self-reflection, gaining clarity, and self-acceptance. Heath (2006) continues to expand on how spirituality is defined, elaborating by stating that spirituality is having a link to a Supreme Being or God, where personal freedom is explored, hope emerges, inner peace arises within, and strength and comfort is obtained through the usage of spirituality as a coping agent. With daily hassles and life’s unexpected situations, individuals become discouraged and begin to experience feelings of hopelessness. Nevertheless, with using spirituality as a coping mechanism, allowing oneself to become immersed in the spiritual realm and allowing the flow of a divine presence to release the psychological and emotional chains, the countenance and mindset of the individual begins to make a shift towards positivity.

In regards to meaning and purpose, like Behere et al. (2013), both Hadzic (2011) and Julian (1992) conveys that spirituality is a tool that is often used to provide guidance on the directions and steps that must be taken to fulfill one’s reason for existence. Signs and wonders appear, individuals translate the received messages into meaning. This aids in exposing the path that the individual must take. It is the harmonious nature of being in one accord with the spirit that provides the gateway to accessing an individual’s meaning and purpose in life. Once this path is laid, answers to those burning questions will be accessible, enabling the individual to begin to navigate in the direction of their hopes, dreams, personal aspirations, and ultimately, their purpose.

Within examining spirituality, it is difficult to separate it from religion, especially since these two concepts are interconnected. Fukuyama and Sevig (1997) acknowledges in the literature that not only is spirituality both exploring and recognizing the meaning of life, but it is also about developing closeness to a divine and higher power, in which religion can serve as the channel that spirituality is exhibited. Behere et al. (2013) as well as Fukuyama and Sevig (1997)
states that the practice of religion is displayed through a structured system or institution of beliefs, practices, rituals and traditions that are exercised through participating in a form of worship. The formal procedures and values; existing ways of life and establishment of strong doctrine also plays a vital role in the practice of religion and varies among faiths (Miller & Thoresen, 2003; Thoresen & Harris, 2002).

Although this is how the practice of religion is currently, religion has evolved over the years. Behere et al. (2013) suggests that it wasn’t until society became more modernized that religions became organized. Prior to these changes, religion was in its primary stages. Individuals would devote special prayers and dances as a form of worship to show gratitude for the existing elements that they were blessed with (Behere et al., 2013). The elements consisted of the sun, the sky, plants, the animals; the air that was allotted for breathing and the earth as a whole. Through these early practices, both traditions and sacred ceremonies took place, assisting in the development of rituals that would be passed down through generations, while simultaneously making room for new traditions to materialize.

With religion, consistently being identified in one aspect of the literature as providing a way for the practice of spirituality to be demonstrated, other sectors of the literature explain another benefit that subsist with being involved with religion. According to Behere et al. (2013) religion serves as a channel where individuals can develop a sense of belonging. The location where those with similar beliefs gather and is recognized as an open and safe environment where individuals are accepted and hold similar values and beliefs (Chamberlain & Hall, 2000). Individuals who are attending a place of worship or a religious institution assist with facilitating a sense of belonging through acts of kindness and being compassionate (Hadzic, 2011; Hill & Pargament, 2003). Hadzic (2011) elaborates by stating further that religious congregations also demonstrate love and offer support in multiple capacities. As the relationship among the religious congregations continues to grow, there is a continuation of opportunities for individuals
to connect in unity and love, ultimately contributing to social cohesion (Behere et al., 2013) and the development of a positive social network (Chamberlain & Hall, 2000). Similarly, Baetz and Toews (2009) mentions that the involvement of church congregants can facilitate group connectedness, the usage of positive social resources, and that these interactions can lead to the modification of negative behaviors to more positive behaviors. This aspect of religion can also assist with the promoting and sustaining of positive mental health. However, there are some predicaments where individuals who are looking to belong, but may display an aberration of behavior that does not align with the belief system of that religious institution. In such cases, church congregants may not be as welcoming to the individual or shunned and may be deemed as evil, which could influence whether they choose to remain or leave the church they are a part of. This aspect of religion can also have an impact on mental, but in a negative way and should be taken into consideration.

**Religion, Spirituality, and Mental Health**

The literature on spirituality and religion is increasing, especially in regards to how it contributes to overall wellness and how it can affect mental health in a positive manner (Azhar, Varma, Dharap, 1994; Baetz, Bowen, Jones, Korul-Sengel, 2006; Braam, Hein, Deeg, Twisk, Beekman, Van Tilburg, 2004; Baetz & Toews, 2009; D'Souza & George, 2006; Koenig, 2009). Mental health is defined as being both exempt from carrying a diagnosis of a mental disorder and an individual being able to engage in an array of positive feelings that stems from exposure to regular positive encounters (Cohen & Koenig, 2004; Hadzic, 2011). Hadzic (2011) also elaborates by stating “mental health is greatly affected by the way we view, understand and deal with the realities of life. The way people interpret, endure, and accept adversities in their lives affects their ability to recover and restore after encountering events” (p. 226). Personal perceptions and whether an individual has the tools to effectively cope can lead to either positive or negative mental health. During challenging times, the more optimistic an individual is, the
more capable they are with overcoming and progressing (Karademas, 2006). Religion and spirituality are modalities that can aid to psychological well-being, being a lens that others can look through to see a brighter view on life, thus enhancing mental health. Hadzic (2011) mentions that religion and spirituality creates a pathway that leads to others embracing healthier behaviors and lifestyles, especially when moments in life become critical.

**Restoration through religion and spirituality.** Furthermore, restoration of the mind, body, and spirit can occur through embracing spirituality and religion (Moreira-Almeida, Neto, & Koenig, 2006). With ignoring distractions that are present, allowing self to become centered and immersed in religion and the spiritual realm, the psychological and emotional baggage that is weighing the individual down can be destroyed, allowing “yokes” to be broken and spirit and mind to become rejuvenated. This creates inner healing, and restoration, including cognitively, emotionally, behaviorally, interpersonally, and physiologically. Hill and Pargament (2003) reached this conclusion by examining the literature on the usage of measures and spiritual/religious constructs in relation to health. In the article by Hill and Pargament (2003), “closeness to God” was identified as a construct and measure, in which they state “perceived closeness to God as significant predictors of mental and physical health” (p. 7). This was also examined through the lens of attachment theory, in which both attachment theorists as well as Hill and Pargament were able to conclude that the closer an individual felt to God, the more positive health outcomes the individual would experience (Hill & Pargament, 2003). There are mentioned studies in the literature that indicates mental health benefits and that healing and restoration occurring in multiple capacities. For example, in a study conducted by Kennedy, Davis, and Taylor (1998) the usage of spirituality as a coping mechanism was a method used by women who were sexually assaulted, enabling them to achieve emotional restoration and healing. The study was comprised of seventy minority women residing in urban areas who had been sexually assaulted within the timeframe ranging from nine to twenty-four months (Kennedy et al.,
This study demonstrated significantly that spirituality and faith were agents that can aid in the recovery process after individuals are confronted with unexpected life events that are deemed traumatic. Results from this study showed that 60% of the women were able to take a stance, reclaiming and restoring their emotional well-being. This study serves as an example where the usage of religion and spirituality can serve as a catalyst for improving mental health and accomplishing restoration.

Benefits of religion and spirituality. Other studies are also mentioned in the literature on the benefits of spirituality and religion and how it is noted as a factor that strengthens mental health outcomes. However, Hadzic (2011) mentions that depending on how spirituality and religion is used can also determine an individual’s mental health outcome. It is suggested that there are two types of spiritual and religious motivations, intrinsic and extrinsic (Donahue, 1985; Hadzic, 2011). Hadzic (2011) states:

Individuals with extrinsic motivation make use of spirituality as a means by which they find security, sociability, self-justification, or fulfill their primary needs while individuals who are intrinsically motivated tend to internalize spirituality as a response to their inner spiritual need (p. 224).

Though both can affect mental health outcomes, the literature conveys that a greater outcome stems from an intrinsic usage of spiritual or religious motivation. For instance, in a study steered by Koenig, George, and Peterson (1998), where the purpose was to investigate the impact that religion has in the remission of individuals that displayed depressive symptoms. Within this study, the sample consisted of 111 patients who were 60 in age or older. The patients were hospitalized and were formally diagnosis with depression. The outcome of this study showed that when an intrinsic approach to spirituality and religion were used that the symptoms of depression began to subside, aiding the patients to begin to heal; thus, aiding in achieving the mental health outcome to improve well-being and lessen symptoms of depression. As these two constructs,
Religion and spirituality continues to expand in the research, more studies will focus on the effects of implementing spirituality and religion, and the application of faith, as an additional resource to enable those who value these constructs to reach optimal wellness and healing.

**Religion and Spirituality: A Personal Connection**

Religion and spirituality is highly valued in the American society, regardless of race, ethnicity, color, creed, sexuality, and other multicultural characteristics (Gallup, 1994; Gallup & Castelli, 1989; Hill, Pargament, Hood, McCullough, Swyers, Larson, & Zinnbauer, 2000; Shorto, 1997). Many individuals, specifically in the United States, identify as being spiritual or religious (Young, Cashwell, Wiggins-Frame, Belaire, 2002). According to the Pew Research Center (2012), 65% of the United States population identifies themselves as religious or spiritual.

Though this provided percentage includes individuals’ categorizing themselves as one or both identified constructs, it is important to recognize that there are people in society that may just classify themselves as just spiritual or just religious. The Pew Research Center considered this; thus, including a question within their survey that allowed participants to answer accordingly, stating whether they are religious or spiritual. Therefore, the results of this survey yielded that 18% of the survey participants identifies as just spiritual and not religious, 65% as religious in addition to being spiritual or not; and 15% doesn’t identify as neither spiritual nor religious (Pew Research Center, 2012). There was no indication of the percentage of individuals identifying as just religious and not spiritual.

Additionally, it is imperative that researchers continue to realize that spirituality can take many forms and not just limited to one overall existing belief or practice. An abundance of literature and research tend to match spirituality with the belief and having a relationship with God or a transcendent power. In 2011, 1,018 Americans ages 18 and older were surveyed about their personal belief in God as being the Supreme Being or believing in the existence of a universal spirit (Gallup Polls, 2011). According to the Gallup Polls (2011), 91% of those
Americans agreed that they believed in the existence of a universal spirit or God as being the Supreme Being. However, throughout the years, the previously mentioned percentage has fluctuated. According to a survey initiated by the Pew Research Center (2008), 35,000 Americans were surveyed, being asked whether they personally believed in God. After the results were generated from the data collected, the results showed a shift in the percentage, indicating that 92% of those individuals administered the survey believed in God (Pew Research Center, 2008). Even more recently, the Gallup Polls (2014) surveyed Americans, asking the same question, in which the results yielded an 86% of Americans believe in God or a universal spirit, displaying another decline as years progressed. Despite the slight decline, the existence of a supreme being is yet prominent in the lives of Americans. Many individuals exercise this belief through religious practices and involvement among others within a creddal or organized institution. It is suggested that 68% of adult Americans are active members of a church, synagogue, or a place that is recognized as an institution where worship occurs (Gilliam & Armstrong, 2012; Young et al., 2002). By examining the large numbers and percentages of how essential religion and spirituality is to the lives of many, a continued exploration of the topic is needed, especially as it relates to African Americans.

**African Americans, religion, and spirituality.** One of the populations that have been on radar as constant participants in religion and spirituality are African Americans. Spirituality and religion is the underlying thread that have held this underserved community together, and has consistently played a significant role in the African American community over hundreds of years. Constantine et al., (2000) identified a report that indicated an array of various denominations that are present in the African American community, such as African Methodist Episcopal, Apostolic, Baptist, and Church of God in Christ (C.O.G.I.C.), Congregational, Jehovah’s Witness, Lutheran, Pentecostal, Presbyterian, Seventh Day Adventist, and the Islamic faith. According to the US Religion Census 2010: Finding Summary (2012), there are 17,754 Black Protestant congregations
present in the United States. The same report also indicated that there are 4,877,067 African American church attendees, which includes individuals who are members, their children attending, and individuals that participate regularly but have not confirmed a membership. However, regardless of the religious affiliation that are in existence in the Black community, the involvement of African Americans in spiritual and religious practices is pivotal. According to Neighbors, Musick, and Williams (1998), 68% of African Americans have not only joined but are active members of a church where the attendance rate is at 92%. Though attendance rate is abundant at religious services, the frequency of African Americans engaging in other spiritual and religious practices, such as biblical readings, retrieving religious programming including preaching and inspirational talks, and devoting time to engage in spiritual and religious practices for spiritual growth are abundant as well (Constantine et al., 2000; Taylor et al., 1996). Taylor et al., (1996) elaborates that when examining African Americans in relation to their White counterparts, that the practices among African Americans are greater. Similarly, Hunt and Hunt (2001) conducted a comparative study between African Americans and Whites on religious involvement in which the data indicated that significant differences between both ethnicities exist. The data indicated that “African Americans have a higher level of church attendance and are more likely to serve as an active member of a church-related group” (Hunt & Hunt, 2001, p. 612-613). The amount of involvement and dedication has been steady, which has kept both the Black community and the Black church thriving.

**Power of prayer.** Families and individuals within the Black community are constantly encountering challenges and times of adversity; however, even within their moments of experiencing pain, unfair treatment, and situations that may be deemed unbearable at times, African Americans continue to gravitate to the church. Being present in the sanctuary and engaging in spiritual and religious practices are key components for African Americans coping with life’s daily challenges. For instance, African Americans have been known to institute the
usage of prayer. Prayer is a dialogue between an individual or group of people and God. Prayer serves as a platform where intimacy with God can grow, creating a stronger communion with Him. The Bible mentions not only the importance of prayer, but also the instructions about prayer according to 1 Timothy 2:1 (the New King James Version) where it states “Therefore I exhort first of all that supplications, prayers, intercessions, and giving of thanks be made for all men.” In the Black church, church congregants are taught the importance of prayer and how incorporating prayer regularly is necessary for their personal spiritual development, in addition to being used in times of distress.

**Different types of prayer.** Though prayer is vital and is used among African Americans during various times, especially in aiding in the coping process, there are different types of prayer that may be used at given moments. For example, James 5:15 (the New King James Version), identifies the prayer of faith as being one of the main types of prayers. This scripture discusses how prayer and faith can be a source in times of sickness, whether of the mind, spirit, or body. It is through the prayer of faith that a divine petition is uttered from one’s lips to access “healing” and “deliverance”. Another type of prayer is the prayer of agreement (Acts 1:14, New King James Version; Acts 2: 42, New King James Version). The prayer of agreement enables individuals to join in spiritual unity, being on one accord to touch the throne of grace. This type of prayer is popular in the Black church. According to Griffith, English, and Mayfield (1980), who conducted a study that focused on the therapeutic modalities in the Black Church, indicated the implementation of prayer meetings as a method for church congregants to unify and agree through prayer to collectively gain inner healing. Another type of prayer is a prayer of request (Ephesians 6:18, New King James Version; Philippians 4:6, New King James Version). This type of prayer serves as a channel for individuals to seek God, making a claim for a specific blessing or seeking from God a desire of one’s heart. The request can be spiritual or natural. Uttering a prayer of Thanksgiving is a type of prayer, which is indicated in Philippians 4:6 (New
King James Version). A prayer of thanksgiving enables space and time for an individual to render a glorified shabach, which is a term often used in the Black church that means a loud praise, for the blessings, healings, and marvelous works that God has done. The book of Psalms, found in the Old Testament of the bible, is known as the book of praise based on the writings of King David, who spoke of God’s greatness, abundant love and grace through the outpouring of his heart and soul. Similar to this type of prayer is a prayer of worship (Acts 13:2-3, New King James Version). A prayer of consecration is recognized as a type of prayer, which is conferred in Matthew 26:39 (New King James Version). It is through consecration where individuals rededicate themselves to Christ, decreasing oneself in order that God’s will for our lives is increased. This permits an individual to begin to understand the purpose that God has planned for them. The prayer of intercession (1 Timothy 2:1, New King James Version; John 17, New King James Version) is a type of prayer that is also implemented in the Black Church. A prayer of intercession is when an individual prays on behalf of another. In the Black Church, there are various roles that individuals play, such as church deacons, missionaries, trustees, and clergy. The Black Church also have Church mothers, who are individuals who are ordained and contribute through the providing of prayer, authority, and wisdom (Mattis & Jagers, 2001). Church mothers have also been called prayer warriors, in which their role is to maintain steady prayer on behalf of the church and the church members. The last type of prayer is the prayer of imprecation, which has been identified in the book of Psalms and in Matthew 5:44-48 (New King James Version) that emphasizes on vindicating the righteous and God’s believers. Though there are many types of prayers, each has been displayed among African Americans as a spiritual modality to connect to God in both times of contentment and moments of suffering. However, it is through the experiencing of pain, turmoil, and the midst of confusion when African Americans utilize prayer as the means to obtain emotional relief and wellness (Adkison-Bradley, Johnson, Sanders, Duncan, & Holcomb-McCoy, 2005; Allen, Davey, & Davey, 2009).
Praise and worship. Other than prayer, African Americans display their connection to religion and spirituality through other forms of participation and engagement. Boyd-Franklin (1989) emphasizes that multiple religious and spiritual practices that have been embedded within the African American culture throughout generations are yet employed during modern times. Constantine et al., (2000) mentions the usage of music and song as a modality to engage in praise and worship. Nelson (1996) describes the emotional and spiritual connection that African Americans have to the hymns that are integrated in the worship services. Likewise, with Mills (1998) who expounds on how African Americans experience the overwhelming sensation of joy as they become in tuned with the melody and words of the song, allowing oneself to be engulfed in the presence of a transcendent power. Mills (1998) also explains the preeminent role of the musical instruments, such as drums, that contributes to the holistic spiritual experience. There is a historical presence in regards to the usage of drums, dating back to slavery times. The playing of drums increases the participation within worship among African Americans. Forms of participation for African Americans are exhiblified through the raising of hands, swaying back and forth, clapping, and for some shouting or dancing. Many authors discuss how spontaneous physical worship is prevalent in African American worship. For example, Edwards (2009) provides a description of what spontaneous physical worship looks like, by stating, “spontaneous physical worship is the displaying of emotions of joy and excitement through the manifestation of shouting, jumping, or dancing” (Edwards, 2009, p. 32).

Testifying and witnessing. Furthermore, testimonies are the personal stories that are shared during the church services to express the wondrous and miraculous works that God has done in the life of an individual. Though testimonies can be heard in both the sanctuary and beyond the doors of the tabernacle, the Black Church is a prominent place where testifying occurs and is a part of the religious and spiritual practices among African Americans. Testimonies are shared by attending members during the devotion and testimonial services, where in many Black
churches mimics the portion of praise and worship service. The purpose of testifying is to not only reveal publicly the many blessings that God has allowed to come one’s way, but testifying is also a form of witnessing (Lawless, 1983). Witnessing through testimony allows listeners to learn of the current marvelous works of Christ, whether it is healing, granting favor, providing comfort, increasing finances, or other works that God has done in the lives of others. By hearing testimony, it pricks the hearts and minds of others, allowing church members to be reminded that miracles are still occurring and during life’s darkest hours, that God can be the one to turn the situation into a positive light. Testimonies and witnessing is a method that African Americans use to gain spiritual hope as well as provide spiritual hope to other parishioners listening.

**African Americans and Counseling**

Although the religious and spiritual practices are therapeutic modalities adopted by many, counseling is an effective resource and is a designated safe space for licensed professional counselors to assist clients by providing psycho-educational information to increase knowledge as well as instruct on preventative measures regarding mental health concerns (American Counseling Association, 2011). Counseling also encompasses opportunities for consultation with clients and the community, remaining abreast of evidence based practices that are implemented within sessions with clients, and includes the rendering of diagnoses and treatment options for addressing clients with an array of issues, including mental, emotional, and comorbid disorders; for example, substance abuse and depression (American Counseling Association, 2011). However, many individuals within society refrain from seeking counseling services, which ultimately leaves many ethnic groups, such as the African American community underserved. Due to the lack of treatment (e.g. resistance to treatment due to mental health stigma) and accessibility to counseling and mental health services, the statistics of African Americans regarding mental health issues and concerns continues to grow. For instance, there are approximately 40.1 million African Americans comprise the United States, 7.5 million of these
individuals, which is 18.7%, are impacted by some form of mental illness (Davis, 2005; U.S. Census Bureau, 2007; Ward, Wiltshire, Detry, Brown, 2013). In addition, the National Alliance on Mental Illness (2015) indicates that in comparison to the general population, that African Americans are 20% more likely to encounter severe issues related to mental health. The National Alliance on Mental Illness (2015) also suggests that the most common disorders among African Americans consist of ADHD, Depression, and Post-Traumatic Stress Disorder (PTSD). In regards to suicide, current research highlighted that the suicide rates for African Americans where the age is ranging from 5 to 11 have surpass the rates for White Americans (Bridge, Artsi, Horowitz, Greenhouse, Fontanella, Sheftall, Kelleher, & Campo, 2015). Also, with issues related to mental health, it increases the opportunity for physical illness to transpire. In regards to this matter, 15% of African Americans experience somatization verses where only 9% of White Americans experience somatization (National Alliance on Mental Illness, 2004). Another alarming statistic is the high rate of African American children exposed to violence. According to 25% of all Black children satisfy the establish criteria for PTSD, due to an increase exposure to violence (National Alliance on Mental Illness, 2004; Starks, 2015). The National Alliance on Mental Illness (2004) indicates that the prison system is mostly comprised of African Americans and approximately half are categorized as having a high risk for having a mental illness. In addition, children in foster care, in which is 45% of African American children within the foster care system, are also categorized as high risk for mental illness. Due to the numbers and other statistics that were not included regarding mental illness, African Americans also tend to face other daily challenges (e.g. poverty) that require this ethnic group to need multi-dimensional support.

**Daily challenges faced by African Americans.** Multi-dimensional support includes psychological, financial, physical, and spiritual. This holistic support can assist African Americans with navigating through life daily challenges. The insurmountable levels of adversity
often create an overwhelming feeling that can serve as an obstacle to African Americans accessing their full potential. Many of the daily challenges consist of low self-esteem, trying to find a balance with managing both societal and gendered norms, socioeconomic status and race, and health related issues. These are concerns that are pertinent to both the African American man and the African American woman. Rosenberg and Simmons (1971) studied self-esteem of African Americans and how low self-esteem begins as during the earlier years, childhood.

Rosenberg & Simmons (1971) conducted a study utilizing mixed methods to examine self-esteem between Blacks and Whites. The sample was randomly selected and consisted of 2625 students from the Baltimore City school district. Although this study yielded that Black students in this sample indicated higher self-esteem than Whites, Rosenberg & Simmons (1971) noticed that due to systematic distortions in their sample could have impacted the outcome of this study. In addition, Rosenberg & Simmons (1971) realized that their findings challenged the assumptions of Blacks having lower self-esteem than their racial counterparts. Due to these conditions, Rosenberg and Simmons (1971) began to search deeper in the literature for similar studies that examined race and self-esteem to compare results. It was through this comparison where there was a notice of discourse in the literature that continued, where some of the literature indicated higher self-esteem among Blacks than Whites, lower self-esteem among Blacks than Whites, and the indication that there is no difference in self-esteem between Blacks and Whites. Regardless, Rosenberg & Simmons (1971) refused to ignore such factors that contribute to developing low self-esteem. Some of the suggested factors contributing to low self-esteem consist of having a lower socioeconomic status, ascertaining lower-level positions and jobs, and lower academic performance among African American children in comparison to Whites (Rosenberg & Simmons, 1971). Other factors correlated with low self-esteem identified in the literature are poverty (Heath, 2006) and physical attractiveness (Molloy & Herzberger, 1998; Rosenberg, 1971). Not only does the definition of beauty differ between African Americans and White Americans, but
also the image of beauty differs, historically portraying Black women as unattractive. Negative images and lower socioeconomic status, due to oppression can manifest as feelings of powerlessness, which can contribute to low self-esteem (Rosenberg & Simmons, 1971). This aligns with Heath (2006) who also recognizes that discrimination is a challenge faced by African American women; however, this is a commonality among African American men as well.

The literature also indicates some of the struggles that the African American man experiences and has to learn to adjust to in everyday life (Griffeth, Ellis, and Allen, 2013). Juggling societal gendered norms and cultural gendered norms can be difficult, especially when there is a discourse between the two existing paradigms. Jardine and Dallalfar (2012) suggests that western culture automatically expects the man to get married and serve as a provider that will supply the basic needs of the family, such as food, shelter, water, clothing, and overall providing financially. Jardine and Dallalfar (2012) also introduces what the man looks like and the role of a man in the context of the African American culture, which involves extended families and working collectively to assist with the raising of children and growth of the family. Navigating expectations from western culture and African American culture can be difficult for an African American man. Additionally, Griffith, Ellis, and Allen (2013) indicates how there are challenges that are present for African American men in relation to socioeconomic status and race, while other researchers address the health issues that are prevalent in African American men (Bowleg, Teti, Massie, Patel, Malebranche, & Tschann, 2011; Griffith, 2012; Griffith et al., 2013). The Mental Health: A Report of the Surgeon General (U.S. Department of Health and Human Services, 1999) suggests that African Americans are more likely to be diagnosis with Diabetes, Heart Disease, Prostate Cancer, and HIV/AIDS. These are major health concerns that contribute to or are caused by the added stress that African American men deal with daily. It is often difficult for African American men to seek proper healthcare to address these diagnoses, due to financial challenges and the lack of access to adequate healthcare. African American women
share health concerns also, specifically with Black women being more likely to be diagnosed with Breast Cancer as well as more likely to experience higher rates of infant mortality (U.S. Department of Health and Human Services, 2000). The proposed health challenges in combination with the mental health challenges that African Americans are encountering, increases their need of support to thrive and successfully navigate the obstacles they are experiencing.

**Barriers to counseling and mental health treatment.** Sometimes accessing the support that is needed for addressing daily stressors, for example, mental, psychological, and emotional support is limited, specifically for African Americans. There is an array of existing barriers that block African Americans from obtaining the counseling and mental services that are needed. There are more barriers existing for African Americans in comparison to their White counterparts (Snowden, 2001; U.S. Department of Human Services, 2001; Ward, Clark, & Heidrich, 2009; Ward et al., 2013; Williams, Gonzalez, Neighbors, Nesse, Abelson, Sweetman, & Jackson, 2007). Allen, Allen, and Davey (2010) along with the United States Department of Health and Human Services (1999) and Hines-Martin, Malone, Kim, Brown-Piper (2003) suggests that one the barriers that plague the African American community is the inability to access and pay for formal mental healthcare. The economic adversity and the financial disparities that are present is a catalyst for African Americans poor mental health, and plays a role in increasing the risks for mental health disorders. Without health insurance and having access to the financial means that are needed to obtain services, the African American community continues to be underserved.

**Stigmatization of mental health.** There is a stigmatization surrounding mental health treatment services that is ingrained in our society. This same stigma is also embedded in the African American culture. Individuals potentially needing to access mental health services and treatment are not probable because of the negative connotation that continually lingers; therefore, to avoid being associated with needing psychological and mental aid, the services are not sought
(Alvidrez, Snowden, & Kaiser, 2008; Anglin, Link, & Phelan, 2006; Ayalon & Alvidrez, 2007; Bird, Lambert, Hartley, Beeson, & Coburn, 1998; Cheng & Robinson, 2013; Conner et al., 2010; Gary, 2005; Menke & Flynn, 2009; Mojtabai, Olfson, Sampson, Jin, Druss, Wang, Wells, Pincus, & Kessler, 2011; National Mental Health Association, 1998; Thompson-Sanders, Bazile, & Akbar, 2004; U.S. Department of Health and Human Services, 2001; Ward, et al., 2013). In the African American community, this has been attributed to the value of being self-sufficient and having a sense of independence. When confronted with pressing issues surrounding family, work, or a variety of other challenges, African Americans feel that they are capable of combating the occurring issue themselves. According to Brown and Tylka (2011), African Americans are resilient and possess the skills to navigate through life’s daily stressors. However, when African Americans feel that seeking assistance from an external resource is their only option, they begin to experience feelings of shame, guilt, and feelings of inadequacy (Allen, Davey, & Davey, 2010).

Mistrust in healthcare system. African Americans tend to have an inability to trust both the mental healthcare system and the providers that associated with it, which ultimately contributes as a barrier to African Americans seeking mental health treatment (Allen, Davey, & Davey, 2010; Alvidrez, Snowden, & Kaiser, 2010; Fox et al., 1995; Nicolaidis, Timmons, Thomas, Waters, Wahab, Mejia, & Mitchell, 2010; Snowden, 2001; Whaley, 2001). With having an existing history with slavery, racism, and discrimination, there is a lack of trust in mental healthcare providers, especially since there are a high percentage of White mental healthcare providers. In the United States, approximately 2% of psychiatrists, 2% psychologists, and 4% social workers are African American (National Alliance for Mental Illness, 2004). Literature suggests that often African Americans are hesitant to seek services from a mental health provider who doesn’t have a similar ethnic, racial, and cultural background; ethnic and cultural
professionals plays a significant role for African Americans (Murry, Heflinger, Suiter, & Brody, 2011; Thompson, Bazile, & Akbar, 2004).

**Culturally misunderstood.** Constantine et al. (2000) indicates that African Americans possess a genuine concern about being culturally misunderstood because of the perceptions that could be possibly held by the individual serving in a position of a mental health provider. Sue, Sue, and Sue (2006) also indicates this concern among African American clients and provided an example in the literature where an African American was administered a personality assessment in which the mental health professional noticed that the score indicated that the African American was more suspicious than their White counterpart. “This caused the mental health professional to label the client as paranoid” (Sue, Sue, & Sue, 2006, p.66). This causes issues for the client, especially when the counselor attempt to address this with the African American client. Thus, the behaviors and responses of the minority client are being mistaken and the client is misunderstood due to the lack of consideration given to the cultural context and any history that serve as an influential factor for the client displaying these behaviors. To avoid the facilitation of negative feelings among African American clients, adherence must be given to the cultural issues, values beliefs, and experiences of the client (Sue and Sue, 2008). However, when this doesn’t occur within the cross-racial dyad, this can create a sense of distance, ultimately serving as a factor that will negatively impact both the therapeutic relationship between the counselor and client and the potential progress of the client. Being misunderstood is a barrier that deters African Americans from accessing mental health treatment. With mental health professionals lacking multicultural competence, not seeking to understand the historical nature and the life struggles of African Americans, has been found to limit African American participation in treatment; and reinforces an oppressive environment that leaves African Americans feeling as if they aren’t being accepted (Richardson & June, 1997).
Being misdiagnosed. Another barrier is concerns centering on being misdiagnosed (Allen, Davey, & Davey, 2010; Constantine, Lewis, Conner, & Sanchez, 2000; Eugene, 1995). According to Sue and Sue (2006) behaviors differ among cultures, which is known as cultural variation; however, often, professionals will have cultural bias and interpret behaviors based on the majority culture to assess whether their African American client is displaying normal or abnormal behaviors. Therefore, as clients enter the counseling atmosphere, with their own set of values, beliefs, standards, and behaviors, whether cultural or even religious, a label is attached to them, labeling them as abnormal and misunderstood. However, due to the incongruences between African Americans and mainstream, it is vital that the cultural context of the African American is considered to break down the barriers of being not only misunderstood but also misdiagnosed. As these existing barriers continue to build up, it creates a wall that ultimately blocks African Americans from achieving mental, emotional, and psychological wellness through the attainment of professional mental health services and treatment.

Critical Race Theory

Historically, the challenges that African Americans have been confronting for years are yet evident today along with the oppressive nature of the American society towards African Americans. During the 1970s scholars were aware of the inequality and injustices in society; therefore, critical race theory was developed as a theoretical framework that highlights the existing racism and social injustices in a broader perspective by peeking through the lens at a variety of issues that were affecting people of color. To understand the theoretical underpinnings of critical race theory (CRT), the concept of race must be understood in the context of society and its relation to the theory. Thus, race is defined in the literature as a concept that is socially established, not only adding to the creation and classification of racial groups, but also serving as a method that contributes to making a distinction between existing racial groups and the majority culture (Solórzano, Ceja, & Yosso, 2000; Trahan & Lemberger, 2014). This manmade concept,
race, highlights the gap between the powerless and the powerful, which illustrates the dominance of mainstream society and the portrayal of how minority groups are positioned to be recognized as subordinate to the majority culture. The idea that is perpetuated that minorities, such as African Americans, are inferior to individuals that are deemed superior, White Americans, when comparing access to power, wealth, opportunities, and privilege is a key component to critical race theory (Matsuda, Lawrence, Delgado, & Crenshaw, 1993; Solórzano & Yosso, 2000; Trahan & Lemberger, 2014). Simultaneously, the literature states “critical race theory have been committed to the dismantling of the internal structures of paradigms that concentrates on race and continues to emphasize the effect of race on marginalized groups” (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014, p. 116). Overall, this theory examines the racial and social structures and hierarchies as well as exploring modalities to debunk those structures and hierarchies to assist with producing positive social change.

**Principles of critical race theory.** This theoretical approach was originally used within law and critical legal studies (Brown, 2008); however, this theory has been applied to numerous disciplines and a variety of research topics. The principles that are ingrained within critical race theory contributed to the development of this theory. According to the literature, there are three main principles that comprise critical race theory as well as five tenets. Figure 1 lists the three main principles embedded in Critical Race Theory. The explanation of each principle is subsequent of the figure below.
Cooper and Hawkins (2014) indicate “the first principal is that Race is a major factor in perpetuation of the inequity in the United States” (p. 83). This principle reflects that the existence of inequity is derived from the concept of race to keep minority groups subordinate to the majority group. This principle examines inequity in multiple domains, including academics, incarceration, status, finances and economics, and other facets of life (Ladson-Billings & Tate, 1995). The second principle states that the foundation of the United States is built upon property rights (Cooper & Hawkins, 2014; Ladson-Billings & Tate, 1995). Property rights were held on a pedestal while the rights of humans and laws needed to be revamped for the inclusion of minorities during the moments where injustice was experienced. The third principle states “the intersectionality of race and property forms a critical perspective to understand social inequity” (Cooper & Hawkins, 2014, p. 84; as cited in Ladson-Billings & Tate, 1995). This principle not only recognizes the oppression among individuals of color, but also realizes that the existence of such disenfranchisement and disempowerment extends beyond the construct of race, but instead being cognizant that multiple components also serve as contributing factors.

**CRT tenets, mental health, and African American experience.** The principles of Critical Race Theory are operationalized through five tenets, and each of these tenets can be related to the African American experience in relation to mental health. Figure 2 indicates each of
the five tenets that are incorporated in Critical Race Theory (CRT). An explanation of each of the
tenets is subsequent of the provided figure; in addition to how each of the tenets can be related to
both mental health and the African American experience.

Figure 2. The Five Central Tenets of Critical Race Theory (CRT)

In the literature, Cooper and Hawkins (2014) identify the first tenet as storytelling.
Storytelling is in narrative form and it sheds light on the reality and personal experiences that
marginalized groups have based on their experience with constant oppression and discrimination.
Included within the storytelling are the beliefs, norms, and values that are embedded in White
culture (Cooper & Hawkins, 2014; Delgado & Stefanic, 2001; Solórzano & Yosso, 2002).
However, it is vital that marginalized groups, which in this case African Americans become
empowered to share their story and let their voices, be heard. By doing so, one will be able to
gain insight and gain an in-depth understanding of the existing oppression which contributes to
the African American experience, including experiences with barriers to mental health treatment. Also, the usage of storytelling can serve as an avenue where mental health counselors can empower their clients of color in session, which can ultimately aid in creating an oppressive free environment as well as an environment of acceptance; where African American clients can effectively work towards reaching their therapeutic goals in counseling.

The second tenet is the critique of liberalism (Cooper & Hawkins, 2014; Crenshaw, 1995; Decuir & Dixson, 2004; Taylor, Gillborn, & Ladson-Billings, 2009). This tenet reflects the existing challenges in regards to the ideology of colorblindness, equality among legal treatment, and the advancement in societal change. In the world in which individuals live, there has been the notion that colorblindness exists; however, this is a misconception that needs dismantled. Color is something that exist and is often in the forefront for African Americans. It is the color of their skin that has led to discrimination and the continuation of inequality. This is an experience that is often misunderstood by White mental health providers, which is one of the barriers that exist for African Americans in regards to mental health. Additionally, the legal neutrality is a constant struggle. The oppressive nature of the legal system increases the stress on the African American family contributing to mental health issues experienced by African Americans. And, although there seems to be an appearance of incremental change, there are critical moments that emerge that impacts society’s advancement and instead, can create moments of regression occur, creating an ebb and flow effect. This concept of ebb and flow show the constant growth and decline in growth of in relation to the notion of change.

The third tenet in Critical Race Theory is called the interest convergence (Cooper & Hawkins, 2014). The basis for this tenet is that Whites will agree as well as promote racial progression of African Americans if there is a benefit for the majority culture. The interest that African Americans have in ascertaining equality, which in this case to receive adequate services from mental health professionals, when it meets the interests of Whites. Assistance from the
government has been created, enabling families and individuals, such as minorities to attain healthcare. Therefore, individuals of color get the healthcare but the services remain inadequate and culturally irrelevant (Sue & Sue, 2006). This links to the barriers that exist for African Americans, such as being misunderstood by their mental health provider who may be of the majority culture, being misdiagnosed, and entering an environment that is supposed to be therapeutic, but instead, being oppressive in nature. This stagnates the potential growth and overall wellness that can be generated from counseling services. This example and tenet shows that this is an idea that improves the image of society that help is available and to show that efforts are being done; however, the lack of equality and accessibility to adequate care remains in existence.

The fourth tenet is racism is permanent (Bell, 1992; Cooper & Hawkins, 2014; Lawrence, 1995). This is a constant stain that is irremovable from the fabric of the American society. There are moments in society where it may appear as if injustices and racism is no longer in existence; however, this is not due to this issue finally being eliminated, but it is hidden behind subtle behaviors and thoughts. This is in conjunction with the African American experience with experienced isolation from society due to the color of their skin, the economic struggles that contributes to the inability of African Americans to afford mental health treatment along with having limited options. This experience with the permanence of racism, also known as institutionalized racism contributes to the lack of trust that African Americans have in not only mental health professionals, but in healthcare providers in general. This stems from the racism and discrimination experienced in society; in addition to the inhumane act that occurred during the years of Tuskegee Syphilis Study and the years of discrimination that followed (Hamilton, Aliyu, Lyons, May, Swanson, Savage, & Go, 2006; McCallum, Arekere, Green, Katz, & Rivers, 2006; Wallerstein & Duran, 2006; Williams & Mohammed, 2009; Williams, et al., 2014). The purpose of the Tuskegee Syphilis Study was to document the affects and natural course of
Syphilis in African American men. With promised incentives (i.e. medical exams, treatment for minor ailments) African American men became interested in participating in the study; however, as penicillin became available and used as a method of treatment for Syphilis, researchers in this study withheld the treatment (Center for Disease Control and Prevention, 2016). As a result, many African American men died along with family members who were unaware that they were infected (Brandt, 1978). Thomas and Quinn (1991) stated “the history of the Tuskegee Study, with its failure to educate the participants and treat them adequately, helped to lay the foundation for Black’s pervasive sense of distrust of public health authorities today” (p. 1499).

According to Cooper and Hawkins (2014) in regards to the fifth tenet, the Whiteness as a property norm, is about how individuals of the majority culture have access to privileges that marginalized groups don’t have. Whites have countless privileges consisting of educational privileges, leadership opportunities (Cooper & Hawkins, 2014), and access to financial resources in which they can tap into. The majority culture is one the groups that have access to adequate healthcare and mental health care services. It must be taken into consideration that there are Whites who have a lower socioeconomic status and limited access; however, most often Whites have the privilege of being able to walk into an office with the likelihood of seeing a professional that looks like them that creates a safe place for them to feel welcome as they access services. These are privileges that are a constant struggle for African Americans. This adds to the oppression and the existing disparities in the American society for Blacks and people of color.

**The Black Church**

Due to the injustices and variety of barriers that have been identified in relation to African Americans, the Black Church has historically been recognized as a safe haven and place of refuge for African Americans. The Black Church is an independent institution with roots planted in history that dates back to 1787, after the Free African Society was established, where the attending congregants were Black and identified as Christians (Hardy, 2014; Lincoln &
Mamiya, 1990). Within the Black Church there are an array of denominations and religious affiliations in existence. According to Constantine et al. (2000) and Constantine, Richardson, Benjamin, and Wilson (1998) it was during the slave trade, which allowed Africans that make-up the diaspora to congregate unwillingly in the United States, later contributing to the presence of African Americans. It was also this era in history that also played a significant role in the establishment of diverse religious practices and affiliations (Constantine et al., 2000).

In spite of the differences among African Americans in regards to an assortment of existing denominations, this adds to the historical development and the uniqueness of religious and spiritual practices in the Black Church. These practices derived from the ancient traditional African religions, culture, and time periods that date back to both slavery and the presence of Jim Crow laws and segregation (Ahia, 1997; Constantine, et al., 2000; Guthrie, 1980; Mbiti, 1991; Nobles, 1991). The implementation of rhythmic dances (Frame & Williams, 1996), hands clapping, feet stomping, melodic voices coming together and dispersing into harmony to sing old negro spirituals were not only utilized as a form of worship, but also as a form of spiritual upliftment and hope for the challenges that individuals were encountering during that time.

Continuing throughout history, the Black Church has also been an institution that provided support in multiple capacities to the black community. Besides a designated place of worship and an institution where religion and spirituality can be exemplified, the Black Church was fearless in combating issues surrounding unfair treatment, discrimination, inequality, and the increased oppression from the majority group (Brashears & Roberts, 1996; Constantine et al., 2000). Members, including pastors, unified to march the streets to take a stand, allowing their voice to be heard, advocating for justice for the Black community. In addition, the Black Church also strategically planned to rally and addresses the communities that were poverty stricken and where the rates of unemployment were immense (Brashears & Roberts, 1996). It was the Black Church that aided to the community’s economic struggles, serving as a catalyst for financial
support and resources (Billingsley, 1999; Canda, 2008; Farris, 2006; Hardy, 2012, 2014; Lincoln & Mamiya, 1990; Martin & Martin, 2002; Raboteau, 2001; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Furthermore, the Black Church worked diligently to preserve the Black family and familial patterns by exercising its role as a gatekeeper (Constantine, et al., 2000). A gatekeeper is a person or an institution that protects and preserves something deemed as valuable. The Black Church values the Black family and is constantly searching for ways to maintain unity among Black families, which produces extended kinship networks. The church has stood in the gap, serving as a bridge over troubled water, assisting African Americans during times of turmoil that were plaguing the black community.

The church doors have also been open to provide a place of healing in times of psychological and emotional distress. Historically, the Black church has been suggested as a safe space to seek assistance for mental health issues. With the barriers that exist for African Americans, especially limited access to healthcare, the black church is an institution that doesn’t require health insurance, thus, the black church is a lower and affordable cost for services that are needed (Hardy, 2014). Attending church members provide a sense of emotional and informal support for one another (Constantine, Lewis, Conner, & Sanchez, 2000; Hatchett & Jackson, 1993). Parishioners can encourage each other through the usage of prayer and biblical scriptures. The church is an established safe space for the casting of personal burdens and has a strong presence in the African American community (Hardy, 2014). There is a collective effort and a high priority with the church to aid in the overall healing (Young, Griffith, & Williams, 2003), in which come in the form of religious and spiritual modalities that have been deemed therapeutic. The Black Church continues to hold true to the motto of being helpers to one another.

**Systems Theory**

The Black Church is a therapeutic system, psychologically, physically, and emotionally. However, to understand the context of the Black Church, a Systems theoretical framework can be
applied. According to McRae, Carey, & Anderson-Scott (1998) this Systems theory premises is constructed on a foundation that the whole is the sum of its parts. This premise elucidates that in order for a system to function and be productive, that all the components comprised of the system must serve their respected role. There are multiple parts and a variety of roles. Each of the encompassing parts of the system, regardless of their specific responsibility, becomes unified, demonstrating the interconnectedness that exists within an identified system. This theory provides a clear picture of the behaviors and patterns of communication within the system; in addition to the functioning of the system, which will enable an individual from the outside looking in to understand the essence of the contextual setting being examined.

This approach was originally applied within counseling literature for explaining the family system, which was identified as the primary context for fathoming how individuals within the family system behave, communicate, and function in relation to others within this specified structure (Corey, 2002). However, as the research expands, an array of disciplines and researcher has implemented Systems theory to understand not only just families, but also organizations and a wide range of other social units. The concepts that compose this theory can be applicable to any system.

**Boundaries.** One of the concepts consist of the presence of boundaries (Corey, 2004), which are barriers that are in place that dictates what or who is included in the system or not. Minuchin (1974) who originally examined the family system utilizing a structural perspective, defines boundaries as “the rules of who participates and how” (p.53). In other words, boundaries serve as an invisible line of defense against the unknown, ultimately protecting the individuals within the system. It specifies who composes the system and dictates the responsibilities and tasks of the participants. Boundaries can be physical, symbolic, or psychological and transpires throughout the system, including in the subsystems that comprise the given system being examined. The establishment of those boundaries can contribute to whether the system is an open
system or a closed system. An open system permits interactions between the components of the system and the environment, whereas a closed system blocks that from occurring. The external forces of the environment can influence the system in positive or negative ways. The shift of boundaries can occur at any time. When boundaries are clear, this increases dialogue among the individuals within the system where information is shared and decisions are made; however, when boundaries are unclear, boundary ambiguity occurs, leaving individuals within the system in a place of uncertainty (Minuchin, 1974). This is during periods of transition and changes within the system. Additionally, Brown and Christensen (1999) suggests that boundaries can be rigid, meaning that the individuals within the identified system are lacking in their interactions with one another. This results in disengagement in the system and between subsystems (Nichols, 2009). In reference to interactions, this can be physical interactions or the communication patterns between individuals. When this happens, this causes disconnect within the system.

Additionally, with rigid boundaries, boundaries can become so inflexible that it facilitates an environment for individuals in the system to cope and adjust to any new changes that may evolve (Brown & Christensen, 1999). Furthermore, boundaries within the system can be enmeshed, which is when individuals within the system are overly involved with one another, mimicking smothering and behaviors of the helicopter parent; consistent hovering. This type of environment can not only lead to conventionality instead of a differentiation of self, which is a concept developed by Murray Bowen (1976).

**Subsystems.** Another concept of Systems theory are subsystems (Corey, 2004). Subsystems are smaller groups that are not only embedded in the larger system, but also contribute to the broader system as a whole. The subsystems also contain boundaries, roles, and hold their own expectations. Each member within the subsystem work as a unit to accomplish goals and necessary tasks to maintain the function of the identified system. When taking into context the original work by Minuchin (1974) who focused on a more structuralist approach when
examining the family system, there are three main subsystems, siblings, marital or couple, and parental; however, when examining other systems and applying similar concepts, more subsystems may be present. It is vital that in order to maintain the system, each subsystem must carry out its duties.

**Hierarchies.** Similar to the previous concept are hierarchies, which are another concept embedded in Systems theory (Corey, 2004). Minuchin (1974) defines hierarchies as being aware of the family structure. This would include examining ranking of individuals and identifying where the power within the systems is present, specifically who has been placed in positions of authority. Being cognizant of who holds the power within a system is one of the main meanings of hierarchy, according to Simon, Stierlin, and Wynne (1985); however, the hierarchy in any identified system can become altered. For example, in relation to family a father may have the majority of the power, being the provider, makes predominately all of the decisions for the family, and may be the individual in charge of disciplinary actions. On the other hand, this may change if the is no longer in the home, which could be due to death, divorce, or other unforeseen circumstances. It is within these moments where the power can shift and the hierarchies change within the family system. This can be applicable to the church system as well. This serves as a contributing factor for the family maintaining a sense of order and homeostasis.

**Homeostasis.** Within a given system, obtaining and maintaining a sense of homeostasis is the key. Another concept in this theory, homeostasis refers to the system being secured, consistently striving for stability and equilibrium (Brown & Christensen, 1999). How does a system remain stable? This occurs through the preservation of the system’s norms, values, beliefs, and patterns. These patterns include how communication emanates among individuals in the family system. Simon et al. (1985) identifies this pattern as feedback loops; similarly, Brown and Christensen (1999) elaborates that feedback can either be negative or positive, ultimately resulting two different reactions. For example, negative feedback serves as a catalyst for
perpetuating homeostasis in the system, but when there is positive feedback, this can assist with providing a sense of positive change and growth. Positive feedback can also encourage the family or system gaining closure, especially when stressors and issues arise in the system. Regardless, the system’s goal is to maintain stability, but must also be cognizant that throughout the journey of life, encountering life challenges (e.g. death, divorce, terminal illness, mental health issues) shifts in the environment will occur, which can cause the environment of the system to be interrupted. Therefore, the usage of appropriate and healthy coping skills is needed to help with adjusting and navigating life’s obstacles successfully.

**Morphogenesis and morphostasis.** Linked to homeostasis is morphogenesis and morphostasis, which are incorporated in Systems theory as well. Once again, the goal is to maintain stability. Morphostasis looks to sustain the system’s equilibrium, continuing to hold individuals accountable for upholding their responsibilities and roles that they have embraced by being a part of the identified system (Steinglass, 1987). However, the goal of the system is balance; therefore, it is imperative that the roles are maintain and the system continues to function “as normal” regardless of what the system encounters (e.g. job loss, death of a family member, remarriage), the system must also have the ability to remain flexible. When there is fluidity within the system, members can easily adapt, recuperate, and grow, ultimately conquering the experience that had transpired.

McRae, Carey, and Anderson-Scott (1998) also identify other concepts that are included in Systems theory, inputs and outputs, autonomy, control mechanisms. Likewise, with other authors in the literature who also identifies other concepts, for instance, wholeness (Brown & Christensen, 1999; Cook & Oltjenbruns, 1989), equifinality (Brown & Christensen, 1999), family rules (Krauss & Jacobs, 1990). Whether one is examining a system through using a structural perspective, strategic perspective, a transgenerational approach, or any other, it is each of these
elements that are embedded in these theories that contribute to understanding the overall system and its functioning.

**Black Church as a System**

The Black Church can be viewed as a system due to meeting the standards and embodying the concepts of Systems theory. For example, the Black church has boundaries. There are psychological boundaries that assist with describing their religious identity within the Black Church, but also assist with the identifying of one’s religious and spiritual beliefs, perceptions, values, teachings, church beliefs, which is based on the religious doctrine of the denomination that the Black Church is affiliated with. Also, the Black church has mechanisms that aid to the upkeep and maintaining of this system (McRae, Carey, & Anderson-Scott, 1998). These mechanisms require funds and finances to maintain the system (e.g. upkeep of the church building, maintenance) as well as meeting the needs of all individuals within the unit that will allow for spiritual development and growth (e.g. seminars, programs, study features). Other mechanisms that could be included that the Black Church must take into consideration are the traditions, rituals, norms, and being able to meet the needs of the attending congregants that make up the system. Moreover, subsystems are included in the Black church. For instance, there are various committees that carry certain responsibilities that contribute to the overall functioning of the church. In the church, these subsystems or committees are called church auxiliaries. One of the auxiliaries is the Usher Board (McRae et al., 1998). The purpose of the usher board is to greet and escort attending members into the place of worship. The pleasantry of the usher board’s spirit enables congregants to feel welcomed and accepted within the Black Church. Another subsystem is the church choir (McRae et al., 1998). The choir’s role is to minister in song; singing praises where church members can become engage and be receptive of God’s spiritual blessings. In some cases, the choir sings prior to the preacher delivering the sermon; therefore, in this case, the choir sets the tone for the sermon, causing a consistent flow of God’s anointing in
order that listeners can be positioned and ready to hear God’s Word. Other subsystems could include, but are not limited to, the youth church, administrative staff, Mother’s Board, Missionary Circle, and leadership. Hierarchy, a previously mentioned concept in Systems theory, is present in the Black Church. The hierarchy concept explains the structure and delineated roles and responsibilities of individuals within the identified system, which in this case is the Black Church (McRae, et al., 1998). This hierarchy usually follows in the order of the pastor, who serves in authority position, with other clergy members based on rank following, Deacons, Trustees, Missionaries, Church Mothers, and lay members. Each one of the roles are biblically outlined, entailing of the roles and responsibilities of each. For example, the roles of the Deacon are explained in 1 Timothy 3:8-13 and Acts 6:2-4 (New King James Version) and the roles of Missionaries are explained in Matthew 28:19-20 and Acts 1:8 (New King James Version). Each of the components of the Black Church come together to work as a cohesive unit to not only address spiritual issues, but also societal issues, and mental health issues as well.

Black pastor’s contributions to a therapeutic system. In the Black Church, the Pastor serves in the role of authority. Nevertheless, there are other roles that the Pastor and other clergy members have that assist the Black Church in transforming into a therapeutic system with an aim to combat mental health issues that are impacting the lives of their church congregants. Pastors, clergy, and individuals placed in ministerial positions are key constituents that administer an abundance of support to the Black Church and the African American community. The support provided includes, but are not limited to financial, physical, emotional, spiritual, and psychological support. According to research, the primary source of support for African Americans and the Black community is the Pastor and the church (Caldwell, Chatters, Billingsley, & Taylor, 1995; Mattis, Mitchell, Zapata, Grayman, Taylor, Chatters, & Neighbors, 2007; Neighbors, Musick, & Williams, 1998; Taylor, Chatters, & Levin, 2004; Young, Griffith, & Williams, 2003). In order to provide the needed support to their congregants, pastors and
clergy exercise this support through the roles of spiritual advisors and as mental health counselors (Adkison-Bradley, Johnson, Sanders, Duncan, Holcomb-McCoy, 2005; Allen, Davey, & Davey, 2009).

Furthermore, pastors and clergy function in the role as a mental health counselor by implementing therapeutic modalities to combat the crises and emotional distress experienced by African Americans and their families (Adkison-Bradley, et al., 2005; Davey & Watson, 2008; Mattis et. al, 2007; Neighbors, Musick, & Williams, 1998; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Black pastors also incorporate basic techniques to handle issues relating to substance abuse, marriage and family, teenage crises such as pregnancy, unemployment and economic challenges, legal matters, and dealing with mental health disorders (e.g. depression) (Mattis et al., 2007; Taylor et al., 2000). Likewise, with both Neighbors et al. (1998) and Mattis et al. (2007) continues by elaborating that African Americans tend to want to also seek psychological and emotional aid from the church when confronted with physical health crises, difficulty with emotional adjustments, and when experiencing grief and loss. These therapeutic approaches include the usage of various theological concepts including sin, guilt, forgiveness, penance, redemption, and salvation (Neighbors et al., 1998). Neighbors et al. (1998) also suggests that Black Pastors tend to place an emphasis on integrating prayer, meditation, confession of the soul, faith healing, the reading and quoting of scriptures, attending church services and programs, and exorcism. With the therapeutic methods and techniques that are provided by clergy and pastors, they create an environment that is supportive, non-judgmental, and that facilitates an opportunity for healing and self-growth. Other church officials assist within this process along with supportive church members, working collectively to aid to the care, encouragement, and support that is being provided by the Pastor and clergy. As this occurs, the Black church system becomes therapy-centered and begins to mimic a true counseling experience, specifically group counseling experience. Yalom (1995, 2005) mentions that there
are eleven therapeutic factors that contribute to an individual finding the counseling experience meaningful, which will ultimately lead to the individual or group of individuals to have a psychological and emotional breakthrough. Many of the therapeutic factors established by Yalom (1995, 2005) are experienced in the Black Church and include interpersonal learning, imparting information, developing techniques for socializing, installation of hope, catharsis, imitative behavior, altruism, group cohesiveness, universality, corrective recapitulation of the primary family group, and existential factors. It has been suggested that parishioners will find the therapeutic system of the church valuable and will play an essential role for the occurrence of positive change (Hook, Hook, Jan, & Hines, 2008), and reaching a position where their mental health needs are met and where church members can achieve psychological wellness. Table 1 provides each of the therapeutic factors developed by Yalom (1995, 2005) as well as a brief description.
Table 1. *Yalom’s Therapeutic Factors*

<table>
<thead>
<tr>
<th>Therapeutic Factor</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td>Assisting group members to overcome obstacles through personal experiences and encouragement</td>
</tr>
<tr>
<td><strong>Catharsis</strong></td>
<td>The release of emotion from personal experiences</td>
</tr>
<tr>
<td><strong>Cohesiveness</strong></td>
<td>Unity and trust among members and leaders</td>
</tr>
<tr>
<td><strong>Corrective recapitulation of the primary family group</strong></td>
<td>Gaining clarity and resolving family issues in a healthier and productive manner</td>
</tr>
<tr>
<td><strong>Developing techniques for socializing</strong></td>
<td>Learning appropriate forms of coping and communication (i.e. social skills)</td>
</tr>
<tr>
<td><strong>Existential Factors</strong></td>
<td>Holding oneself accountable for personal actions, decisions, and life’s purpose</td>
</tr>
<tr>
<td><strong>Imitative behavior</strong></td>
<td>Learning appropriate behaviors through observing and listening from members as well as modeling appropriate behaviors</td>
</tr>
<tr>
<td><strong>Imparting Information</strong></td>
<td>Disseminating useful resources and information through psycho-educational approaches</td>
</tr>
<tr>
<td><strong>Instillation of Hope</strong></td>
<td>Providing a sense of optimism, inspiration, and empowerment</td>
</tr>
<tr>
<td><strong>Interpersonal Learning</strong></td>
<td>Obtaining clarity and insight to aid in reaching a resolution for personal experiences</td>
</tr>
<tr>
<td><strong>Universality</strong></td>
<td>Coming to the realization that you and members share similar experiences</td>
</tr>
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**Perceptions of Black Pastors towards Mental Health**

Difficulty with managing and coping with socio-emotional issues are realistic issues that align with the training pastors receive (Stansbury, Harley, King, Nelson, & Speight, 2012). However, there are also moments that are overwhelming; it is during these situations where the encountering predicaments are beyond the scope of the pastor’s training, knowledge, and acquired skills. Therefore, it is within this stage of the counseling process where consultation or a referral is needed from beyond the doors of the church. Conversely, pastors are reluctant to engage in the referral process for church congregants to meet with professional mental health counselors within the community. In a quantitative study conducted by Mollica et al. (1986), researchers were examining the referral process, indicating that the interactions between mental
health providers and Black Pastors are finite. This study showed that 85% of Evangelical pastors would rarely or would never refer church congregants to psychiatric professionals nor would they refer congregants to community mental health counselors (Mollica et al., 1986). Nonetheless, Black Pastors were more so willing to make referrals to other clergy counselors rather than community mental health providers. This same study suggested that the reasons for the lack of interaction between Black Pastors and mental health counselors was due to the lack of clarity among roles and responsibilities with the parties involved and that mental health counselors failed to hold clergy to a high esteem, possessing a paucity of respect for clergy and pastors (Mollica et al., 1986). Additionally, Mollica et al. (1986) stated that limited referrals also existed due to the conflict between the theological, biblical, and psychological theories and concepts. Similarly, in a recent quantitative study, conducted by Stanford and Philpott (2011) in which they noticed that there were also limited referrals between clergy and mental health professionals. It is noticed through the examining of both quantitative studies that neither one acknowledged further information pertaining to the perceptions of clergy or pastors nor how those perceptions may have influenced the referral process. However, Stansbury et al (2012) conducted a qualitative study consisting of 18 African American Baptist clergy from both urban and rural areas to examine their perceptions on pastoral care/pastoral counseling. Through this study, the data showed that clergy believed that their role was to tend to their flock and how vital their role is when addressing issues with their parishioners (Stansbury et al., 2012). As part of the implications for the study, Stansbury et al (2012) recommend that with their lack of knowledge on formal mental health, that collaboration is needed. Although this study yields important information, it does not mention the clergies’ perceptions about external mental health, the referral process, nor their perceptions on collaboration. It places a greater emphasis on the gap in the literature on the perceptions of Black Pastors towards mental health counselors. Why are Black Pastors limiting
the referrals and only targeting clergy counselors? Does race play a role in the referral process with Black Pastors or is religious affiliation a more significant reason?

Additionally, within this same research, it was unclear of what the evangelical category for the study conducted by Mollica et al (1986) entailed. There are some evangelical pastors and clergy that are African American. Some of the evangelical denominations include Southern Baptist, African Methodist Episcopal Zion, Assemblies of God, Church of God, some non-denominational churches, and some evangelicals identify themselves as part of the Pentecostal movement, according to the Ontario Consultants on Religious Tolerance (2014). However, with examining both evangelical and Pentecostal churches, where Black clergy can serve in the role of pastors, the research is unclear on its indication of whether the evangelical doctrine play a significant role within the lack of referrals to external mental health providers. With an emphasis in the literature on religion and spirituality within the African American community and Black church, a stronger reliance on faith and God for deliverance may be deemed as a more effective method than the usage of mental health counselors. Constantine et al. (2000) indicates that it may not just be the element of race that affects the African American’s, including pastors, perception of mental health, but instead theological beliefs and biblical doctrine may be the influence. The exploration of the perceptions of Black Pastors towards external mental health treatment is a recognized gap in the literature that needs exploring (Allen et al., 2009).

**Pentecostal Black Church**

Black Pastors and clergy also serve in a pastoral role in Pentecostal Churches and is yet centered in the heart of the African American community. The unique church practices and liveliness of their services have drawn many Blacks far and near to take a glance of the Pentecostal Black Church. The sounds of organs and keyboards streaming throughout the church service, music tempo increasing as the attending church members are endowed with God’s fresh anointing, causing those attending to lift their hands in praise. The rhythm of the drums and the
clashing of the symbols, assist the maintaining of the tempo as attending church members prance and dance as a form of rejoicing for the provision of God’s sufficient grace, mercy, and plethora of sent blessings. The loud praises expressed by people in the forms of “glory”, “hallelujah”, and “praise the Lord” are heard as people stricken by illness and confronted by unexpected life circumstances are granted healing and deliverance. The stirring of God’s spirit causes the utterance of a unique language known as glossolalia or speaking in tongues to emerge, signifying God’s presence within. The occurrence of alter call, congregants gathering around the alter, being submissive to the will of God and seeking a spiritual blessing in order that they may not only grow in Christ, but also be able to provide a testimony that will encourage someone that is listening. The Black Pentecostal church carries an emotional and spirit-led ambiance where the stimulation of God’s presence becomes so prodigious that yokes are broken, strongholds are cast down, people are healed, spirits are uplifted, minds and hearts are restored, and those that are spiritually bound are set free. These unique qualities of the Pentecostal Black Church set them apart from other religious affiliations.

**Historical perspective.** The Pentecostal Black Church began during the nineteenth century during the Black holiness movement (Alexander, 2011) and is one of the fastest growing affiliations of the Black Church (Yong & Alexander, 2011). The influences of the Black Pentecostal Church grew from the spiritual practices of Africans and what has been classified as slave religion (Alexander, 2011). It is through these spiritual rituals and traditions that aided in constructing the Pentecostal Church on a foundation based on distinctive methods of worship that includes being open to experiencing a spiritual awakening that enables the individual to become spiritually saturated by the outpouring of the Holy Spirit. The individual that aided to building this platform for the Black Pentecostal movement is often up for debate and constant questioning. Alexander (2011) mentions the influence of a White Evangelist by the name of Charles Fox Parham, whose roots were originally planted in the Methodist church prior to his contributions to
the Pentecostal Movement. Parham was also an instructor at a local school where he began teaching his students about holiness and being filled with the Holy Ghost. According to Alexander (2011), “Parham was the individual that was credited in formulating the doctrine of tongues as the initial evidence of the Holy Spirit” (p. 17). Belcher and Vining (2000) conveys to readers that the manifestation of the Holy Spirit stands on the premises from what had occurred during the sixth dispensation mentioned in the New Testament, specifically Acts 2:1-4 (New King James Version). This scripture explains the day of Pentecost when there were 120 individuals (Acts 1:15, New King James Version), including the disciples, waiting in the upper room for the promise, in which each of the attending individuals would be endowed with the power of the Holy Spirit. It was within this experience where “the spirit of God filled the room, in which it came in the form of a sound from heaven as a rushing mighty wind” (Acts 2:2, New King James Version). Afterwards, it was within this same experience where there was a visual manifestation of God, which came in the form of fire and rested upon the heads of the people present in the upper room. The fire indicated the presence of God. In this moment, the scripture conveys the evidence of speaking in tongues, which symbolizes that the Holy Spirit dwells within them. This was the beginning of the birth of the church, according to Acts 3:4 (New King James Version). This was the basis of Parham’s teaching, as he instructed about Pentecostalism.

**Another prominent figure.** Furthermore, an African American named William Joseph Seymour was also a prominent figure in the evolution of the Black Pentecostal Church. Alexander (2011) mentions that Seymour was the leader that learned about Pentecost, according to the Bible, under the teachings of Parham. Alexander (2011) elaborates on the role that Seymour played within the Black Pentecostal Church and the Pentecostal movement, specifically identifying the Azusa Street Revival as a key marker in history that caused individuals of varying ethnicities that were partaking in the Pentecostal denomination to congregate in Los Angeles, California. Through this revival, people were filled spiritually from the outpouring of God’s
Spirit, in which people began speaking in tongues and having the dwelling of God’s anointed power inside of them. These historical eras and experiences assisted not only in the development of the Black Pentecostal Church, but also the Pentecostal Movement as a whole.

**Pentecostalism, Pentecostal Doctrine, and Teaching**

Besides the evidence of speaking in tongues, there are other tenets that are embedded in the teachings and development of Pentecostalism. Newman (2007) mentions that there are four dominant themes that are part of the Pentecostal teachings. “The four themes include Salvation, Baptism in the Holy Ghost, Divine Healing, and the Second Coming of Christ” (Newman, 2007, p. 35). To understand the essence of the first theme, Salvation, there must be an understanding of sanctification. Salvation and sanctification are interconnected. Sanctification is the belief that the heart and mind of an individual have been renewed by God through repentance. By being sanctified, an individual who is a believer has been set apart from sin and a lifestyle that is contrary to what is instructed in the Bible. It is during this process that the believer surrenders their life to Christ and is rescued from the bondage of sin. As salvation occurs, the believer can live a saved and clean life, according to biblical teachings as well as being granted victory over sin. Salvation and the opportunity for individuals to be redeemed exists due to the Day of Atonement (Newman, 2007) and without Christ’s death, salvation would be nonexistent.

Baptism in the Holy Spirit was the second theme identified by Newman (2007) and is part of the Pentecostal teaching and doctrine. Baptism in the Holy Ghost is the supernatural experience where a believer is filled with the Spirit of God and begins to speak in other tongues as the Spirit of God gives utterance, according to Acts 2:4 (New King James Version). Both Belcher and Vining (2000) and Schweizer (1952) indicate that the dwelling of the Holy Spirit is vital for true salvation. The Holy Spirit is the supernatural force that empowers the believer by giving them the ability to live not only the life God requires, but to overcome the trials and test that accompanies the believer in everyday life. The Holy Spirit gives the believer the power and
authority to do the same supernatural works according to the Spirit. It is also the Holy Spirit that enables the believer to become effective in ministry to win others to Christ. The third theme is divine healing, which is the same as supernatural healing, where an individual can be healed by the power of God. Divine healing is often difficult for humans to understand and conceptualize, but can occur, in which it can be manifested both naturally and spiritually. However, for a divine healing, the believer must possess a measure of faith and must be asked through the usage of prayer (Belcher & Vining, 2000). Newman (2007) elaborates on divine healing, conveying that the usage of doctors and medicine were discouraged, and that an emphasis is placed on gaining healing from God. The last theme embedded in the Pentecostal teachings was the second coming of Christ. According to Newman (2007), the premise for the second coming of Christ was built on 1 Thessalonians 4:16-18 (New King James Version) where the scripture indicates that the Lord would descend from heaven to come back to claim not only those who have died in Him, but also for the individuals that are alive, in which they will be caught up to meet the Lord in the air. It is within this same teaching that there is an existence of heaven and hell; therefore, the individuals who are not prepared for Christ upon His return will be sent to a place of fire and brimstone for eternity. The Pentecostal Christian or believer prepares spiritually to be ready for Christ’s return.

**Holiness Pentecostals.** There are other theological streams of Pentecostalism that are in existence and are practiced in many of the Black Pentecostal Churches. Although many of the Pentecostal Black Churches embrace many of the foundational concepts, there are other theological components that contribute to the uniqueness of each Pentecostal sector. For example, Holiness-Pentecostal is one of the Pentecostal sectors that is derived from the Pentecostal movement. John Wesley has been identified in the literature as the founder of Methodism, but also a contributor of the holiness- Pentecostal sector that is rooted and developed from Methodism (Synan, 1997). The holiness- Pentecostal division places a significance on the
essence of sanctification and living a life of holiness, the baptism of the Holy Spirit, speaking in tongues, and the exercising of spiritual gifts (Synan, 1997). These concepts were complimentary to the idea of what Wesley termed “Christian perfection”, which is turning away from a life of sin through the process of repentance and sanctification. Once this process has occurred, the Christian will be able to live a spiritually renewed life where the Christian is living victoriously and conquering sin. As part of this protestant and Pentecostal division are church denominations that include the African Methodist Episcopal Church (AME), Church of God, Church of the Nazarene, the Pilgrim Holiness Church, Fire Baptized Holiness Church, Pentecostal Churches of America, New Testament Church of Christ, the Independent Holiness Church, and the Church of God in Christ (COGIC) (Synan, 1997).

Oneness Pentecostals. Two other Pentecostal sectors are the Assemblies of God and the other sector is the Oneness Pentecostal (Millner, 2009). Similar to the Holiness-Pentecostals, The Assemblies of God doctrine emphasizes the importance of sanctification and living a life of holiness, the baptism of the Holy Spirit, speaking in tongues, and the exercising of spiritual gifts. Anderson (2013), mentions that a major difference between the Assemblies of God apart from the Holiness-Pentecostals is the concept surrounding sanctification. The Holiness Pentecostals hold the belief that sanctification serves as a prerequisite before an individual can be baptized in the Holy Spirit; however, Assemblies of God believe that the baptism of the Holy Spirit can occur whether the process of sanctification has taken place or not. On the other hand, the Oneness Pentecostals embraces the Holiness-Pentecostal basis while simultaneously also embracing the foundational concepts encompassed in the Pentecostal doctrine. However, the Oneness Pentecostals, also known as Apostolic Pentecostals, is unique due to it stemming from what some religious affiliates refer to as the trinity; the Father, the Son, and the Holy Ghost. Some other religious denominations believe that these are three distinct individuals. This is contrary to the Pentecostal teachings. Instead, the Pentecostal doctrine stands on a biblical platform that is
derived from John 10:30 (New King James Version) where it states “I and my Father are one.”

The Pentecostal doctrine believes that God, Jesus, and the Holy Spirit are the same individual and that it is three distinct roles that are being identified. This concept was developed back during the beginning of time when man encountered sin and had fallen from grace. Due to sin entering the world, God had to send His son in order that man would be redeemed. Therefore, God incarnated himself in the womb of a virgin, in which she gave birth to a son name Jesus. Jesus was God in the flesh and He was also the Holy Spirit. Jesus became manifested as the Holy Spirit on the day of Pentecost, according to Acts 2:1 (New King James Version) to serve as a comforter.

Pentecostals believe that there is one true and living God, in which He was able to navigate between three distinct roles one being God the Father, the second being Jesus the son, and the third being the Holy Spirit. These are key components that are embedded in the Pentecostal teaching and doctrine. With being aware of these concepts as well as the similarities and differences that exist among the various sectors within the Pentecostal religion, it can assist with obtaining an understanding of the uniqueness of the religious dynamics and culture of the Pentecostal denomination; in addition to enabling counselors to be knowledgeable for assisting prospective clients from this religious affiliation.

**Pentecostals and mental health.** Individuals of religious denominations are not excused from mental health issues or the experiencing any unexpected life challenges that may stir up emotions, causing overwhelming feelings of stress during those moments. Persons upholding the Pentecostal religion and doctrine are one of the groups that encounter distress and use the Pentecostal church as a safe haven for seeking healing of the mind, body, and spirit. However, it is imperative that it is recognized that individuals of the Pentecostal religion conceptualize mental health and the treatment of mental health issues differently, especially when looking through a religious and spiritual lens. For instance, Pentecostals believe that when emotions such as anxiety, worry, anger, and depression, in which are classified as negative emotions, are
experienced, that it is deemed as the infiltration of the devil on the mind and spirit (Pattison, Lapins, & Doerr, 1973; Trice & Bjorck, 2006). It is through the work of the devil that the individual has succumbed to personal error, sin, and possible backsliding (Pattison et al., 1973; Trice & Bjorck, 2006). Due to this religious and spiritual lens that is being used, that is based on Pentecostal teachings, the individuals that are part of the religious affiliation examines emotional distress in a different as well as negative light. It is the belief system that has been established for the Pentecostal religion that deters members of this religious affiliation from potentially seeking external mental health services when needed (Dobbins, 2000; Trice & Bjorck, 2006); instead, it appears to be seen more as a spiritual concern and not a mental health matter.

**Pentecostal “therapeutic” methods.** Regardless of what is being faced within that moment, within this given church system, Pentecostals have methods that are therapeutic and soothing for them during challenging times. Griffith (1998) as well as Trice and Bjorck (2006) highlights that Pentecostals carry the belief that pain, anguish, and suffering can cease and that the manifestation of peace and joy can abide once their burdens are placed in God’s hands. Pentecostals stand firm on the platform that when their burdens are laid down that a spiritual rejuvenation and growth transpires, removing them from a place of spiritual stagnation. However, to attain this opportunity where such positive emotions and this type of spiritual refreshing can occur, Pentecostals must be positioned to be submissive to the spirit (Clark, 1984; Trice & Bjorck, 2006). By being submissive to the spirit, the individual is offering their mind, bod, and spirit to God, allowing His will to be done and for healing to take place. The healing occurs when the individual sets themselves aside to allow God to facilitate the change the individual seeking within them.

**Divine healing.** Divine healing is a major tenet of the Pentecostal teaching and a result that occurs through the usage of prayer, which is a method Pentecostals use for mental health concerns. According to Trice & Bjorck (2006), “divine healing is a supernatural invention by
God to heal people from disease” (p.284). In earlier years, it was emphasized that if the individual prayed enough that they would gain access to divine healing (Belcher & Hall, 2001). In the Pentecostal Church, alter call was the portion of the service that aided in the facilitation of healing (Belcher & Hall, 2001). It is during this segment of the service where attending members disclose the challenge that they are currently encountering. Through the prayers of the pastor, clergy, and parishioners, the chains of oppression and bondage are spiritually released as divine healing occurs.

**Discernment.** Discernment is a spiritual gift that is recognized as well as utilized in the Pentecostal church. “[Discernment refers to the practices by which Pentecostals evaluate their leadings” (Belcher & Hall, 2001, p.70; Parker, 1996, p. 14). Pentecostals are led by the Holy Spirit, in which the spirit enables them to recognize who needs healing, recognizes evil spirits, and origins of diseases and illnesses (Arrington, 1994). With this spiritual gift, this creates the opportunity for the prayer to be effective for divine healing by the spirit guiding in what and who to pray for. For example, if an individual was suffering with depression, the spiritual gift of discernment would be able to detect the illness and the person discerning this will then be able to ask God for appropriate healing.

**Exorcisms.** Exorcisms have been identified as a method of deliverance and are a practice that has been implemented in Pentecostal church to address sickness and illness (Belcher & Hall, 2001). Exorcisms are a ritual that includes intense prayer and biblical readings for the casting out of demons, evil and unclean spirits, sickness, and illnesses. Pentecostals recognize and find it significant that as Jesus performed miracles that it came through the form of exorcisms. Pentecostals read from the Gospels, which are scriptures in Matthew, Mark, Luke, and John, where healings have been demonstrated through the usage of exorcisms (Belcher & Hall, 2001). Percy (1997) indicates that there are approximately over forty healings that took place within the Gospels alone in which acts of exorcism were displayed. This modality is also used to obtain
divine healing from the illness that have them bound. However, limited research exists as to whether these practices are still used today, and if not, more research is needed pertaining to the therapeutic modalities being implemented in the Pentecostal Church, specifically, the Black Pentecostal Church.

**Collaboration**

There is an existing need for collaboration between the Black Pentecostal Church and mental health counselors. The reason for the needed collaboration is two-fold. On one hand, there are some members of the Pentecostal church that have taken the initiative to seek external counseling from Christian counselors (Belcher & Vining, 2000); however, many remain hesitant to receive services. For the individuals who are less reluctant in seeking treatment, counselors are often unprepared to assist members of the Pentecostal religion in a clinical setting. Professional counselors and Christian counselors often lack the necessary knowledge and understanding of the Pentecostal doctrine, leaving mental health providers baffled by the challenges that are presented. This ultimately leaves counselors and other mental health providers ineffective in meeting the needs of clients that are part of the Pentecostal religion, hindering potential clients in the facilitation of spiritual and psychological growth. On the other hand, there are many pastors and clergy members that possess the knowledge of the Pentecostal teachings, but lack the experience and training to effectively combat mental health issues and severe mental illness (Dale & Crawford, 1996; Edwards, Lim, McMinn, & Dominguez, 1999). The literature indicates that pastors and clergy members lack the knowledge surrounding psychopathology and etiology (Domino, 1990; Edwards et al., 1999). Pastors have difficulty recognizing various symptoms and signs of existing disorders. With pastors and clergy lacking a connection with the mental health community, resources that are available are not accessed, due to religious leaders being unaware of the availability of the variety of resources for the church community to obtain (Kae-Je, 1993; Edwards et al., 1999). With such a problem, existing, it is imperative that counselors and pastors
begin build a bridge, enabling two vital resources to connect and reaching an underserved population. The development of an effective collaboration between two separate entities, the Black Pentecostal Church and mental health counselors, can initiate the strengthening of the Black community.

**Existing collaborations.** Some pastors have reached the realization that they lack the appropriate mental health training and skills, and that some issues presented by parishioners are beyond their scope of practice. Many pastors have begun to navigate towards formulating an alliance with local mental health professionals, engaging in the networking process as a method to express interest in the facilitation of a mental health and church collaboration. Therefore, in the literature, there have been some discussions surrounding the implementation of mental health initiatives between clergy and mental health providers. For instance, Edwards et al., (1999) conducted a study where the research focused on examples of clergy- psychologist collaboration. Within this study, a qualitative analysis was provided that conveyed four contexts in which the collaboration between the psychologist and clergy occurred. One type of collaboration that occurred was through consultation, in which clergy and psychologist united to provide counseling and social services to attending church members (Edwards et al., 1999). In addition, this same study discussed how clergy and psychologist formulated peer counseling groups, referrals, and the willingness for psychologist to provide direct services to clergy to assist with resolving conflict among clergy staff (Edwards et al., 1999). Many of the examples within the study reported positive experiences with the formed collaboration in which a benefit was seen for the development of such efforts to strengthen the congregation and community. A psychologist engaged in a form of collaboration, consultation, where the psychologist consulted with a rabbi regarding a client and after collaborating with the rabbi, the psychologist stated:

**Having done what, I could to mitigate this form of psychological standpoint, I felt it critical to bring in his Rabbi to help him deal from a religious perspective with his**
father’s treatment of him, especially around religious issues, and how he could share his father’s religion in a healthy way without being untrue to his Judaism. The Rabbi was clear, instructive, supportive, and therapeutic beyond words. It was a huge therapeutic help for this boy with long-lasting positive ramifications (Edwards et al., 1999, p. 548). This quote speaks volumes to how beneficial collaboration between clergy and mental health professionals can be.

Collaborating with faith-based organizations. Also in the literature, there have been church based programs and faith based organizations that have collaborated with pastors to meet the mental health needs of African Americans. In a study by review of church-based health programs by Hankerson and Weissman (2012) it was found that by institutionalizing programs with an emphasis on health and mental wellness, African Americans can access services that are needed. Programs with a central focus on psycho-education, screening, referrals, mental health and holistic health treatment, and the creating opportunities for group support were suggested by Hankerson and Weissman (2012) as a way for churches to improve overall wellness of the parishioners. Similarly, Williams, Gorman, and Hankerson (2014) reported on faith-based health promotions that were developed in collaboration with mental health providers, church leaders, and community members; however, there was no indication of which religious groups the clergy members were affiliated with. This team was able to cultivate their ideas and begin meeting the mental health needs by implementing initiatives in African American churches. The structured goals served as a way to provide direction and infrastructure for the provided initiatives. The goals consisted of educating clergy on signs and symptoms, searching for ways to decrease stigma surrounding depression, and to encourage African Americans and people of color to ascertain the needed mental health treatment services (Williams, et al., 2014). Although these programs initiative efforts focused on targeting mental health issues, none of the previously mentioned studies were conducted in the Pentecostal Black church, nor is there an existing focus
on mental health collaborations with Black Pentecostal pastors in the literature. Furthermore, Williams et al (2014) planned and implemented the “Spirituality and Wellness Conference” in 2007. An invitation was extended to both mental health professionals and clergy members in order to become informed about the various roles that they can serve in regards to African Americans and mental health (Williams et al., 2014). Even though clergy members affiliated with Baptist, Catholic, African Methodist Episcopal, Unitarian, and non-denominational churches were present at the conference (William et al., 2014), there was no mention of religious leaders affiliated with the Pentecostal denomination attending. With becoming cognizant of this gap in the counseling literature, surrounding collaboration with Black Pentecostal Pastors, efforts are needed to begin the process for creating a partnership between mental health counselors and Black Pentecostal Pastors.

**Key considerations for collaboration.** Although collaboration is a necessity, especially to reach an underserved population, there are various considerations to ponder on. One issue to consider is how to begin the introductions between mental health counselors and Black Pentecostal pastors. The approach for collaboration must be in a non-threatening way and should be conveyed as added modalities to their practices to strengthen the services rendered. Another consideration is logistics, 1.) Where will services be offered? 2.) Who will be providing the services? 3.) Will individual as well as group services be provided? 4.) What will the engaging process for potential clients look like? The logistics are vital to the development stage of the collaboration. The National Alliance on Mental Illness (i.e. NAMI FaithNet) has been working diligently to reach out to churches and other faith communities to educate others on how to begin collaboration. NAMI FaithNet has developed a series of topics that are used to begin the discussion about how to engage in community outreach with religious leaders. However, the key component that needs to consider is prior to making arrangements for collaboration is whether the pastor is open to collaborating with mental health counselors. How open are Black Pentecostal
Pastors in formulating collaboration with mental health counselors? This is an existing gap in the literature and a key component that is needed to be explored.

Assessing the needs of the church is a major consideration. The Black Pentecostal church is unique in nature and possesses a unique set of needs that are in need of being fulfilled; however, what are those needs? What services and programs would be most beneficial for the Black Pentecostal church? What should be considered for a meaningful and therapeutic collaboration between mental health counselors and pastor? This is a gap that exists in relation to the Black Pentecostal Church. By furthering the research and beginning the communication process with Black Pentecostal pastors, this will assist with the development of a therapeutic framework that can be provided to their church congregants, but should be a topic to follow-up with if there are Black Pentecostal Pastors interested in collaborating with mental health counselors.

Conclusion

The purpose of this chapter was to examine the literature that is pertinent to the Pentecostal Black Church, specifically a discussion surrounding the black church and the role that it serves in addressing mental health concerns in the African American community. The literature review aided to the creating the platform for this study which is three-fold; it is to explore the perceptions of Black Pentecostal Pastors toward counseling and mental health treatment, to explore how Black Pentecostal Pastors address mental health concerns with their congregants, and to explore what is needed to foster a collaboration between Black Pentecostal Pastors and mental health counselors. The following chapter will develop a research design using qualitative methodology to assist with ascertaining the missing information in order that the gaps existing in the literature are filled.
Chapter 3: Methodology

This chapter facilitates an overview regarding the methodology that was implemented for this study. Included within this discussion is a rationale for the methodological approach selected; in addition to the research design and data collection procedures. This chapter also reiterates the established research questions for the study along with the strategies for analyzing the collected data. The chapter has been arranged into nine headings to assist with addressing the research methodology for this study and consist of the following: (a) rationale for research design, (b) research design, (c) context of the study, (d) research participants, (e) data collection procedures, (f) data analysis, (g) trustworthiness and credibility, (h) ethical considerations, and (i) highlighting the researcher as the instrument. The three central research questions that guided this study consisted of: What are the perceptions of Black Pentecostal Pastors towards mental health? How do Black Pentecostal Pastors address mental health issues with their church congregants? What are the perceptions of Black Pentecostal Pastors towards collaborating with mental health counselors? Because the research questions sought to explore and understand both the meaning and the perceptions of Black Pentecostal pastors; in addition to the meaning that they ascribe to supporting the mental health of their congregants, qualitative methodology was the best methodology to ascertain the answer these questions.

Rationale for Methodology

Qualitative methodology purpose is to explore questions of how and why, enabling the researcher to discover and understand an identified experience. This approach assists in the deciphering of misconceptions and assumptions while simultaneously allowing the emergence of one’s personal truth and reality to be shared. Baxter and Jack (2008) describe qualitative research as a medium that promotes the opportunity of exploration of a phenomenon where the researcher can extend themselves to the usage of an array of data collection strategies that will enrich the research being conducted. Similarly, Denzin and Lincoln (1998) explain what qualitative
methodology is by stating, “Qualitative research is multi-method in focus, involving an interpretative, naturalistic approach in an effort to make sense of, or interpret; phenomena to the meanings people bring to their personal experiences (p. 3).” A unique component to qualitative research is the naturalistic approach that is embedded in this type of methodology. The naturalistic approach enables the researcher to examine what Patton (2002) as well as Golafshani (2003) classifies as contextual specific and real-world settings, studying the world and investigated experience as it unfolds. This allows researchers to explore the ambiance of what is being study, facilitating the opportunity for rich descriptive data to arise. Moreover, it is emergent and inductive and meanings can be garnered from the data presented by the participants in their natural context.

In some cases, where research is being conducted, a quantitative approach may be a more effective method for that presented study. Quantitative research has often been a favorable form of research methodology. This approach adopts the usage of hypothesis testing, imploring mathematical formulas and statistical methods to generate numbers that quantifies concepts, variables, and events with the goal of placing significance on establishing facts and causality that will ultimately allow a quantitative study to generalize its findings to the population (Bogdan & Biklen, 1998; Golafshani, 2003). This, however, is not the purpose of this study.

Over the years, new methods of inquiry evolved, specifically qualitative research; however, this new form of inquiry was undermined and deemed an unfavorable form of methodology. Years ago, researchers found qualitative research or any project of research less credible due to the non-existence exact forms of measurements, which included not accepting any of the forms of data collection embedded in qualitative research (Rubin & Rubin, 2012). As times progressed, social science researchers became more open-minded to emerging paradigms, which allowed qualitative research to begin gaining research momentum and becoming a welcomed form of methodology.
Though both research paradigms are vital to the creation of new knowledge and exploration of the world in which we live, it is imperative that researchers recognize when to use which form of research approach. Though using quantitative research can be beneficial, collecting numbers and expressing values, qualitative seeks to dig deeper to explore, understand, and find meaning through the experienced phenomenon through the collected descriptive data (Golafshani, 2003). Patton (2002) writes “there is some research extends itself to numerical answers” (p.14); however, for this study it is imperative that a qualitative methodology is implemented to obtain a wealth of information to gain a thorough understanding of not only the perceptions of Black Pentecostal Pastors towards mental health and collaborating with mental health counselors, but also how Black Pentecostal Pastors are addressing the mental health concerns of their church congregants. A similar study by Bornsheuer et al. (2012), utilized a qualitative approach to explore the perceptions of psychological care through the perspective of church members. Likewise, Payne (2008) conducted a study examining the sermons of Black Pentecostal pastors towards depression using a qualitative approach to examine their personal views. Furthermore, a dissertation by Hardwick (2013) only investigated personal beliefs of Apostolic pastors towards mental health, also implementing a qualitative methodology to gain an in-depth understanding of their viewpoint. Therefore, qualitative research will serve as a catalyst to also gather the perceptions of Black male Pentecostal Pastors not only towards mental health, but also towards cultivating a collaborative relationship with mental health counselors. It is vital to realize that through this methodology, the voice of the individual who is spiritually, emotionally, and psychologically responsible for their parishioners will be able to provide insight to the proposed questions to aid counselors in understanding the Black Pentecostal Church, while at the same time filling a void in the literature.
Research Design

A research design is a blueprint that serves as a guide, providing a systematic method for examining the selected research topic (Creswell, 2014). Rubin and Rubin (2012) further explains that the research design includes pertinent information about the where, who, and how the study will be conducted, including methodology, forms of data collection, and details surrounding prospective participants. The research design for this study utilizes a social constructivist philosophical worldview, which aims at an individual taking the necessary steps to understand the world in which they live (Creswell, 2014). This philosophical underpinning is accompanied with subjectivity as the epistemology and phenomenological case study as the methodology for the exploration of the perceptions of Black male Pentecostal Pastors towards mental health as well as their perceptions towards formulating a collaborative alliance with mental health counselors. This same study examined how mental health issues are addressed with the parishioners of Black male Pentecostal Pastors and the approaches that are executed to aid in assisting their church congregants with coping during moments of psychological distress. This action was completed by adopting inductive methods, specifically, in-depth interviewing, which is a data collection method is qualitative methodology. Through the collected narratives, and words spoken from pastors, aided in the facilitation of a dialogue for key considerations for fostering an effective collaboration between pastors and counselors. The data ascertained in this study was analyzed using phenomenological processes and phenomenological reduction to assist with capturing the emerging themes. This study can serve as the platform for counselors constructing both a unique and meaningful framework that encompasses the intersectionality of spirituality, religion, race and ethnicity, and mental health for when working with Black Pentecostal Pastors and their parishioners. The product of this research provides information about the experiences and perceptions of Black Pentecostal male Pastors and is interpreted through the conceptual frameworks of Critical Race Theory (CRT), Systems Theory, and Yalom’s Therapeutic Factors.
Phenomenology. There is an array of methodological approaches that can be implemented within qualitative research; however, the approach selected must be applicable to the study being conducted. For this study, phenomenology was the form of qualitative inquiry used. The aim of phenomenology is to understand the meaning of events or a phenomenon and the relations that exist among people situations (Bogdan & Biklen, 1998). Within this approach an experience of a phenomenon is illuminated, enabling the researcher to peek through the lens of another to see as well as understand the reality and worldview of the individual. Phenomenology is built on the premises of the personal knowledge of the individual through their lived experience, subjectivism. Patton (2002) indicates that to ascertain an in-depth understanding of the identified phenomenon, the researcher must provide a comprehensive and thick rich description of people’s encountered experience. This approach permits the researcher to explore the experience of the individual through the usage of their senses; examining how the experience is perceived, how it is described, the feelings that are experienced, how it is reflected upon and translated into meaning by the individual, and how this recognized experience is not only communicated with others, but also how this experience promotes a shared meaning (Patton, 2002).

In this study, the phenomenon that was examined is three-fold. The goal of the study was to explore the perceptions of Black Pentecostal Pastors towards mental health and the collaboration with mental health counselors. In addition, this study investigated the “therapeutic” modalities employed by Black Pentecostal Pastor to address mental health issues with their African American parishioners. With this methodology serving as a theoretical platform for this study, the investigator also investigated the experiences, external, and internal factors that have contributed to the development of these perceptions. In a similar study conducted by Bornsheuer, Henriksen, & Irby (2012), a phenomenological approach was implemented to understand the perceptions of parishioners towards the mental health support that the church provides. It was
noted within this same study that the methodological approach that was most applicable for the study was phenomenology so the researchers would be able to capture the meaning and the reality of the experience of the research participants (Bornsheuer et al., 2012; Creswell, 2007).

Nevertheless, it is vital that researchers understand what is needed for the usage of the phenomenological approach to be successful. Patton (2002) indicates that to effectively execute the phenomenological approach, that rich data must be extracted from individuals who have experienced the phenomenon firsthand. For this study, the experiences of Black Pentecostal Pastors were highlighted, due to the role that Black Pentecostal Pastors serve in the Black Church in which both have been identified in the literature as a spiritual advisor and a mental health counselor (Adkison-Bradley, Johnson, Sanders, Duncan, Holcomb-McCoy, 2005; Allen, Davey, & Davey, 2009). The data can be obtained through an array of qualitative data collection methods; however, the researcher followed the recommendations of Patton (2002), implementing in-depth interviewing to capture these experiences.

In-depth interviewing is an inductive method for data collection in qualitative research. Kvale and Brinkmann (2009) explain that in-depth interviewing consists of a dialogue occurring between the researcher and the participant where knowledge based on the participant’s experiences is exchanged. The information solicited during the interview process allows the researcher to understand a phenomenon through the social construction of the interviewee’s reality and its meaning, which aligns with the essence of phenomenology. When in-depth interviewing is utilized with a phenomenological form of inquiry, Kvale and Brinkmann (2009) highlights that a phenomenological method is to be implemented to analyze data, such as phenomenological reduction. Phenomenological reduction is an approach that enables the researcher to have a clear view of phenomenon that emerges. This aids to the construction of themes by analyzing the descriptors that the research participants use to explain and describe their perceived experience.
**Case study.** Supplemental to phenomenology was the implementation of a case study approach, which also serves as part of the research design. The usage of case studies has been used in an array of disciplines and has become popular in both the social sciences and in qualitative methodology (Creswell, 2007; Hyett, Kenny, Dickson-Swift, 2014; Thomas, 2011). Baxter and Jack (2008) define a case study as an approach that permits the researcher to explore a phenomenon or identified experience within its naturalistic environment. To grasp a thorough understanding of the issue presented within a given context, several data collection methods are used. Stake (2010) hones in on three forms of data collection that is often used in qualitative research; observation, document analysis, and interviewing; however, Creswell (2007) includes audiovisuals as a medium to collect data as well. Integrating multiple data sources enables the researcher to examine the known issue or experience through multiple lenses, which will ultimately assist in gaining a holistic perspective of what is being studied.

Though the popularity has blossomed for this qualitative approach, various researchers in the field often grapple with whether this approach is a valid form of methodology. Glesne (2011) and Stake (2000) mentions that case study is more so viewed as a strategy to execute research. On the other hand, in the eyes of other methodologist, this approach is a type of methodology that can be used as a tool for qualitative inquiry that provides a comprehensive examination of bounded systems (Creswell, 2007; Denzin & Lincoln, 2005; Merriam, 1995; Yin, 2003). These bounded systems include both single and multiple systems being examined; multiple systems can be examined simultaneously. The case study approach is appropriate for qualitative and quantitative research.

When deciding to integrate a case study as the form of methodology, it is imperative that the correct type of case study is selected. There are three types of case studies; intrinsic case study, instrumental case study, and collective case study (Creswell, 2007; Glesne, 2011; Stake, 1995). “An intrinsic case study focuses the research gaining a better understanding of a
recognized issue” (Glesne, 2011, p. 22). This facilitates an opportunity for the researcher to gain a sense thoroughness and depth on a specified case, whether it is an experience, issue, or event.

The second type of case study is an instrumental case study, which looks at a discovered problem and uses a bounded system to demonstrate the problem (Creswell, 2007). The third form of case study is the collective case study. This permits the researcher to investigate more than one case simultaneously to study how the chosen problem is among different cases (Creswell, 2007). The multiple case study approach allows for the emergence of a phenomenon (Glesne, 2011). For this research, a multiple case study was employed and paired with a phenomenological approach. The usage of these two forms of methodology was most applicable due to this study being bound by a specific place, Detroit, and participants, which were Black Pentecostal pastors; in addition to, utilizing a critical lens to understand their experiences with addressing mental health issues as well as understanding their perceptions toward mental health and collaboration with counselors. The application of theoretical and conceptual frameworks was used to understand how social and contextual factors contribute to the experiences and perceptions of the participants in this study.

**Conceptual and Interpretative Framework**

Subjectivity is a component of qualitative research and is a key constituent in understanding the human experience (Stake, 2010). This epistemology, subjectivity, is embedded in the social constructivist philosophical worldview. This type of philosophical underpinning emphasizes the essence of understanding the constructed reality of an individual, which is influenced by interactions with others, social and societal norms, history, and contextual factors (Denzin and Lincoln, 2011). As a researcher begins to peek through the lens of an individual seeking to understand the individual’s the world or constructed reality, the researcher becomes engulfed in the feelings and emotions, values, beliefs, and personal perceptions of the person (Glesne, 2011). It is through these identified elements embedded in subjectivism that meaning is constructed, and the development and shaping of one’s worldview occurs. This can even be
constructed based on religious and spiritual beliefs (Gray, 2004). Demirdirek (2010) elaborates on subjectivity by indicating that it is a concept that have been used to examine the parallels in a person’s constructed reality to another, in which there is a possibility of similarities as well as differences that are present.

As subjectivity is explained further, specifically by Patton (2002), where he mentions both subjectivity and objectivity; in addition to the discourse that exists when discussing various research paradigms. Similarly, Bracken (2009) acknowledges this discourse that exists in reference to not only research but to the human experience by explaining not only subjectivity and objectivity, but also including a third prospect in research, inter-subjectivity. Each is recognized through a different philosophical underpinning as it relates to research. However, for this study, the key element is understanding subjectivism and its relation to the participants within this study. Although combined with a case study approach for this study, using a phenomenological method aids to understanding the constructed reality of the research participants, but also their experiences and how those experiences are translated into meaning, according to Moustakas (1994). Within this study, a thick-rich description and both theoretical and conceptual frameworks is provided to assist with understanding Black Pentecostal pastors experience with addressing mental health concerns with parishioners; in addition to understanding their perceptions towards mental health and collaborating with mental health counselors.

**Critical race theory.** Race, a manmade concept, has been ingrained in the American society, contributing to the power differentiation between Whites and people of color; in addition to the injustices that people of color encounter. Originally developed and applied to legal studies and law (Brown, 2008), the expansion of this theory has led to further research, examining an array of issues where the involvement of race, discrimination, and social inequalities have perpetuated the oppression that people of color continually experience; for instance, mental
health. Simultaneously, researchers have worked effortlessly to utilize this theory to also facilitate positive change by addressing the injustices people of color face as a result of race and other societal factors. As discussed in the previous chapter (refer to chapter 2), the literature on Critical Race Theory identified three major principles that assisted in the development of this theoretical framework. The three principles highlighted in the literature consist of: 1) race serving as a major component to the existence of disenfranchisement among people of color, 2) how property rights is positioned as a priority over the rights of human beings, and 3) that race alone is not the only factor that contribute to the oppression for people of color, but how vital it is to be mindful of a variety of influences that add to the experienced oppression as well (Cooper & Hawkins, 2014; Ladson-Billings & Tate, 1995).

This theory also includes major tenets that aids in the development of the foundation of this theory. In the previous chapter (i.e. chapter 2), the tenets of CRT were applied to African Americans and their experience with mental health treatment, specifically where the mental health treatment of African Americans are inadequate and culturally irrelevant (Sue & Sue, 2006), which has served as a catalyst for the Black Church for serving as an active participant in addressing issues in regards to discrimination, inequality, and the increased oppression for African Americans (Brashears & Roberts, 1996; Constantine et al., 2000). The five major tenets emphasized in this study include the following: 1) the permanence of racism, 2) interest convergence, 3) critique of liberalism, 4) Whiteness as a property norm, and 5) storytelling (Cooper and Hawkins, 2014). In the current study, the use of the principles and tenets of CRT served as a guide for interpreting the perceptions of Black Pentecostal pastors toward mental health and collaborating with mental health counselors.

**Systems theory.** Black Pentecostal pastors serve a major role in utilizing the church system as refuge, providing support that target a variety of challenges that African Americans encounter. In order for the Black church to assist their parishioners with combating adversity and
overcoming life’s obstacles, the church must work collectively to assure that the needs of the congregants are being fulfilled. Working collectively means that each constituent within the church system must fulfill their role by successfully executing their responsibilities to assist with the church system maintaining its functions and an overall productive atmosphere. This type of functioning mimics the premises of Systems Theory. McRae et al. (1998) indicates that the basis of the theory is that the whole is the sum of its parts. This emphasizes that each part of the system is interconnected and working as a unified system to be effective in the work the system is striving to accomplish.

Through the lens of Systems theory, the behaviors, communication patterns, beliefs and values, and overall functioning of the system are elucidated, facilitating an understanding of the contextual setting being examined. Therefore, Systems theory is the second theoretical framework that was used in this study, employing the theory’s concepts this study to understand how the Black Pentecostal church serve as a system for addressing the mental health needs of their parishioners and how the pastor utilizes his role to assist the church system within that process. A few concepts, such as boundaries, subsystems, hierarchies, homeostasis, inputs and outputs, and mechanisms, are derived from this theory. Such concepts were used as a guide for interpreting the Black Pentecostal church system, the roles and responsibilities of the pastor, the modalities for addressing mental health related problems, and how each of these components contribute to the Black Pentecostal church serving as a “therapeutic” system for combating the mental health issues of the parishioners.

**Yalom’s therapeutic factors.** Although the pastor serves in the authoritative role in the Black church, clergy and other church officials administer encouragement and support in the Black Pentecostal church. The pastor and the Black Pentecostal church overall, is a trusted source and is a primary source of support among African Americans (Caldwell et al., 1995; Mattis, et al., 2007; Neighbors, et al., 1998; Taylor et al., 2004; Young, et al. 2003). Through this supportive
entity, issues such as financial, physical, grief, self-esteem, unemployment, spiritual, and psychological needs are addressed, which contribute to the overall mental health well-being of an individual (Mattis et al., 2007; Neighbors et al., 1998; Taylor et al., 2000). Black pastors exercise the role of spiritual advisors and mental health counselors to utilize both spiritual and religious modalities; in addition to theological and biblical concepts to aid in the facilitation of inner healing and redemption. It is during the healing process, the church system’s atmosphere projects a feeling of support, upliftment, and the availability for self-growth and positive change. As this occurs, the church system transform into a “therapeutic” environment, where a true group counseling experience is mimicked.

Similar to parishioners seeking help with issues they are encountering, in group counseling, individuals are working to overcome personal challenges that they are confronting. Although the literature highlights different types of groups, such as task-oriented group, psycho-educational group, or psychotherapeutic and counseling group, it is suggested that in the group counseling experience that positive group variables must be present because it aids promoting recovery and positive change (Gladding, 2008). Yalom (1995, 2005) coined these positive group variables as Yalom’s therapeutic factors, in which he recommended eleven factors that contribute to a healthy and successful group counseling experience. The eleven factors consist of: 1) altruism, 2) universality, 3) installation of hope, 4) cohesiveness, 5) imitative behavior, 6) imparting information, 7) existential factors, 8) catharsis, 9) corrective recapitulation of the primary family group, 10) development of socializing techniques, and 11) interpersonal learning (Yalom 1995, 2005). In this study, Yalom’s therapeutic factors served as a guide for interpreting the experiences and the “therapeutic” approaches that Black Pentecostal pastors implemented to address the mental health needs of their parishioners; in addition, to how these factors therapeutically influence the church system as a whole.
Site Selection and Context of the Study

The research for this study was open to eligible participants in the Detroit Metropolitan area and surrounding cities; Wayne County Michigan. However, the participants involved in this study were all from inner city Detroit. According to the U.S. Census Bureau (2015), Detroit is identified as one of the largest urban cities in the Midwest with a population of 677,124 where the dominant ethnicity is African American. This city has a history of rich culture and tourist attractions, such as a variety of museums, festivals, entertainment, shopping malls, casinos, art, music, sports, and historical sites that capture the interest of both visitors and residents. One of the most beautiful attractions of the inner city is the downtown riverfront that entices residents to enjoy the beautiful scenery. The abundance of festivities aids the city in maintaining the interest of the residents, and overall contributing to the thriving of this urban area.

Although there is an array of positive characteristics about the city, Detroit has complex issues affecting not just residents, but African Americans as well. Employment is a struggle worldwide for African Americans, in which the Bureau of Labor Statistics (2015) emphasizes that 9.6% of African Americans are unemployed; however, the average for the city of Detroit alone is higher than the overall percentage. Bureau of Labor Statistics (2015) indicates that Detroit’s unemployment rate is 13.6%. The continuous cycle of unemployment among African Americans aids to the perpetuation of poverty and lack of healthcare and resources, which are factors that negatively impact mental health. Other alarming statistics impacting African Americans in Detroit, such as a combined total of 382,000 youth and adults being formally diagnosed with substance use disorders; in addition to indicating that depression is a major concern that is affecting residents in the inner city (Center for Behavioral Health Statistics and Quality, 2011).

The Black Pentecostal church has served as a consistent source of support and love for individuals combating such issues. Detroit is one of the major cities where Black Pentecostal pastors are yet serving as an advocate and working tirelessly to meet the needs of not only their
parishioners that are confronted with mental issues and challenges, but also aiming to reach the
Black community which contributed to the decision for selecting Detroit as the context for this
study. Additionally, the decision for the location for the study aligns with the literature,
specifically Hicks (2001) who indicated that Pentecostalism is more prominent in urban areas
than in suburban and rural. Through the usage of a phenomenological case study approach, the
researcher gained an in-depth understanding by exploring the perceptions of Black male
Pentecostal Pastors towards both mental health and collaborating with mental health counselors;
in addition to, exploring the “therapeutic” modalities implemented by the Black Pentecostal
Pastor to address mental health issues with their parishioners. The semi-structured interviews that
were conducted with the participants of this study took place in a private location, specifically
either the pastor’s office or the church sanctuary during the time where no individuals besides the
researcher and the participant were present. The participants’ church (i.e. office or church
sanctuary) is the interviewees’ natural setting. The natural setting provides a sense of comfort for
the participants, generating a willingness to discuss and share their experiences and knowledge.
Furthermore, the participants for this study consisted of only Black male Pentecostal Pastors.
Although in the women in the Pentecostal church have also answered the spiritual calling for
pastoring, Black women Pentecostal Pastors were not eligible for the study in order to remain
parallel with the literature and the historical roots of the Pentecostal church. Lawless (1983)
highlighted that women pastors do exist, but is rare in the Pentecostal church. Additionally,
Lawless (1983) indicates that the conservancy of authority and leadership of the Pentecostal
church resides with men, which is revealed bibliically as women are positioned under men;
therefore, the study on encompasses Black male Pentecostal Pastors with their church
congregations being comprised of predominately African-Americans.

**Gaining entry.** It is vital that the participants that the researcher is looking to recruit are
accessible. Though churches are viewed as an open system that is open to the community and its
members, gaining access can be challenging. However, building connections and rapport with the local Black Pentecostal Pastors along with becoming aware of the gatekeepers of the church is the key. The gatekeepers will assist with making the necessary connections with the pastor, and were resourceful for this study. Additionally, there are other steps that come prior to engaging in research. A fundamental step to gaining entry to not only the selected sites, but to participants as well consists of obtaining approval from the Institutional Review Board (IRB), and making connections and contacting the needed participants.

The Institutional Review Board (IRB) is responsible for carrying out various duties, including upholding policies to ensure the proper care and welfare during the execution of research (Glesne, 2011). Prior to interviewing participants as well as engaging in any form of data collection, the Institutional Review Board examined the details regarding the study. Due to meeting the necessary requirements for the study, IRB approval was granted (See Appendix A). However, in order to recruit the participants for the study, the researcher utilized the Pentecostal directories (i.e. Pentecostal Assemblies of the World Inc., Church of God in Christ, Apostolic, etc.) as well as recruited through networking, which is an approach suggested in the literature (Bowen & Moore, 2014), to distribute the recruitment flyer and recruitment email (See Appendix B). Both the recruitment flyer and email briefly explained the prospective participants about the requirements and background of the study. Furthermore, in order to recruit participants for the study, the researcher also went to various Black Pentecostal churches in Detroit to not only disseminate recruitment materials, but to meet prospective participants personally. As participants (i.e. Black male Pentecostal Pastors) became interested in the study, the researcher could proceed further, by arranging days and times to conduct the semi-structured interview based on the participant’s availability.

During the initial interview, the researcher reviewed the consent form with the participants, providing detailed information about the ramifications of the study, as well as space
to provide clarity to the participant’s concerns or questions. The consent form used in this study is in Appendix E. Once the participants consented to participate in the study, a semi-structured interview guide was utilized to assist with the interview process (See Appendix C). A semi-structured interview guide was used the follow-up interview with the participants as well (See Appendix D).

**Sampling Strategy**

The selected participants are the pathways to engaging in research that is substantial and collecting meaningful data. There are many types of sampling procedures that are available in research. For example, random selection is a popular sampling method executed in quantitative research. This type of sampling procedure assists with researchers gathering a large enough sample for normalization, which assists with making the generated findings applicable to the selected population (Glesne, 2011). Though this type of sampling strategy is the preferred approach for quantitative research, this strategy is unfavorable within qualitative methodology.

**Sampling methods.** Patton (2002) mentions an array of sampling approaches that are prominent in qualitative research (Glesne, 2011). Each sampling strategy will elicit specific content information to serve as data from the identified participants. For example, one of the sampling procedures mentioned by Patton (2002) is snowball or chain sampling. Bowen and Moore (2014) mentions snowball sampling as part of their study, but called identified this sampling method as networking. This form of sampling is where a knowledgeable informant directs the researcher to other participants that carry valuable information related to the established topic. With the researcher guided to numerous participants for the retrieval of rich data, the number of participants continues to grow and new cases are added to the growing amount. Additionally, Criterion case sampling is a form of sampling strategy that is favorable in qualitative research. In order for a sample to be considered as a criterion sampling method, the cases involved must elucidate an established precedent of importance (Patton, 2002). Purposeful
sampling is a form of sampling procedure that is favorable utilized often in qualitative research. This method of sampling elicits rich in-depth information from specific cases where the researcher can gain a wealth of knowledge that is pertinent to the research being conducted (Glesne, 2011). After reviewing multiple sampling approaches, the sampling procedure selected for this study was purposeful sampling was employed as well as networking, specifically focusing on Black male Pentecostal Pastors. The purpose of the research being conducted is three-fold; to explore the perceptions of Black males Pentecostal Pastors towards both mental health and collaborating with mental health counselors; in addition to exploring the “therapeutic” modalities demonstrated by the Black male Pentecostal Pastor to address mental health issues with church congregants. With accessing a wealth of data and information pertinent to the research that was studied, this assisted the researcher in addressing the proposed research questions.

**Participant requirements.** For this to be successfully executed, a researcher must look through multiple lenses that exist among the participants; however, the participants must meet the requirements for the study. The following criteria will need to be met for the participants to be eligible for this study:

a.) Pastor identifies as Black or African American descent
b.) Pastor who is male
c.) Are affiliated with the Pentecostal denomination
d.) Parishioners are predominately Black or African American descent
e.) Age of the pastor must be a minimum of 35 years of age or older
f.) Must be a pastor that provides counseling and address mental health practices within their church with their parishioners

This criterion was chosen for specific reasons. The research for this study is three-fold. The first purpose of the study is focusing on the perceptions of Black Pentecostal Pastors towards mental health. The literature indicates that there is an existing gap regarding the perceptions of pastors
towards mental health and treatment (Allen et al., 2010). In addition, the literature mentions a previous study was conducted where Baptist Pastors were asked about their perceptions of mental health treatment and the reasoning for their limited referrals for external mental health services (Stanford & Philpott, 2011). According to Stanford & Philpott (2011) as well as McMinn, Runner, Fairchild, Lefler, & Suntay (2005), indicated that the perceptions of the pastors were due to a mutual distrust that exist between both the clergy and the mental health providers. However, this literature does not include Black Pentecostal Pastors nor does it include reasons for such existing beliefs. This ultimately leaves a void in the literature to be filled.

Additionally, this study will also explore the unique methods of the Black Pentecostal Pastor for addressing mental health issues with their parishioners. The literature, specifically Belcher & Hall (2001), conveys to readers that the Pentecostal church has been historically designated as a place of refuge for individuals who are seeking healing for emotional problems. Pastors serve as a vessel that provides spiritual guidance to their flock, but also identifies their role as mental health counselors as well (Adkison-Bradley et al., 2005; Allen et al., 2010). Additionally, according to McRae, Carey, & Anderson-Scott (1998) the Black church is a system of support and healing that mimics a therapeutic system in which through the implementation of spiritual and religious methods, mental health treatment is practiced. Therefore, it is imperative that the participants selected and the established criterion for this study reflects what has been noted in the literature as well as reflects the overarching goal of this study.

**Recruited study participants.** To select the pastors to interview, the researcher utilized the Pentecostal denomination church directories (i.e. Pentecostal Assemblies of the World Inc., Church of God in Christ, Apostolic, etc.) as well as recruited through networking, which is a sampling strategy implemented by Bowen and Moore (2014). This facilitated a form of contact with local Black Pentecostal churches in Detroit, Michigan and surrounding urban cities in order to begin screening potential participants for the study. In addition, similarly to Bowen and
Moore (2014), the research engaged in networking opportunities, providing individuals (i.e. church officials and other interested pastors) the recruitment flyer (See Appendix B) to disseminate information to qualified and interested participants, which ultimately aided in the screening process for prospective participants.

To reiterate, the Pentecostal church directories were used as a strategy to obtain participants for the study. As part of the initial screening process, the examiner visited the church after the pastor or his church administrator replied to the recruitment email (Refer to Appendix C). The initial screening process also included: (a.) providing an introduction, a sense of trust, and build rapport with the church (b.) exhibiting personal interest in the study (c.) demonstrates an interest in the church and potential participants (d.) providing an arrangement and details of the study (e.) explaining the criteria for the study. The encompassing details of the study were shared with the gatekeeper, which in some churches the Pastor is the gatekeeper while in other church systems where a discussion would be most appropriate with other church officials, such as a Deacon, Trustee, Missionary, or other religious constituents. Regardless of who the identified gatekeeper is, the Pastor is the individual who must be included within the decision-making process, ultimately deciding whether to proceed with participating. To assist with making an informed decision to participate in the study, Pastors must and were provided with a lay summary, which includes the following details (Glesne, 2011):

a) researcher disclosure statement

b) provide the purpose of the research being conducted

c) provide a full disclosure of the researcher’s intentions after data is collected and site access is gain and finalized

d) description regarding case and participant selection

e) identify and inform prospective participants of any potential risks and benefits that may emerge
f) offer information on the realms of confidentiality and anonymity pertaining to the cases that are selected and the participants that are part of the study

g) logistics surrounding data collection methods, specifically observations and interviewing, including length of time, how often, and location

h) request to record observation and words (i.e. taking notes and audio recording).

**Data Collection Procedures**

Data collection is a process embedded in the research design and serves as an integral role in the expansion of new knowledge as well as the attaining of a deeper understanding of the world in which we are a part of. Data collection encompasses an array of strategies and methods, whether it is for quantitative research or interpretative research. A few of the quantitative research data collection methods consist of the usage of a selected instrument, questionnaire, survey, or tool; checklists, and data collection through experimental means and observations. The selection of various tools and methods are guided by what has been established in the literature, in which these methods have experienced multiple years of vigorous evaluation to assist with establishing strong reliability and validity. It is through these quantitative data collection methods where statistical analysis is generated to aim with generalizing the ascertained results. However, in qualitative research, the goal of the data collection is not for generalization, but instead, particularization through the assemblage of rich and in-depth data that stems from the personal experiences of others.

Stake (2010) mentions how diverse data collection methods are within qualitative research by referencing photographs, indirect observation, texting, gathering artifacts to review (Hodder, 1994; Stake, 2010), and conducting interviews as modes that are optional for usage. Likewise, Patton (2002), who divided copious data gathering techniques for naturalistic inquiry into three main categories, participant observation, document analysis, and in-depth qualitative interviewing. Similarly, Rubin and Rubin (2012) identify these same three categories; in addition
to incorporating conversational and narrative analysis as also being part of one of the overarching categories as well. Creswell (2008, 2009) indicates the usage of audiovisual materials as a fourth technique for data collection in qualitative research and could augment the data collection process by serving as a supplemental component. The following section highlights the data collection method that was used in this study.

**In-depth interviewing.** Interviewing has been identified as the primary tool for data collection in naturalistic research (Rubin & Rubin 2012) and is used worldwide (Byrne, 2001; Patton, 2002). This favorable approach has more than one function, although the main purpose of in-depth interviewing is to grasp the perspective of another through taking a view of the world through the individual’s lens (Patton, 2002). This promotes an opportunity for the researcher to recognize existence of multiple realities and perspectives and how an individual’s experience aids in the making of those realities. It is the numerous realities where the researcher is able to draw out the meaningful and rich data that can assist with gaining an in-depth understanding to the investigator’s proposed research questions. Along with Patton (2002), Stake (2010) expands by including that implementing in-depth interviews are also for accessing valuable information that isn’t visible through direct observation. Additionally, collecting a numerical aggregation of information from many persons (Stake, 2010) is also considered a main function of interviewing.

**In-depth interviews implemented.** For this study, in-depth interviewing is the main source of data collection; however not the only method of data collection implemented. There were six (N=6) Black male Pentecostal Pastors as the participants. The in-depth interviews occurred in two stages. During the first stage of the interview process, the initial interview was conducted. Prior to the second interview the initial interview was transcribed and provided to the participants for reviewing. Each participant had a week minimum to review the provided transcript prior to making arrangements for the second interview, which served as the follow-up. Additionally, the second interview created an opportunity for the participant to indicate any
missing information and any information that was captured incorrectly. By allotting time for member checking this assisted with strengthening the credibility of this study. The interviews conducted took approximately 1½ hours in length and occurred in a private space at the church of the participant. With inquiring multiple perspectives through the interview process, this allows for the researcher to make connections between the experiences of others; allowing the emergence of themes, which can enhance the research and even assist with the development of theory.

**Effective method for interviewing inquiry.** Interviewing can be rewarding, challenging, and a tedious process. Researchers’ perspective of in-depth interviewing is that it is an art form and takes conducting multiple interviews for a researcher to become an expert at this craft. Therefore, when deciding the structure of the interview, the investigator must consider the type of interview that will be conducted; in addition to the questions that will serve as a compass, directing the researcher through the interview to ascertain rich data. To assist with conducting meaningful and productive interviews, Kvale and Brinkmann (2009) suggest seven stages that can aid to the interview process, including how to effectively construct a report to showcase the collected data. The seven stages stated by Kvale and Brinkmann (2009) includes: 1) thematizing, 2) designing phase, 3) interviewing, 4) transcribing, 5) analyzing, 6) verification, and 7) reporting. A key component that Kvale and Brinkmann (2009) identify during the third stage is the development of an interview guide. The interview guide allows the investigator to compose a variety of questions that should be applicable to the topic being explored. Table 2 displays the research interview questions that were asked to each of the six (N=6) participants for this study.
Table 2 Research Interview Questions

| Q1  | Please tell me about your educational background and work experience, including any mental health training as well. |
| Q2  | What made you decide to enter the ministry and to begin pastoring? |
| Q3  | Have you had any other family members involved in the ministry or pastoring? If so, how have that impacted your experience with pastoring/ministry? |
| Q4  | How many years have you served in the role of a pastor? |
| Q5  | How many members are part of your church congregation? |
| Q6  | Please briefly describe the demographics of your church (e.g. age, education, income, etc.) |
| Q7  | Let’s suppose that I were a male pastor, specifically in your church reformation. What would my role and responsibilities be? |
| Q8  | When you hear the terms mental health, mental illness, or the term disorders, what are the first thoughts that come to your mind? |
| Q9  | In your experiences, what have been some of the mental health issues you have addressed with your parishioners? |
| Q10 | In your experience, when you are addressing mental health concerns with your parishioners, how do you decide which methods to use with your parishioners? |
| Q11 | When church members are experiencing life stressors, they usually turn to the pastor for guidance or some type of support. The approaches that the Black Pentecostal Church may have used to address those concerns in the past, do those same approaches exist today? If not, how have these approaches changed? |
| Q12 | Take a moment to reflect on an experience when you were having a difficult time addressing a mental health issue with one of your parishioners. What were the next steps that you made to assist this individual? |
| Q13 | In your experiences with your parishioners, have you referred your parishioners for mental health services elsewhere? Why or why not? |
| Q14 | Within your experience, have you ever collaborated with mental health counselors? (If not, would you be willing to collaborate with mental health counselors? If so, what was that experience like?) |
| Q15 | If a collaboration was an option between your church and a local counseling and mental health agency, what would be valuable information that would need to be shared in order for there to be a successful collaboration? |

**Interview structures.** As it was previously stated in the discussion of interview inquiry, preparing for the interview is essential. One way to begin that process is to begin deciding on the structure of interview that will be enforced. There are three types of interviews, structured or standardized interviews, semi-structured, and unstructured interviews (Glesne, 2011). Each of the types of interview structure differs in four distinct ways. Each of the mentioned structures is
comprised differently, is prepared differently, and elicits differing information that will be valuable to the data collection process (Patton, 2002). For example, Patton (2002) mentions that with an unstructured interview approach, the researcher is spontaneous during the interview process. This style of interview mimics a conversation, displaying a natural flow of words being exchanged between both the interviewer and interviewee. When utilizing this style of interviewing, it is vital that the researcher consider topics to be discussed during the interview process in order that data being collected is rich in depth, contributing to the proposed research questions.

**Standardized interview approach.** Additionally, both Patton (2002) and Glesne (2011) indicate another interview structure called the standardized or structured interview approach. In this approach the researcher prepares a list of questions prior to the conducted interview. This style of interview lacks in flexibility, which as a result the interviewer maintains the order of the established interview questions and no new questions are added during the interview process. Berg (2007) elaborates on the standardized interview approach by conveying in the literature that this style of interviewing in qualitative research is the most formal approach where no deviations are made from the pre-developed questions, the language and wording used during the interview is not amended in any way, and no explanations are provided for the questions asked to the interviewee.

**Semi-structured interview.** The interview structure that was used within this study is known as a semi-standardized interview approach (Glesne, 2011). The purpose of the semi-standardized method is to ascertain the reality and experiences of the individual identified as the interviewee (Kvale & Brinkmann, 2009). Once a rich description is obtained through the semi-standardized method, meaningful interpretations are made. Furthermore, when examining the specific development of this interviewing method, the investigator is able to create a set of questions prior to the interview in order to assure quality in the data collection process. However,
there is flexibility with this approach, which permits the examiner to change the order of the developed questions, wording and language to be modified, the interviewer can provide explanations and clarifications to the interviewee, and furthermore questions can be generated during this process, ultimately enriching the interviewing experience. This facilitates the opportunity for the emergence of themes within the research being conducted.

**Observations.** Although interviewing is one of the most favored and dominant modalities of data collection in qualitative research, other forms of data collection can be exercised in combination with it (Bogdan & Biklen, 1998). For instance, observations are another form of data collection and will serve as a supplemental form of data collection for this study. Observations have been defined in the literature as “the process of gathering open-ended, firsthand information by observing people and places at a research site” (Creswell, 2008, p. 221). The observations occur in the natural environment, permitting the researcher gain a better understanding of the phenomenon being explored. It is during these moments of observation when the investigator is attentive to their surroundings, allowing themselves to become immersed and using all five of their senses to assist with enhancing not only their personal experience, but also enhancing the data and research being conducted.

For this study, the six participants (i.e. Black male Pentecostal Pastors) were observed during the interview process. The environment where the interview occurred was also included in the observation process as well. As the investigator conducted observations, the researcher for this study also construct detailed field note. Field notes are a documentation of what and who is being observed. Though writing field notes can be a tedious process and at times overwhelming, it is a valuable component of the data collection process. It is suggested by Glesne (2011) that there is an array of ways to maintain field notes, whether it is using a notebook or a diary; however, the most important aspect is the information documented. Glesne (2011) elaborates by conveying to novice researchers that descriptions of events, activities, people, behaviors, and
documenting the ambiance of the site surroundings. The usage of reflective field notes is beneficial and permits the examiner to reveal feelings and personal thoughts within their observational experience (Creswell, 2008; Glesne, 2011). Neuman (2003) iterates that besides reflective field notes, there are other forms of field notes that should be considered. The different types of field notes to consider are jotted notes, researcher inference notes, analytic notes, and other forms. Though each and many more are mentioned in the literature and in books, it is impossible to use each of the methods; therefore, it is vital that the researcher selects the type that is most applicable and most valuable to the research that is being conducted. For this study, both descriptive and reflective field notes were captured and recorded. The notes that will be produced assisted in providing a thick rich description of the participants and data analysis phase of the research.

Even though observations are a credible method of data collection in qualitative research, for every advantage, there is a disadvantage. Patton (2002) discusses a few of the advantages to observing, such as the ability to scratch beneath the surface in obtaining an in-depth understanding of the context where people and participants are a part of. Another advantage is that the information gathered will be firsthand knowledge, allowing the examiner make new discoveries as well as acquire information where some individuals may find difficult to disclose during the interview process (Patton, 2002). Though these are advantages are considered, the hindrances and challenges must also be as well. For instance, limited access to various settings can serve as a challenge. This is an obstacle that prohibits the investigator from making any strides with their research agenda. Another disadvantage is that the time for building rapport with those at the site may also be limited. It is this challenge that can hinder the depth of the research, which
ultimately poses a challenge to the research as a whole. Moreover, within observing, Creswell (2008) mentions that there is the possibility of encountering deception by the individuals being observed. This experienced deception can be that the individuals observed are putting forth the effort to create an infallible impression or can serve as a distraction for the individuals being observed, especially when the investigator is an outsider (Hammersley & Atkinson, 1995). Therefore, after being aware of both the advantages and disadvantages for this strategy, the researcher realizes that the strength and credibility of this research is increased when multiple techniques of data collection are implemented.

**Data Analysis**

Data analysis is a step in the research process that is interconnected with the data collection process. There are multiple ways in which data can be analyzed in qualitative research; however, with utilizing a phenomenological approach for this study, there are certain steps that the researcher must yield to. Vagle (2014) identifies a process that will be implemented to analyze the collected data for this study called the whole-part-whole analysis method that is embedded in the phenomenological approach of data analysis. Within this analytic process, the researcher places significance on the moments in the phenomenon while simultaneously taking into consideration how those encountered moments fit into the broader context that is being examined (Vagle, 2014). This whole-part-whole process will enable the researcher in this study to craft what Vagle (2014) calls new analytic wholes by integrating the identified significant moments that contribute to the meaning making of the phenomenon studied. According to Vagle (2014) the whole-part-whole process consists of the following steps:
• Becoming familiar with the data by reading it in its entirety.

• Engaging in the first round of line-by-line reading while identifying statements and passages that contain initial meanings.

• Drafting follow-up questions for the participants in the study to assist with providing clarification and understanding the phenomenon along with its meaning.

• Engaging in the second round of line-by-line reading and combining previously identified statements and passages; in addition to the follow-up information that was gathered by the participants to begin integrating the different parts to serve as an addition to the phenomenological text.

• Engaging in the third line-by-line reading, in which the researcher will begin to incorporate their analytic thoughts about each part.

• Participate in subsequent readings to examine the themes that have emerged from the participants’ data.

Besides the whole-part-whole process, there are other phenomenological processes that were implemented for this study. This study also includes phenomenological reduction.

**Phenomenological reduction.** Phenomenological reduction is a method that will be used during data analysis and compliments the whole-part-whole process. The phenomenological reduction allows the researcher to sort data to examine the emerging themes. Van Manen (2014) indicates the necessity of employing reduction because it plays a vital role in phenomenological understanding. It is within phenomenological reduction that an emphasis is placed on statements and quotes that aid in gaining an in-depth understanding of the phenomenon encountered by the participants in this study (Van Manen, 2014). Once the data is reviewed using this approach, the data will be then organized into clusters of meaning, in which passages, statements, and quotes will assist with themes emerging from the data.
Transcribing. Transcribing is taking the oral conversational interaction between individuals that have occurred and transmitting it into written form (Kvale & Brinkmann, 2009). Each of the interviews were administered in this study and audio recorded. After the interviews, the researcher reviewed each of the interviews and in the process of listening to each interview, typing out each word from verbatim. Rubin and Rubin (2012) indicates that citing the words of the interviewee(s) accurately are key; however, identifying the mannerisms, pauses, pronunciation, and grammatical errors aren’t always necessary but instead depends on the type of analysis being conducted. For these transcriptions, the grammatical errors, mannerisms, pauses, and any shifts during the interviews were transcribed.

Along with each transcribed interview includes an accompanying summarization. The literature mentions key components that should be included with each summery, such as the interviewee’s name, the logistics surrounding the interview like time and location, the length of the interview, main points mentioned in the interview, and the reason for the interview being incorporated within the study (Miles & Huberman, 1994; Rubin & Rubin, 2012). Each of the recommended components were included in the provided summary after the transcription of each interview. This aids to the ultimate process of making meaning out of the data that have been collected and transcribed.

Record findings. Once the analysis takes place, the emerged themes and patterns were documented and will be later disseminated for the expansion of knowledge. The researcher documented these findings in the form of a dissertation. The researcher describes the perceptions of the participants, Black male Pentecostal Pastors, towards mental health and collaborating with mental health counselors; in addition to highlighting the “therapeutic” approaches that are integrated by the research participants for this study to address mental health issues with their congregants. The research connects the recorded findings to the theories (See Chapter 2) to assist with analysis along with phenomenological processes. Towards the conclusion of the
dissertation, the researcher provides an explanation on how the research conducted will be an asset to the existing body of knowledge in the field of counseling.

**Trustworthiness and Credibility**

Trustworthiness is a critical component of qualitative research. To assist with ascertaining trustworthiness, Patton (2002) suggests engaging in reflexivity. Reflexivity is defined as being persistent in engaging in self-awareness, specifically the researcher being aware of personal values, beliefs, perceptions, behaviors and emotions and how these components can be an influential factor in the midst of not only collecting data, but also while involved with data analysis as well (Gerrish & Lacey, 2006; Lambert, Jomeen, & McSherry, 2010). Lambert et al. (2010) also mentions that with reflexivity, the same characteristics (i.e. values, perceptions, behaviors, emotions) of the research participants can also have a significant effect on data and analysis. However, to navigate this process successfully, Patton (2002) recommends utilizing reflexive triangulation, enabling the researcher to engage in reflexivity through three different perspectives. The three domains consist of the perspective of the participants, the audience, and the researcher. Each domain stimulates a response by examining key questions emphasized by Patton (2002). Table 3 provides a modified visual of what was created published in Qualitative Research & Evaluation Methods, 3rd Edition, by Patton (2002) to illustrate Reflexive Questions: Triangulated Inquiry (p. 66).

<table>
<thead>
<tr>
<th><strong>Table 3 Reflexive Questions of Triangulated Inquiry</strong></th>
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<tr>
<td><strong>Participants</strong></td>
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<td><strong>Audience</strong></td>
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<td><strong>Researcher</strong></td>
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Triangulation. Other than engaging in reflexivity, there are other approaches to aid the researcher maintaining credibility and trustworthiness within a study. One method consists the exploration of diverse realities, which occurs through the usage of multiple data collection strategies (Glesne, 2011; Golafshani, 2003). A second is using multiple methods for analyzing the collected data (Golafshani, 2003). To accomplish this task, triangulation is recommended and has been deemed by Stake (2010) to increase the credibility of research. For this study, two forms of data collection were used (i.e. in-depth interviews and observations); in addition to two theoretical frameworks and a conceptual framework (CRT, Systems theory, and Yalom’s Therapeutic Factors). Each were used in analyzing and interpreting the data collected.

Member checking. Another method to enhance credibility and trustworthiness is a technique called member checking (Stake, 2010). Member checking consist of taking the information that have been collected and allowing the participant(s) to inspect the information to see if there are any corrections that would be needed. Through member checking, it can allow the researcher to see an interpretation of the data that was overlooked. This increases accuracy of the information collected. The researcher provided a copy of the transcript to each of the participants, in which the participants had two weeks to review the transcript prior to the follow-up interview. In the follow-up interview, the participants were able to correct any mistakes made during the interview process.

Ethical Considerations

When conducting research, it is imperative that the researcher demonstrates high levels of professionalism and ethical behavior throughout the research process. There are multiple stages that encompass the research process and room should be made for ethical considerations at each specific stage. Within the beginning stages, it is suggested by Punch (2005) that the prospective participants for the study should see the value of the research being done. For this study, the value of this research is for the researcher to extend her hand to the hands of African Americans to
assist with continuing to reach a population that has been underserved. The value lies in making professional and personal connections with the pillar in the African American community, which is the Black Pastor that is part of the Black Church, and examining their perceptions on collaborating with mental health counselors in order to understand their mindset in formulating a therapeutic alliance to assist them in strengthening their mental health practices that were revealed during the interview process, when gaining insight to the “therapeutic” methods implemented by Black Pentecostal Pastors. Ultimately, it is of great value and the desire of the researcher to assist the Black Pentecostal Church by finding a way to effectively collaborate, standing tall together, building a therapeutic and professional alliance to address the needs of those communities. However, this is contingent upon the Black Pentecostal Pastors’ perceptions surrounding collaboration.

Also as part of the beginning stages is considering whom to select as participants for the study, full disclosure of the purpose should be displayed (Creswell, 2009; Sarantakos, 2005). This allows for each of the prospective participants to be well informed of the researcher’s agenda and intentions. Appropriate language should be used in order that the participants can make sense of the provided information. The usage of an informed consent form is a document that would be beneficial and could assist with this matter (See Appendix E). This was one way that Creswell (2009) suggested as a method to provide this information as well as inform the research participants of their rights; likewise, with Sarantakos (2005). This allows for any deception to be eliminated and for the researcher to be transparent. Ultimately, it gives the participants the power to decide whether to engage as a participant in the study. Therefore, for this study, the researcher followed the recommendations supplied in the literature by providing an informed consent form, including each prospective participant with the following information (Creswell, 2009; Sarantakos, 2005):

a) Identification of the researcher
b) Identification of the sponsoring institution

c) Identification of how the participants were selected

d) Identification of the purpose of the research

e) Identification of the benefits for participating

f) Identification of the level and type of participant involvement

g) Notation of risks to the participant

h) Guarantee of confidentiality to the participant

i) Assurance that the participant can withdraw at any time

j) Provision of names of persons to contact if questions arise

The informed consent form was placed in writing and the participants were provided a copy to maintain for their personal records. This document provides a clear understanding of the participant’s rights and details pertaining to the study. An opportunity was allotted for participants to ask questions if any information that has been provided appeared unclear.

During the analysis phase of the research, Creswell (2009) indicates various ethical issues to consider. For example, Creswell (2009) “enables readers to reflect on the question of how the anonymity of participants will be protected” (p. 90). In this same passage, Creswell (2009) encourages the usage of pseudonyms to protect the participants’ identities and privacy. To protect the identities of the participants for this study, pseudonyms are used.

Once the research was conducted, ethics is also considered during writing and disseminating the final reports. To assist in the avoiding of ethical issues from arising, Creswell, 2007; 2009) suggests that a preliminary copy of the manuscript or publication should be provided. Each of the pastors that participated in this study was provided with a preliminary copy of the publication and was also thanked graciously for their participation in the acknowledgement section. This research conducted was not possible without their willingness to participate. Thus, the researcher displayed a sense of gratitude in this capacity.
Researcher as the Instrument

The purpose of the researcher is three-fold; first, to understand the perceptions of the Black Pentecostal Pastor towards mental health. Secondly, the researcher explored the “therapeutic” modalities that the Black Pentecostal Pastor implements to address as well as combat the problems confronted by their Black church congregants. Finally, the researcher explored the perceptions of Black Pentecostal Pastors on fostering a collaboration with mental health counselors to strengthen the approaches and services that are being rendered. As a licensed professional counselor, the researcher has studied topics such as religion and spirituality as therapeutic agents; in addition to reviewing the literature on the variety of roles that the Black church has served throughout history. When looking through a historical lens, the Black church has been a place of refuge, comfort, support, and a strong pillar in the African American community. The doors of the church have been open, extending themselves to a population of people that have been mistreated, rejected, overlooked, and underserved. As the church continues to serve in multiple capacities with an aim to keep the Black community thriving, meeting the mental health needs of this population have been a challenge. It is true that the church handles an array of existing issues, using various modalities and pastors navigating between their main role as a spiritual leader and their alternate identified role as a counselor; however, pastors encounter issues that may be beyond their realm of training and ascertained knowledge, needing the assistance of a professional that will be able to provide assistance.

It is with genuine concern that the researcher explores not only the Black Pentecostal Church functions as a system which is led by the Pastor, but to also highlight the needs of the Black Pentecostal church and the faith-based approach that serves as the foundation of their spiritual belief system. Through this research, recommendations can be offered that can assist developing an effective approach that can aid in fostering a collaboration with mental health counselors. The recommendations will assist counselors in developing a working alliance with
Black Pentecostal Churches and pastors by providing working within a framework that is therapeutic and most meaningful for them.

The investigator has a personal connection to this topic, serving as the catalyst for pursuing this area of research. The researcher has strong roots in spirituality, religion, and the Black Church. The investigator was born in a religious household, where her parents instructed her daily on the key values of a Christian. The principles taught to the investigator stemmed from her spiritual upbringing from the Black Pentecostal Church. Still to this day, the researcher’s parents continue to live as a daily example, living a life filled with consistent prayer, strong worship, and living each day by faith. In addition, the investigator’s parents’ hold highly regarded titles, her mother who serves in the role as an Evangelist, and a father who carries the title of a Bishop and serves as a Pastor. Her parents work together in the ministry, serving as spiritual leaders that provide guidance and support to their Black parishioners.

As the researcher takes a moment, reflecting on the roles that her parents serve, it can be recalled on numerous accounts where her parents, as a spiritual team worked together to address marriage issues, sickness, depression, family conflicts, grief, and other pressing concerns that were presented by their church congregants. The researcher can recall how important faith, praise and worship, and prayer were instrumental agents in alleviating the daily stressors and struggles those families and church members were confronted with. It is also in this same capacity where the researcher has heard the words “Don’t any Christians have any business seeing no counselor or sitting on no psychiatrist couch” uttered from the pulpit. It is through the researcher’s experience with the Black Pentecostal Church along with her role as a professional counselor that she sees the value in not only examining the perceptions of Black Pentecostal Pastors, but also exploring the therapeutic modalities that are implored by the Black Pentecostal Pastors. The researcher sees the value of maintaining those helpful approaches, but also finding ways to integrate professional practices to collaborate with the Pentecostal church and strengthen the
services rendered. The researcher wants to be influential in helping her church and other Black Pentecostal Churches to better serve an underserved community.

Within qualitative research, the researcher is the instrument for collecting and measuring field data (Neuman, 2003). The researcher must be cognizant that when doing fieldwork personal feelings and reactions will occur. The research remembered that it is these personal connections to the topic and research that stirs her existing passion. However, with keeping in mind the possibility of experiencing such a rush of emotions and flooded with an array of thoughts, the researcher must engage in self-monitoring and periods of reflexivity. Glesne (2011) recommends that it is during this process that the researcher should continue to examine throughout the data analysis process in order that inter-subjectivity be maintained.

**Conclusion**

In conclusion, this chapter disclosed the methodological approach that was used for this study. Included in this section were rationale for the chosen methodology, the research design and the context of the study along with participant selection procedures. Data collection methods were identified; information pertaining to data analysis, credibility and trustworthiness of the research, ethical considerations were mentioned, and disclosure of the researcher as the instrument were incorporated within this chapter as well.

Overall, historically, the Black Pastor, in general, serves as a major support system and aid to the Black community, regardless of the denomination. The pastor has stood in the gap, serving as an intercessor between the Black community and other resources, especially for mental health purposes. The role of the pastor in the Black Church have consistently maintained dual roles, spiritual leaders and counselors to assist individuals and families with the distress that they face in society daily. Though Black Pastors have existing similarities in the roles that they serve, The Black Pentecostal church and pastor is unique in their ways. The perceptions of mental health and the issues that they perceive as problematic are unique; in addition to the modalities
they use for addressing the mental health needs are distinctive and should be explored. However, the research shouldn’t stop there, especially when the literature indicates that for some pastors and clergy, that the skill level for combating mental issues is limited (Stanford & Philpott, 2011). Therefore, it is essential to explore the perceptions of Black male Pentecostal Pastors on fostering a collaboration with mental health counselors to not only strengthen their practices, but to also assist with filling in the gap where help is lacking. It is through this study that the researcher will not only seek understanding of the perceptions of Black Pentecostal Pastors towards mental health and collaborating with mental health counselors, but to also explore how Black Pentecostal Pastors address mental health concerns with their parishioners. Each of these research topics will be examined by understanding the pastors’ perspectives. The next chapters provide insight to each of the six participants through the utilization of a thick rich description. This same chapter, chapter four, also includes the personal experiences of the participants for addressing mental health related concerns with their church congregants; in addition to examining their perceptions towards mental health and collaboration.
Chapter 4: Called to Do God’s Work: The Experiences of Black Male Pentecostal Pastors

Addressing the Mental Health Needs of Parishioners

Detroit, one of the largest cities in the Midwest region, is also known as the Motor City for its contribution to the automotive industry, and has been a place of residence for many, especially African Americans. According to the United States Census Bureau (2010) as well as Suburban Stats (2014, 2015) approximately 82.7% of the residents in Detroit, Michigan identify as Black or African American. With such a high percentage of African Americans inhabitants, this has served as a platform for the development of many Black Churches in the city. In addition, literature indicates that the majority of the growth among the Pentecostal church occurs in urban areas (Hicks, 2001), which is why it is vital that the participants of the study were recruited in this area. However, it is also imperative that the mental health needs of residents are not ignored and have been taken into consideration for this city. According to the data collected in the National Survey on Drug Use and Health (NSDUH) Metro Brief from 2005 to 2010 by the Center for Behavioral Health Statistics and Quality (2011) highlights some of the challenges faced in Detroit and Metropolitan area. For instance, approximately 382,000 individuals ranging from age twelve-years-old and older were categorized as having a substance use disorder during the previous year (Center for Behavioral Health Statistics and Quality, 2011). Furthermore, this same survey also identifies depressive episodes as a common issue as well as indicating how the Metropolitan area has higher rates of illicit drug use in comparison to the whole state of Michigan and national average (Center for Behavioral Health Statistics and Quality, 2011). With the city facing issues such as these; in addition to an array of social issues, health issues, marital and family problems, unemployment, incarceration and many more, the pastors in this study have been called to do God’s work, utilizing spiritual and religious means to aid parishioners in addressing the mental health needs and overcoming such challenges that the Black community faces.
To understand the experiences of Black male Pentecostal pastors on the integration of “therapeutic” modalities to combat the mental health needs of their congregants; in addition to exploring their perceptions towards mental health and collaboration with mental health counselors, a phenomenological case study was implemented. It is vital that the overall goal of this study remains in view, which is to not only address the proposed research questions in order that it contributes to the literature surrounding the intersection between ethnicity, religion and spirituality, and mental health, but to also utilize this research as a gateway to reach the African American community by collaborating with a resource that is connected to their value system, the Black Church. This aim can ultimately begin to add to the limited literature on the Black Pentecostal Church and Mental Health as well as assisting with the searching for ways to develop a therapeutic framework that’s meaningful and aligns with their faith when addressing mental health concerns and life’s daily stressors.

This chapter provides insight to each of the six research participants involved in this study by providing a thorough description of each; in addition, an in-depth look by looking through the lens of each participant at their experiences with addressing mental health with their parishioners. Moreover, this chapter will also seek to explore the perceptions of both mental health/illness, and perceptions towards formulating a collaboration with mental health counselors. It is the aim of this chapter to provide an illustration of the six research participants for this study and to discover the findings that emerged because of this study.

**Seeing What They See: Perceptions of Pastors towards Mental Health and Collaboration**

For this research study, there were six recruited participants from Detroit and other surrounding cities that are in Wayne County. Each of the six participants were eligible according to the established criteria: 1) identify as African American/Black, 2) identify as a male, 3) affiliated with the Pentecostal denomination, 4) currently serving in the role of a pastor, 5) parishioners are predominately African American/Black, 6) provide counseling and address
mental health concerns with parishioners, and 7) are 35 years of age or older. The participants for this study were not discriminated against due to the number of years pastoring or membership size. This segment presents each of the six participants as well as providing a window to peek and look at the experiences of Black male Pentecostal Pastors; in addition to their perceptions of mental health and collaborating with mental health counselors.

**Pastor Old School.** The first participant, Pastor Old School, is a 75-year-old African American male who is currently serving in the role of a pastor, but identifies himself Bishop, which is his ministerial ranking. It was a partly sunny day, sun slightly peeking through the clouds and light cool breezes flowing through the air. Pastor Old School arrives at his church for the first interview, walking from his vehicle to the red and white cornered church building. Dressed in a black trench coat with a wool dressed hat covering his head, he walks boldly to unlock the church doors. As he walks, you see the shine of his buffed black Florsheim shoes and hear them clacking as his feet hits the sidewalk. He greets with a warm smile saying “Praise the Lord Sister” while simultaneously extending his arms to give a Christian hug. In his church, he walks, pulling off his coat and hat, laying it on the back-church pew, revealing his black tailored suit, white crisp dress shirt, and red and black tie. Approximately five feet and eleven inches, medium built, with salt and peppered hair with black, he is an eager participant who was looking forward to sharing his experiences and perceptions surrounding the topic of mental health.

Pastor Old School was born and raised in the city of Detroit. He attended the public school system in Detroit, where he received his high school diploma. Although he hasn’t had any collegial experience, he has had extensive training in the ministry, where he earned his way to higher positions and with his wisdom and tenacity has caused him to earn the respect of many around him. The pseudonym Pastor Old School was given to this participant to reflect his 55 years of preaching and 49 years of pastoring that he has achieved; in addition to how he’s upheld the “traditional” way of the old Pentecostal church. The “traditional” way of the old Pentecostal
church consist of attending church dressed in your Sunday’s best to serve the Lord by foot stomping, hand clapping, and preaching and living strictly the biblical. The “traditional” way ingrained legalism (e.g. women not allowed to wear pants, preached against no make-up or cutting their hair, preaching against remarrying because it’s adultery). The unique perspective of the “traditional” way was that every issue, problem, or negative mood was labeled as a demon problem or “the devil being in folks” (Pastor Old School, personal communication, November 17, 2015).

During the interview, he explained that his calling to the ministry came at a crucial time in his life, where he was knocking at death’s door at the age of 18-years-old. Unsure if he would live to see the next day, he laid stretched out in the hospital bed unable to speak, he relied on the faith and prayers of his mother, in which she reached the throne of grace, asking God to spare the life of her son. Pastor Old School emphasized that it was God that raised him up and upon his release from the hospital; he began to lose his desires for hanging in the streets. It was shortly after hospitalization when he attended a church service with his mother, where his heart and mind was changed by the soul-stirring Word of God. “I just knew it was God that was speaking to me and was calling me to preach these folks the Word (Pastor Old School, personal communication, November 17, 2015).

Within leading and pastoring, he has encountered all types of individuals. Throughout the interview process, Pastor Old School was eager to share his experiences and thoughts as it related to the topic, his encounter with a variety of individuals, including members that are part of his flock. Using a face-to-face interview, the interview location was the church sanctuary of Pastor Old School. The white colored walls with red accents, oak wooden benches with red seat cushions and a deep red carpet comprised the sanctuary. The drums and Hammond B-3 organ sat near the choir stand. The podium, made of wood, bared a red cross the illuminated as the sun rays shined through the church windows. The ambiance of the setting alluded love and hope.
As mentioned prior, Pastor Old School had encountered all types of people in the midst of pastoring. He mentioned that his congregation is approximately composed of 100 attending members, where he indicates that 60% of the congregation is young people. He also indicated that he has dealt with mental health issues with parishioners, but had a unique interpretation of mental health. He began by stating how there are some people that are “mental”, but for some reason there are others that pretend. He explains this by stating the following:

Uh…I’ve dealt with a lot of folks that…they…they mental in some things, but they got plenty sense. They know what they doing. And sometimes, um…when you been out there, and you…you know how people are, they play act (Pastor Old School, personal communication, November 17, 2015).

Pastor Old School also continued to explain his perceptions of mental health explaining his awareness that that individuals with mental health issues are in existent and are in the church. He provides an example of one of the church members that he notices constantly talking to himself. Although he mentions that the attending member is not problematic, does not bother nor harm anyone, he can yet tell that there is something odd about this particular man. As Pastor Old School shares his experience with this church member, he reverts to his previous statement that there are also individuals that pretend where he continues to elaborate. He eagerly defines that there are two types of “mental”, in which he states:

There are two types of mental people; people that’s born mental where they have no real control you know….and uh uh…they need help. They need people to watch. They need people to be concerned about their activities. But, then you got people that are out right mean. I’ve known a lot of people that come through the church that’s on some kind of aid because the people say that they are mental. But, they ain’t mental when it comes to whatever they want to do; they do it…See, and this is where the people don’t understand.
People play act…they play act. They uh…pretend. Everything that they label mental is not mental… (Pastor Old School, personal communication, November 17, 2015).

With individuals that possess some form of mental illness, and although pastors may be unsure of the specifics, the usage of discernment is often used to assist pastors with deciphering what’s of God and what’s of the enemy. The literature indicates that discernment is a spiritual gift that is often used in the Pentecostal church (Belcher & Hall, 2001; Parker, 1996), in which the spirit leads individuals, such as pastors, to individuals that may need healing, assist with recognizing evil spirits, and origins of diseases and illnesses (Arrington, 1994). Pastor Old School emphasized the importance of pastors being anointed as well as having the gift of discernment as a spiritual tool to use as a guide when working with people. He elaborated how being anointed paired with discernment enables pastors to not only recognize demons in the church world, but to also know when someone is trying to take advantage of him. Pastor Old School states:

Pastors are called to preach the gospel and to trust God. But, know that the pastor got to be anointed. If he is not anointed…. the pastor not anointed, then he is helpless. When you are anointed, then God speaks through you and reveals things to you about your people, ya know… your flock. When you’re anointed, you have discernment. When you are preaching, you have to have the anointing to be effective in the ministry (Pastor Old School, personal communication, November 17, 2015).

The spiritual gift of discernment also leads and guides him on how to help and address presented concerns. In the literature, the Black church has been known to address issues, such as inequality (Brashears & Roberts, 1996; Constantine et al., 2000), economic struggles (Hardy, 2012), working to preserve the Black family (Constantine et al., 2000), and dealing with individuals that are suffering from homelessness and poverty (Brashears & Roberts, 1996). Pastor holds to the Black church tradition in continuing to serve the members of the church in that capacity. During the interview, he projected a smile and heard the passion in his voice as he discussed his
experience where he has helped church members who were homeless and hungry, inviting members to live with him and his wife until they were able to get back on their feet. In addition, Pastor also mentioned depending on the cases or concerns of his parishioners, determines the approach he uses to address those concerns at that time. Pastor Old School states that “Prayer is your best weapon because with prayer...you know God gives you insight and you need prayer in order to get the discernment that you need to help somebody. Once Jesus prayed for folks and put the power on them, they straightened up” (Pastor Old School, personal communication, November 17, 2015). The “old time way”, which is the words he used, is the route he takes; using the power of prayer. His statements were representative of how the usage of prayer is the channel where divine healing occurs, which God intercedes, providing a divine intervention (Trice & Bjorck, 2006). He believes when preachers and pastors fail to delve back into handling issues the traditional way, it facilitates the opportunity for people to act up and get away with ungodly behaviors that are problematic to the church and the community.

In regards to experiences with collaborating with mental health counselors, Pastor Old School lacks that experience, in regards to formal training in the areas of mental health as well as collaborating with external resources to address the mental health needs of his parishioners. He believes that he has never had a reason to collaborate with a counselor. He states in a serious tone, “God is the greatest counselor of all times…. I can do the counseling; who God calls, he qualifies, so when uh, uh, it comes to counseling, I am able to do it because God has given me the wisdom to counsel” (Pastor Old School, personal communication, November 17, 2015). Tis quote speaks volumes to the age of Pastor Old School and the context of the study. With Pastor Old School being in his mid-seventies, he has acquired knowledge based on his years of lived experiences from residing in inner city Detroit. With being born and raised in Detroit; in addition to being qualified by God, Pastor Old School is able to relate to the experiences of his parishioners feels he is best suited for understanding the needs of his parishioners. This also
reflects the research in the literature about the lack of referrals from pastors to mental health counselors (Mollica et al., 1986), but it is also representative of how pastors feel it’s their role to undertake the issues presented by their parishioners (Stansbury et al., 2012). Additionally, this mimics the hierarchy concept in Systems Theory, where there are delineated roles and responsibilities within the identified system, which in this case is the Black Church (McRae et al., 1998). Pastor Old School’s position is pastor and holds the most authority within his church system, assisting with the delineation of roles and responsibilities, in which he also emphasizes his role for caring for his flock. Furthermore, it is also demonstrative of how the church can be seen as system where it can be difficult to penetrate the boundaries that exist, which dictates who or what is part of that identified system or not (Corey, 2004). However, it was also during the same segment that Pastor Old School was also willing to collaborate with mental health counselors, if he was approached the right way and places a significance on making sure a mutual understanding of roles is established prior. While this was a condition for collaboration, in which he stated emphatically, the reluctance for collaborating with mental health counselors was yet present. Pastor Old School’s interview illustrated that his experiences as a pastor in the Black Pentecostal Church and perceptions of mental health and collaborating with mental health counselors aligns with literature and concepts of Systems Theory. The next section examines the second participant, looking at how his experience as a Black Pentecostal Pastor corresponds with literature, CRT, Systems Theory, and additional concepts from Yalom’s Therapeutic Factors.

**Pastor Helper.** The second participant, Pastor Helper, is a 57-year-old African American male who pastors one of the churches in the reformation, Church of God in Christ (C.O.G.I.C.), in inner city Detroit. It was also through one of the theological seminary institutions through the C.O.G.I.C. reformation, where he furthered his biblical studies, earning a Doctorate of Divinity. Prior to his current standing, it was Detroit, Michigan where he was born and raised; Pastor Helper attended the Detroit Public School system, graduating with a high school diploma. After
reaching this milestone, he attended Southern University, which is a Historical Black College/University (HBCU), where he enrolled in basic courses that were required by the university for the first two years. During this time, Pastor Helper possessed a desire for more, aspiring to collectively work with others to achieve a common goal of protecting and serving the country; therefore, he enrolled in the Armed Forces. The experiences encountered during his time in the military, served as the some of the foundational work that would positively contribute to his future endeavors as a pastor, which was discussed during the interview process.

At the time of the interview, it was evening time; the skies had darkened, but a hint of the moonlight radiated the sky. Stars were bright, sparkling among the heavens as the preacher, Pastor Helper pulled up at the well-lit brown bricked church on the corner. Out of his car, he walks swiftly, stating “I’m so sorry, I almost forgot and was getting ready to pull off to head home. I’m so glad I turned around” (Pastor Helper, personal communication, November 17, 2015). There he stood approximately six feet, in his brown heavy Carhartt coat, looking through the lens of his glasses to find the keys to unlock the church door. “Click”, the church door unlocks and through the doors he walks, heading towards the sanctuary to begin with his initial interview.

For the interview, Pastor Helper proceeds to walk towards the front pew, indicating this would serve as the location for the face-to-face interview. There he was, brown-skin and medium built. He was neatly groomed, hair cut low with a receding hairline; a chinstrap beard comprised of black and gray strands of hair. His eyeglasses sat on his face, resting on the bridge of his nose while simultaneously accentuating other facial features. He’s fully dressed, wearing a pair of black Carhartt work pants and a pair of black leather Nike boots, indicated by the Nike logo located on the side of his boot. Throughout the midst of the interview, Pastor Helper kept on his coat; however, a colored collared polo shirt was peeking near the neck, where the coat was slightly unzipped.
Pastor Helper entered the ministry upon being saved by Christ at age sixteen, which is the age he began ministering. He stated that “I wanted to uh…be a voice piece for God. I wanted souls to be saved and I wanted to help people” (Pastor Helper, personal communication, November 17, 2015). Although his ministerial position began as a Minister and then the role of an Elder for many of years, the Lord elevated him to a higher level, in which he now serves as a pastor and Superintendent of two churches. As he grew, rising in the ranks of titles within his reformation, he never lost sight of his purpose for entering the ministry. Even within pastoring, he continues to emphasize that the role of the pastor goes beyond preaching the Word, but that it also includes developing close connections with the people you serve. Pastor Helper stated:

Our people need to have an uh personal relationship with people…in their homes…when they’re sick in the hospitals…with death…uh…have to be able talk to them soundly about what God has for their life, you know. Uh…Some get hungry. Some have problems. Let me repeat that word…. They have problems. So, being able to identify or uh, hear their cry in their problems…. And to hear about their problems and their doubts. I wanted to be able to let them know that there is hope and help in their problems. Those are a few things that I like about being in uh, the ministry. Because there are many people…they be down and out….and so, we have to let them know…that there’s hope…and that there is a way out. That’s what uh, draws me to the ministry and why I like the ministry…is helping people…. even the people that are less fortunate (Pastor Helper, personal communication, November 17, 2015)

His strong desire to help and provide hope to others echoed through his words as he spoke with passion, hearing the sincerity ringing through his tone of voice. The efforts Pastor Helper to provide hope assisted with the creation of a therapeutic environment mentioned by Yalom (1995), who identified the instillation of hope as one of the eleven therapeutic factors. As he continued to speak, he even smiled, which indicated his desire to help others, especially as he shared an
example of his experience where he reached out and helped one of the families in his church congregation when they were experiencing grief and loss of a loved one. He mentioned calling and checking on the family; praying for them, visiting, and exhibiting love because it was what that family needed. Due to his kind heart and burning passion for helping his flock, the pseudonym for this participant that was selected was Pastor Helper to mirror the motto he lives by. His role as pastor was shaped and defined by his motto for helping others, which represent the hierarchy concept embedded within Systems Theory. It is within his role as pastor that he feels that “it is his responsibility to love, to preach and teach bible study, lead the prayer, and to uh, help when needed, even if it means reaching out to other resources” (Pastor Helper, personal communication, November 17, 2015) to assist members of his flock if a presented issue supersedes his capability. Furthermore, he indicated that besides his role as pastor, there are other roles with their own set of responsibilities. He mentioned that have church members serving in the roles of Missionaries, Church Mothers, clergy (e.g. Elders), Young Women’s Christian Council, Women’s Department, and the Youth Department. All contribute to the church functioning and maintenance of the Black Pentecostal Church, which is also a component identified in Systems Theory (McRae et al., 1998).

In regards to mental health experiences, Pastor Helper received a head start with addressing concerns while he served in the United States Armed Forces. He served dual roles, a driver and a Chaplain Assistant. This experience served as a foundation for understanding the importance of having a healthy mind. Pastor Helper learned how to address the problems of others by working alongside two White Chaplains, one being Catholic and the other being Methodist. However, “the available Chaplains were unable to uh, uh relate to the social struggles and inequalities of mainstream society of Black soldiers” (Pastor Helper, personal communication, November 17, 2015); therefore, by being Black, Pastor Helper took the initiative to lead and serve as another one of the Chaplains that many of the African American soldiers
sought counsel from. As a Black man confined by the societal structures created by White society, he “understood their experiences and personal struggles” (Pastor Helper, personal communication, November 17, 2015). This mentioned experience aligns with Critical Race Theory (CRT) in its efforts to not only highlight racism, inequalities, and such disparities affecting people of color, but to also emphasize how race has a significant impact marginalized groups as well (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014). In addition, it represents how race plays a major role in the preservation of inequality, which is one of the principles of CRT, and one of the struggles mentioned by Pastor Helper that he discussed with African American soldiers. However, Pastor Helper found ways to empower African American soldiers to share their experiences, which is one of the tenets, entrenched in CRT, specifically called storytelling (Cooper & Hawkins, 2014). By encouraging the soldiers to share their stories, it allowed him to understand their personal reality and all that it encompassed. These experiences facilitated preparation that Pastor Helper realized were valuable to his role as pastor, in which he currently serves and has been serving for six years.

During the interview, the questions were arranged in three categories to align with the study, 1) the perceptions of mental health, 2) approaches used by Black Pentecostal male pastors, and 3) perceptions on collaborating with mental health counselors. In regards to his thoughts about mental health, he was asked to state the first thing that comes to mind when hearing that specific term. He indicated that he perceives mental health as “thinking of someone who is mentally sick” (Pastor Helper, Personal communication. November 17, 2015). His perceptions about mental illness were similar; however, elaborating that there are differences. He stated that:

When I think of uh mental illness, I think of someone needing help. They’re …needing someone to help them. They can’t function by themselves. (Long pause) They need help putting clothes on. They need help…… So… uh…mental illness is when someone needs someone to assist them. They have a lot of their faculties and functions, but needs someone
to assist them; someone who doesn’t treat them like a baby…. Well…sometimes you have
to baby them, but… you know (Pastor Helper, personal communication, November 17,
2015).

As Pastor Helper explained his perceptions of mental health, he was reminded of one of his
church members that he reflected on. He mentioned that although “this member attends church
regularly, praising God and rejoicing, but there are uh aspects of him that you know aren’t right
and we know that he’s uh mentally unstable” (Pastor Helper, personal communication, November
17, 2015). He had difficulty explaining the rationale behind knowing how he was able to draw
this conclusion, but yet sensed that mentally the attending parishioner was different in many
ways. In addition, he struggled during the interview with making connections with mental illness
and existing disorders. He also indicated that he feels that he hasn’t had any dealings with
disorders, but was unsure. This aligned with the literature on how pastors lack the knowledge
severe pathology and etiology; in addition to clinical diagnoses that are in the Diagnostic
Statistical Manual (DSM) (Farrell & Goebert, 2008; Weaver, 1995). Regardless, pastors,
specifically Black Pentecostal Pastors, work diligently on addressing the needs of their
parishioners. During the interview process, Pastor Helper discussed some of the methods that he
uses when addressing an array of issues with parishioners. He iterated that it is not only in your
approach on how you talk to the church members, but it is also about seeking God’s direction on
what to say and effectively handle the situation being confronted. He specifically states:

Um…. careful methods are what I do, and being diligent and straight to the point with the
issue I’m addressing. Sometimes, uh… you can say something to a person; it’s the way
you say it, and they take it the wrong way. So, you have to uh…be careful how you say
it…. to an individual; but be frank and be…direct, and that’s with…dealing with anybody.
Because it’s like I said, if you say something the wrong way, and uh, they take it the wrong
way, they gone. They are ready to pack their bags and go. And, it may not have been that
way, so you have to be careful. But, you can’t be afraid of mental folks or people as a whole because uh, once people find out that you scared of them, then they will take advantage of you. So, you must be firm…. strong and firm…It is within my role as pastor that I am a leader and as a leader, notice my words, as a leader (states slowly and places emphasis on this statement while simultaneously doing hand gestures) …you have to show those leadership qualities. I’m here to lead, but I can lead by loving you, and be firm in what I say and in what I do. You know (Pastor Helper, personal communication, November 17, 2015).

Other than the way he speaks when approaching the issue, Pastor Helper highlighted the importance of time, for both the individual he is helping and for him. Time allows him to pray for the individual as well as seek direction from God. He indicated that when addressing issues with his parishioners that sometimes there are multiple issues that are presented; therefore, by seeking guidance from God, allowing him to hear His voice on what to address, how to address it, and when to address it, stating “Our timing is different than God’s timing” (Pastor Helper, personal communication, November 17, 2015). Once he is guided by God on how to address the presented issue, Pastor Helper is able to not only impart information that will be spiritually and naturally edifying, but it assists the person he’s helping at the time with releasing the emotion of pain they are experiencing and gaining understanding of self. Understanding of self and the outpour of emotions from personal experiences (catharsis) are two known concepts embedded in Yalom’s (1995) therapeutic factors. He elaborated on this by providing an example of a time when he was dealing with another church member experiencing grief and loss (i.e. mother of two teenagers passed away). He also emphasized the importance of disseminating scriptures to assist with spiritual upliftment and to provide hope, which he also indicated as one of the methods that have been often utilized by the Black Pentecostal Church. The importance of remaining consistent is a key principle that he aims to maintain, mentioning that “Back in the day, the Black
Pentecostal Church was consistent and diligent with an individual when they were in need. They kept the doors open....and uh, kept calling and checking on them, encouraging with the Word of God, and helping them to be able to keep pressing forward by holding on to their faith” (Pastor Helper, personal communication, November 17, 2015). He also shares, with his church members, his own personal stories of trials and tribulations that he has experienced. This aids to the development of cohesiveness between the pastor and the families, which also contributes to creating the Black Pentecostal Church as a therapeutic, based on Yalom’s (1995) definition for cohesiveness.

As it was mentioned previously, Pastor Helper isn’t hesitant with using a collaborative approach, resorting to resources outside of his church doors to assist with helping members of his own flock. Similar to the literature by Mollica et al. (1998), Pastor Helper has engaged in the referral process; however, it wasn’t a referral to a professional counselor, but instead to another pastor in his reformation. He provided an example where a couple within his church was encountering issues in their marriage. He elaborated on this incident about the referral along with his reasoning by stating:

A couple was thinking about divorce. One want to go one way and the other want to go another way. I referred them to an uh...another pastor and that’s because with me being their leader and their pastor, I don’t want to know and I don’t want to take sides. Sometimes we hear their confessions and we take sides and then they will begin to say, “oh he taking your side.” No! If I don’t hear it, I can’t take sides. It’s true that we take sides even though we don’t mean to, but we human, and sometimes, we can. So, what I end up doing is when they need counseling, I end up referring them to someone who was a pastor that I trusted and believe in. I let them deal with it. That way, they can come back and have a healthy relationship with me (Pastor Helper, personal communication, November 17, 2015).
Although this is an approach that was implemented, it was moments afterwards when asked about collaboration with mental health counselors that like Pastor Old School, Pastor Helper indicated that he has never made a referral or collaborated with any professional mental health counselors, but that he was willing to form a collaboration and learn from them. However, there were conditions that had to be established between him and the mental health counselor whom he would be collaborating with. He stressed that besides maintaining a true sense of honesty among all parties involved in the collaborative alliance, that the ultimate purpose of helping must be the main objective. As Systems theory highlights how boundaries play a significant role in governing and directing transactions between the institution and other social environments within a given system (Corey, 2004), which in this case is the Black Pentecostal Church. The type of boundaries that both Pastor Old School and Pastor Helper describe are clear boundaries, in which the communication and interaction between environments are strong, stable, and secure, but yet have space for flexibility for changes and interactions within the given system. This facilitates another concept in Systems theory called Morphogenesis, which enables growth, expansion, and positive change among the identified system, the Black Pentecostal Church. These experiences and perceptions of Pastor Helper show a connection with CRT, Yalom’s therapeutic factors, and Systems Theory as a Black Pentecostal Pastor. The third research participant will be discussed. A narrative surrounding his experiences and perceptions will be recounted, which will also explore concepts from CRT, Systems theory, and Yalom’s Therapeutic Factors.

**Pastor Profound.** The third participant, Pastor Profound, is a 70-year-old African American male who like Pastor Helper pastors one of the churches in the second largest Black Pentecostal church reformation (Hicks, 2001), C.O.G.I.C. His church is centered in the same city where he was born and raised, Detroit, Michigan. While growing up in the heart of Detroit, Pastor Profound attended the public school system where he graduated with a high school diploma. He did not attend college; however, decided to enroll in a trade program, in which during that time,
General Motors was training interested candidates to become qualified in a variety of positions. Pastor Profound was trained as an electrician, where he served thirty-five years as a faithful employee for General Motors. In addition, Pastor Profound continued venturing out, landing an opportunity to work part-time with an engineering firm, where his responsibilities consisted of building car parts for not only for the United States, but for other countries as well. Although he was successful in the career path chosen, one of his greatest accomplishments began during his youth, where he was called to the ministry at age thirteen. Simultaneously, he served as the Youth Pastor during that time, providing spiritual growth and development to the large group of young people within his church. After many years, he was ordained as Superintendent and the current church that he attended installed him as the officiating pastor after the demise of his pastor. To assist with his pastoring, he attended C.H. Mason Bible College; in addition to pastoral seminars and workshops that would contribute to his development as a pastor. It was these trainings along with his early start in the ministry that prepared him successfully complete thus far, twenty-nine years of pastoring, while continuing to push forward, expanding in his ministerial work. These experiences were discussed in further details; while at the same time, exploring experiences and perceptions with mental health and collaboration with mental health counselors.

It was a chilly Thursday morning, cloudy with no sounds of birds and barely any leaves on the trees. The wind slightly blowing, causing the branches to sway, the leaves on the grown to roll, and a cold chill that would make one’s hair on the back of their neck stand. There present, a large sized church building with the entrance located on the side, with steps proceeding to entryway. There standing in the glass doorway, an older brown-skin gentleman, short and stocky in built, unlocking the doors. He greets saying, “Good morning, I’m just one of the church deacons here to get the door for the pastor. I will show you to his office.” While walking through the sanctuary of the church, there was hardwood flooring in between each of the church
pews; red carpet leading from the back of the church, proceeding to down the aisle and up to the pulpit. There to the left of the pulpit sits an eight-piece drum set while on the right of the pulpit, a Hammond B-3 organ. Behind the pulpit there was an opening, in which the doorway led to the participant’s office.

There he stood, slowly walking from behind his desk; a man with smooth medium brown skin. He was short and stocky in built with a large stomach. His hair was black and neatly groomed; specifically cut low with a receding hairline. Long sideburns, leading down the side of his face but does not connect to his beard, which is a goatee that is predominately gray with a few strands of black hair. He has a full face with defined cheekbones that are evident when he smiles. Glasses with round frames that are outlined in black, matches his casualwear attire of black slacks with a black button-up collared shirt with tan colored lines forming a design, which made him appear distinguished. With a heavy and deep voice, it is with clear pronunciation and eloquent words he utters to not only provide a greeting, but to also begin the interview process.

Pastor Profound was recruited as a participant for this study by receiving information from an individual by networking. This is a similar sampling method that was implemented in a study conducted by Bowen and Moore (2014). The research participant received a flyer for the study from another pastor in the same reformation who he thought would be a good candidate for the study. With receiving the document for recruitment, Pastor Profound reviewed the information and decided to participate. This interview occurred face-to-face in his office, which was neat and well organized. During the interview process, he presented himself as very refined and very intellectual, which was observed by listening to how he articulated his words and his vocabulary usage. As he spoke, answering questions, his words were mystifying and flowing naturally like water flowing downstream in a river, but deep as the ocean’s floor. It was for these reasons the pseudonym Pastor Profound, a representation of his personality and conduct. However, throughout the interview, Pastor Profound tone of voice and demeanor would change
depending on the question being asked at the given time. For instance, when he was disclosing information about his family, his tone of voice turned lighter and he appeared to smile more, especially while explaining how his family impacted his ministry. He emphasized having “brothers, cousins, nieces, nephews, step-mother, and children being involved in the ministry and that it’s good to know that they are there to back you up. They see that things get done” (Pastor Profound, personal communication, November 19, 2015). As he explained the roles that his family members play in the church to assist with the overall functioning, maintenance, and progression of the church, which are key components that are highlighted in Systems Theory that aid an identified system in both growth and stability (McRae et al., 1998).

In regards to Systems theory, the church where Pastor Profound presides, in order meet a variety of needs of seventy-five to one hundred parishioners, people have been positioned to handle certain responsibilities. He indicated that one of the needs of that he noticed was that the youth needed assistance in the areas of academics and goal setting. Therefore, his son and daughter-in-law, who are skilled and have degrees in education, have been appointed with the responsibility of working with the youth to provide tutoring, homework assistance, and planning academically for the future. There have also been assigned clergy members to specifically handle Bible Study for the older population attending the church. It was in this same segment that he iterated his awareness that in order to meet multiple needs, that he first had to be in tuned of what those needs were as well as understanding the existence of the different stages of learning of his church congregants. A systematic approach with individuals qualified to aid with meeting those needs had to work collaboratively to “provide accommodations in order that there are different teaching levels for everybody and all needs are met” (Pastor Profound, personal communication, November 19, 2016).
Another issue that Pastor Profound highlighted was his view of mental health, acknowledging that it is a problem that is constantly growing and needing to be addressed. He stated:

Mental health is a problem that we are facing more and more. In times, past, we did things a little differently, than perhaps, than things that are being done now. If we look at the Bible and study it closely, we are able to see where people experienced various illnesses. Personally, I believe some of those illnesses weren’t just physical, but mental too. So, uh exorcisms, prayer, laying on hands, and a series of various miracles alleviated those illnesses and problems. Today, I am able to that there are other fields and other things that we as pastors can do to help the people in the congregation (Pastor Profound, personal communication, November 19, 2015).

Pastor Profound continues by also elaborating that within latter years that he has been able to see a benefit in examining the works of professionals in a variety of fields that could assist in addressing the mental health needs of parishioners. He indicates the following:

I am seeing that there are other fields and other things that we can do; that counseling is not just related to the pastor himself. A pastor has to have a regimen of other people that can delve into the mind and the psychosis of people. So, recognizing that it goes hand-in-hand, one with the other, to make sure that people are diagnosed in the right way. Sometimes people, we pray, but we also need to teach others to seek professional help outside of the ministry per se” (Pastor Profound, personal communication, November 19, 2015).

His indication of encouraging his parishioners to go beyond the church system to pursue external mental health treatment demonstrates what Systems Theory calls open and clear boundaries, which is allowing flexibility and individuals to be autonomous when making decisions that will contribute to the improvement of their health. This is a different perspective than Pastor Old
School, whose boundaries are more closed boundaries, consistently encouraging the pastor as the main source to meet the mental health needs of his parishioners and allowing God to intercede, which is also mentioned by Systems theory (Kantor & Lehr, 1976). Furthermore, Pastor Profound elaborates on his perspective of mental health by discussing not only the prevalence of mental illness, but also its causes, such as “it is some of the things we aren’t eating, things we are going through, and situations that people have faced. Mental illness is there and it can’t be shoved under the rug because it won’t go away, but it must be dealt with” (Pastor Profound, personal communication, November 19, 2015). Similarly, he had the same view towards the term disorders, when he was asked to share initial thoughts of the term during the interview, stating:

Disorders are the same thing as, as mental health because we have disorders in our lives. Some of it is because of chemical imbalances, uh…different things that have happened to us. So, you gotta listen to people, see where they are, and see what needs to be done in their lives. We don’t just…. like I said earlier, we don’t just dismiss things because they got this and that, no. You have to really see. Sometimes you send them to doctors. Sometimes you send them to psychiatrist. You send them wherever to see what has triggered this disorder and see what needs to be done about it (Pastor Profound, personal communication, November 19, 2015).

Once again, his perspective of mental health, mental illness, and existing disorders is about is flexible, empowering church congregants to make the choice to seek treatment outside the church system.

Pastor Profound has learned to deal with people, specifically handling mental health issues, in his years of pastoring. In the interview, he discussed his methods for addressing the concerns of his parishioners, specifically providing examples of his experiences. One of the incidents was where he dealt with a parishioner that “some in the church and in his own family would call crazy, due to his behaviors, but I saw that he wasn’t crazy and I dealt with him in that
manner” (Pastor Profound, personal communication, November 19, 2015). Within this same example, he mentioned the techniques that he implements, which consist of “having a loving attitude, providing in-depth counseling, not leading into the antics of the individual, examples and information from current events, but that it also depends on what’s occurring at that given time” (Pastor Profound, personal communication, November 19, 2015). With the approaches that he used to assist this mentioned parishioner along with allowing God to do His work, the church member was able to overcome such obstacles and is currently pastoring himself. As Pastor Profound expounded how different methods are used at different times for different situations presented by the parishioners. “There are some things that I have had to address with some of the older congregants, where many of them are still psychologically locked into periods of slavery and harboring feelings about various injustices that have occurred in our society. These things affect our mental health” (Pastor Profound, personal communication, November 19, 2015). This statement made by Pastor Profound reflects the components embedded in CRT, such as the principle indicated by Cooper and Hawkins (2014) regarding the preservation of racial inequality in America. His experience with older church congregants and their psychological struggle of paradigms concentrating on race and oppression among people of color are yet relevant to today.

Regardless of the issues encountered by his flock, Pastor Profound allows God to lead and direct him, giving him insight to what is happening and intervenes when needed; however, according to pastor, there are times when times get crucial with parishioners, in which extra assistance is needed. He stated “I recognize my limitations. Because I have limitations, I don’t keep going; instead, I send them to someone of greater expertise, but I will recommend them to certain people” (Pastor Profound, personal communication, November 19, 2015). As he made this statement, he was emphatic and serious, appearing to be emotional as well as spiritually protective of his parishioners and with him they converse with. Although he is demonstrating what Yalom (1995) identifies as imparting information, which is beneficial for the psychosomatic
conditions of his parishioners; simultaneously, it reflects the concept of boundaries in Systems theory (Corey, 2004). Within his words, it was easy to decipher that not only are there external boundaries, but also psychological boundaries. Regardless, it is through Pastor Profound’s experiences that he realizes that collaboration with mental health counselors can be an asset, “due to them having a way of getting to the root of the problem and having a greater base to draw from” (Pastor Profound, personal communication, November 19, 2015). It was through his experiences within pastoring that contributed to his perspective of mental health and collaboration. The next participant also shares the same view and will be explored in the next section along with the participant’s attitude towards mental health and collaborating with counselors.

**Pastor Hard-Knocks.** The fourth participant, Pastor Hard-Knocks, is a 50-year-old African American male who resides in Detroit, Michigan with his wife, whom he has been married to for thirty-one years. Like Pastor Helper and Pastor Profound, he too pastors a church in the reformation called C.O.G.I.C., where he has been pastoring since 2004, which makes it eleven years. It was August 1996, when he was ordained as an Elder, which is currently the ministerial title that he carries. However, his ministerial journey dates back to October 20, 1993, which is the day he was called to the ministry. During this time, Pastor Hard-Knocks was recuperating after being shot. While being convalescent, he had time to draw closer to God by spending time in His Word. Within sharing this experience, he stated:

I was able to sit and read and reflect and it was then when I began hearing the voice of God. And through His Word, I got called to the ministry. Now, I got uh shot December 2, 1992. My son was eight months old. Uh, I got called…well; I became the pastor of this church twelve years later on December 2, 2004. So…it was…it was…. I thought I would be Chief of Police by now and I would have been because I was on the fast track in regards
to policing. But, He chose me to be a captain over God’s people (Pastor Hard-Knocks, personal communication, November 20, 2015).

This time that was allotted to him to recover, enabled him to become spiritually enhanced, having a deeper connection with Christ.

On a sunny Friday afternoon, where there were clear blue skies and a little hint of heat radiating from the sun rays. There placed in the middle of a residential street, a large sized brown bricked building, a church, with an Antioch cross at the top of church’s steeple. A long walkway leading to the entrance along with three steps for church members to climb before entering the light tan colored church doors. Around back, a side glass door, a man who was heavily built with a large stomach and widens hips, approximately average height with a medium dark complexion and black hair that appeared too had been recently groomed and tapered, was standing. As he opened the glass door, he greets, saying “Praise the Lord. How are you today?”, as he extended his right hand as a sign of fellowship. Pastor Hard-Knocks was dressed in business casual, consisting of black slacks a white collard dress shirt with accompanying black cufflinks. Over his shirt, he is wearing a casual vest that zips up the middle and has pockets on the left and right side near his hands. His shoes black shiny Stacy Adams; made of leather and has a slight squared toe in the front and a silver buckle located on the bridge of the shoe. While walking down the hall, it was noticeable that Pastor Hard-Knocks is bowlegged by the way his legs moved while walking. As we continued to walk, he suddenly points to his left, implying that this was one of the church offices that were available for the interview to occur.

Pastor Hard-Knocks received information pertaining to this study through networking. One of his family members saw the flyer, sharing the information with him, feeling that Pastor Hard-Knocks would be a qualified participant that could contribute a wealth of knowledge based on his experiences. Pastor Hard-Knocks was born and raised in inner city Detroit, residing with his nuclear family; his biological parents and four siblings. He attended and graduate from
Detroit Public Schools, where he received his high school diploma. After walking across the stage, the following fall he was enrolled as a full-time student at Ferris State University, where he first began majoring in avionics; however, was unsatisfied and had decided to switch his major to criminal justice. During his studies, he received a call from home where he was informed that his father had become ill. This news became a burden, weighing heavy on his mind, which resulted in him having an inability to concentrate; therefore, he left Ferris State to not only to assist with taking care of his father, but to also continue his studies closer to home, Wayne County College. Yet enrolled in his criminal justice courses, but at his new college, Pastor Hard-Knocks was unaware that his instructor was the inspector who oversaw the Police Academy. After being recruited by this instructor and passing all mandatory tests that was a prerequisite for the Academy, he was able to proceed, beginning October 7, 1984. With successful completion of the academy, it was in 1985 where he was a Patrol Officer at one of the precincts in Detroit. Due to an excellent arrest record, Pastor Hard-Knocks was “promoted Gang Squad for a year and then promoted again to Criminal Investigations where he served as an Undercover Operative for the city and surrounding areas” (Pastor Hard-Knocks, personal communication, November 20, 2015). These experiences with the police force served as part of his preparation for pastoring, enabling to learn to deal with a variety of people. He stated that:

Even in a uniform, there are certain things that you would never see, but when you working under cover, they don’t know who you are. So, you are able to walk into places and you are able to deal with people right at their level. You see, uh uh…the nakedness of people in what they do. And so, that, that allowed me not only learn how to deal with people and how to deal with whatever their issue was, but then it got me prepared for being a pastor or for being an Elder or for being just dealing with people in general (Pastor Hard-Knocks, personal communication, November 20, 2015).
With his copiousness of knowledge and involvement with the force; in addition to learning to deal with individuals that had drug addictions, tangled in the web of crime life, having strong connections to inner city life, and ascertaining the appropriate skills to even navigate issues related to mental health, the pseudonym Pastor Hard-Knocks was fitting.

Prior to serving in the role as pastor, it was during his time as an officer of the law and early stages of his ministry where he began to come into the realization that mental health issues not only exist outside the church, but inside of the church as well. Pastor Hard-Knocks mentioned experiences where he was on duty and had to deliver prospective patients to the psychiatric facility along with carrying the papers to have the individual admitted for treatment. He stated that:

The mental health issues of…. uh; I’ve had to commit people to the psych ward. I’ve had to uh, carry out…what it is…papers. That’s what they call it. You had to meet the man to get the papers. And so, I’ve taken numerous people for whatever reason uh, to the crisis center or whatever hospital they were supposed to go to. So, I’ve seen it on both ends of the spectrum, as a police officer and as a pastor (Pastor Hard-Knocks, personal communication, November 20, 2015).

However, he also specified an incident where while he was at the psychiatric institution delivering a patient, but noticed a member from his church there. He expressed this moment as “being one of the worst feelings that I have ever had. When I was taking somebody, I saw on the gurney someone that I knew from the church. So, uh, I’ve seen it. It’s an issue, so here we’ve address it” (Pastor Hard-Knocks, personal communication, November 20, 2015). This served as a stepping stone to examining what mental health was all about.

Pastor Hard-Knocks discussed his personal views on mental health and mental illness during the interview. His perspective of mental health are individuals that are needing a little tender love and care, which he indicates that was his nice way of saying that they need help. Like
Pastor Old School, Pastor Hard-Knocks believes that some individuals are affected at birth and not much can be done to assist individuals with mental health issues. He states:

Unfortunately, some people are born messed up, I mean mentally messed up. It’s nothing that they did or nothing that their parents did, but they’re hurt and have become damaged for whatever reason and the only places that they can live are in mental institutions. It’s because they are going to be a danger to society, or they’re going to be a danger to themselves. So, um….it happens (Pastor Hard-Knocks, personal communication, November 20, 2015).

As he discussed this, his body language mimicked the words that he had just stated. He threw up his hands and shook his head as if he was indicating limited hope for individuals born with mental defects and issues. He made sure to make it clear that this doesn’t occur because you aren’t involved in church, reporting during the interview that his old pastor had two children with mental health issues that were institutionalized. A serious tone of voice was presented as he shared this example.

As the interview continued, gaining an understanding of his perspective of mental health, Pastor Hard-Knocks made interesting statements about mental health issues existing during biblical times. “There were crazy people in the Bible” (Pastor Hard-Knocks, personal communication, November 20, 2015). He provided specific biblical characters that struggled mentally, which was evident by the decisions they made and behaviors those characters displayed. Similar to Pastor Old School, Pastor Hard-Knocks mentioned the man from Gadarenes that was breaking the fetters and the bands; in addition to being naked, screaming, and running through the tombs. He suggested that “the man among the tombs had a death wish and a suicide spirit because once the demons were cast out of him; they jumped into the swine and ran off the cliff” (Pastor Hard-Knocks, personal communication, November 20, 2015). Other examples he discussed was schizophrenia, bipolar, and depression, in which he states:
Schizophrenia and uh…. what’s the other one…. Bipolar people. You happy one second. You got that in the Bible. Saul was a Schizophrenic. He would tell Daniel…I love you…I hate you…. I love you…. I hate you. *(Chuckled)* So, yeah…. he had split personality. He did. It’s true. Elijah. Elijah was connected to God, but he was depressed. He told God to kill him. He said, ‘I’m done, I’m tired of this. I don’t want to tell nothing to nobody; I don’t want to tell anybody nothing anymore. I don’t wanna uh’…. He had just killed four hundred prophets, bad guy prophets, but, because the woman said ‘as the Lord liver, I will kill you as soon as I find you.’ He was like ‘I’m done so you might as well kill me.’ And then God…God was so much God that instead of letting him die, he still alive. He went up in a blaze of glory in a chair of fire’ *(Pastor Hard-Knocks, personal communication, November 20, 2015).*

His main point that he emphasized was that mental illness, disorders, and mental health wasn’t anything new and has been an issue existing for decades; however, it has just been overlooked. Another main point that he made was that “I believe that when we talk about it mental illness and disorders that it’s demonic in origin. That’s what the devil does. He torments our mind. He comes to torment your mind. So, if your mind is tormented, the person needs to be delivered” *(Pastor Hard-Knocks, personal communication, November 20, 2015).* This aligns with literature by Trice and Bjorck (2006) whom suggests that Pentecostals view mental illness and mental health as the infiltration of the devil on an individuals’ mind. As he elaborated on his personal views on mental health, he would chuckle, use Ebonics, and would put the biblical stories in terms that were easy to understand so aid in representing what he was saying. Nevertheless, this did not take away the seriousness of the issues that he would express, especially as it related to his firsthand experiences and his personal beliefs.

While pastoring he has seen his role as a leader, but also a useful tool for providing counseling to parishioners. This is a role identified among pastors that was also identified in the
literature (Adkison-Bradley et al., 2005; Allen et al., 2009). In counseling church congregants, he explained that the methods that are implemented are the same approaches are conveyed in the Bible. He expounds by saying:

I mean, I don’t do necessarily do anything different than what the Bible prescribes. Um, so…does it work? Yes, it works because I’m connected. Uh, I lay hands on the sick and they recover. So when I preach, I tell them that He says, ‘I was wounded for our transgressions, He was bruised for our inequities; he chastisement for our peace was upon Him, and by His stripes we are healed.’ And we are not just healed in our bodies, but we are healed in our minds, in our soul, and in our body. So, He came to touch the tri-part man that we are; mind, soul, and body. He can do it. If He can’t do it, then nobody else can do it (Pastor Hard-Knocks, personal communication, November 20, 2015).

Pastor Hard-Knocks reiterates that although these methods work, it is the connection to the name of Jesus that has to be established in order that it works. Additionally, he states further a time where he laid hands on one of his church members during the church service whose eye was shut. After praying for her, “the eye opened and she was able to see, but it’s because I’m connected” (Pastor Hard-Knocks, personal communication, November 20, 2015). As he shared this experience, he used words of conviction and sounded confident in God’s ability to heal. He highlights that this too can be done with individuals with mental health issues. Moreover, approaches mentioned by Neighbors et al. (1998) that are common among Black Pastors were prayer, faith healing, reading and quoting scriptures, attending churches and programs, and casting out devils are also methods executed by Pastor Hard-Knocks. He expounds by stating, “Uh…do they still do exorcisms? I’m sure they do. Um…do we bind the devil? Yes we do because that what we were taught to do…… So, do we do it? Yes. Do I do it? Absolutely. It’s part of God’s Word” (Pastor Hard-Knocks, personal communication, November 20, 2015).
Although he strongly believes in the power of what Trice and Bjorck (2006) identifies as divine healing, Pastor Hard-Knocks also believes that he is cognizant of when issues are beyond his scope of expertise. He mentions the spiritual gift indicated by Belcher and Hall (2001), the gift of discernment. Pastor specifies that it is:

God allows us to tap into whatever the problem is; He allows us to tap into it….Uh, the issue. And then, after we tap into whatever the problem is then we need to make the right referral. Some things are spiritual. Some things are natural. Some things are legal. Some things are uh (Long pause)…just, just general; some common sense stuff. But then, when you realize that this person needs more…you know…the pastor has to be able to humble himself too. Um, sometimes we know…uh, a person can get that position and they want to do everything. They want to do the mental health counseling, then they want to do the spiritual counseling. So…so sometimes you have to just say, well ok, this is out of my wheel-house. This is beyond my scope of expertise. So, I have learned to turn some things over to other people. Uh….so that they can, you know, handle whatever needs to be handled. But then, I do believe that God gives us insight to see… for the leader to see that it is beyond our scope so that we can turn it over to somebody else


In order to refer parishioners to capable and competent individuals, he conveys how vital it is for the church to have programs and connections in place to assist parishioners when issues related to mental health transpire. By implementing programs that target mental health and making connections with others in the community, this aids in the facilitation of the referral process. This is one way that Pastor Hard-Knocks becomes knowledgeable with external resources that are mental health related and beneficial to his parishioners. In regards to Systems theory, this represents an open system, projecting fluidity in communicating with professionals both inside and outside the church system. With such flexibility within his church system, it also
demonstrates the morphostasis, where the system strives for stability (Steinglass 1987), which in this case a combination of spiritual and mental stability among church members. However, it is within this same demonstration where morphogenesis occurs, where quality professionals are positioned to combat mental health concerns and an array of other needs within Pastor Hard-Knocks church system. This enables his church to not only remain functional during times of crises among parishioners, but also enables his church system to progress and growth. In addition, this example exhibits the concept interdependence, which is also in Systems Theory (Whitchurch & Constantine, 1993), where in this church system they are dependent on one another in order to navigate successfully through emotional and psychological distress. Pastor Hard-Knocks indicates depending on God, but also depends on professionals in his church that are social workers, psychiatrist, doctors, and nurses to aid working collectively as well as doing their part to confront the mental health needs of parishioners searching for help.

By integrating a strategic plan and approaches mentioned by Pastor Hard-Knocks it reflects what McRae et al. (1998) views the church as a system; however, it can be deemed as therapeutic as well, based on the concepts developed by Yalom (1995). One of the factors mentioned by Yalom (1995), instillation of hope, is a concept that Pastor Hard-Knocks enforces. He highlights from both the pulpit and individual sessions with members that “it doesn’t matter what your issues is, there’s always hope. We have hope in Christ (Pastor Hard-Knocks, personal communication, November 20, 2015). His goal is to keep his members “Christ centered” and reminding parishioners that God can do the impossible. Another concept of Yalom (1995) that Pastor Hard-Knocks emphasized is how church members feel they are the only ones experiencing troubling times. He discussed his experience with a parishioner having financial difficulties and how it was beginning to affect his household. It was within this example where Pastor demonstrates universality, sharing with his parishioners when he was encountering a similar situation. Simultaneously, he illustrated cohesiveness, where his parishioner felt both a sense of
trust and unity with the parishioner, as well as imparting information, providing useful steps for
the parishioner to partake in to assist with beginning to resolve the presented issue. Both of these
concepts are derived from Yalom (1995). The next participant will also share his connections to
similar concepts as well as how his experiences related to CRT, Systems Theory, and Yalom’s
therapeutic factors.

**Pastor Activist.** The fifth participant, Pastor Activist is a 70-year-old male pastor to
engage in this study. On the day of his interview, it was a late sunny Sunday afternoon, cold and
breezy, with the wind blowing heavily. As one gazes to the right hand side of the street, one of
the busiest streets on the east side of Detroit, there stood a large white and sky blue church
building with six pillars. Cobbled stone steps led to multiple sets of espresso brown double
doors, serving as an entryway to the vesta-view, which is the area located outside of the
sanctuary. The vesta-view had cream marble floors, cream colored walls, pretty delicate lamps
and chandeliers. There, posted above the entry door was a painting of a calm water scenery that
produced a sound of streaming water and birds tweeting. A dark-skin woman who was slightly
above average height and medium built walks from another set of doors leading to the church
sanctuary who states, “Hello. How are you? Can I help you with something?”

After the woman was notified that the pastor was needed for his scheduled meeting, with
kindness and cooperation, she informed the pastor of his appointment. Subsequently, the pastor
was informed and the same woman led the way to a designated place to wait for the pastor.
Suddenly, a dark walnut wood colored door opened and in the doorway stood a tall man,
approximately six foot two, of a dark-brown complexion, and black hair with streaks of gray, not
only in his hair, but also in his goatee. He was dressed fashionably flashy, wearing a pair of dark
brown slacks with a cream colored collared shirt and solid brown tie underneath his mustard-
colored sweater with dark brown and cream argyle designs. His shoes, a shiny dark brown with a
cream colored accents on the front of the shoe, which coordinated perfectly with his sweater. On
his right wrist, a gold colored watch that shined brightly and on his left hand, an accompanying ring being worn on his middle finger, gold with a black cross in the center. On his left hand, he wore two gold rings; one being what looked like a solid gold wedding band on his ring finger, and the other being a gold pinky ring with a medium sized diamond to display a little bling. And his glasses, square frames outlined in gold, blended well with the color scheme of his attire. However, the most noticeable feature of Pastor Activist was his bright large smile that displayed all his white teeth. With such a radiant smile seemed to produce a heavenly glow, which contributed to an aura of friendliness, peace, and joy.

Pastor Activist introduced himself and began to generate a friendly conversation prior to the commencement of the initial interview. He illustrated a strong willingness to participate not only the day of the interview, but prior as well. He was recruited as a participant for this study through a listserv that listed the contact information of many Pentecostal churches in the United States. Upon receiving the email containing the details surrounding the study; in addition to the flyer, Pastor Activist immediately responded, not wasting any time to arrange a specific date and time to meet for the interview. His punctuality and passion to assist Black college students stirred an eagerness to serve as a participant, along with allowing this study to be a catalyst to not only share experiences with combating mental health issues with his parishioners, but also utilizing his voice to speak about both mental health and societal struggles that exist in the Black Church and the Black community overall.

During the beginning portion of the interview, Pastor Activist discussed his educational background. His educational journey began in earlier years in the public school system. He attended and graduated from Chasity High School in 1965. In order to further his educational endeavors, Pastor Activist decided to enroll in courses at Marygrove College located in Detroit, Michigan. He was able to obtain a certificate in Drug Abuse Training. Furthermore, his studies extended beyond the walls of the classroom and the college campus. He is a skilled baker, which
is a career choice that has been part of his family for years. He spoke about how during the fifties was the pinpoint in time when his family entered the baking business, attaining skills from their experience from Jewish bakers and bakeries. Pastor Activist developed the same passion as his family; therefore, he took the initiative to learn to measure ingredients, developing baking skills by learning to utilize confectionary products as well as learning to make custards, creams, and fillings. He also learned to create a variety of the traditional Jewish desserts. Other vocations that Pastor Activist pursued were serving as one the first Black recording secretary for a Jewish Union and then, Tool Grinding. However, his greatest training a work stems from his spiritual and ministerial calling.

His spiritual leadership began forty years ago in 1975, which was five years after he was called to the ministry. A heavenly decree was sent by God in January 1969, where encounter a crucial time in his life. God broke him down and it was during this time where “My wife and I separated and uh…I had an encounter with God where in that encounter with God, I really had a nervous breakdown actually, where I was aware of everything but I could not speak for almost a month. During that time, God gave me my mission” (Pastor Activist, personal communication, November 29, 2015). God had restored him, preparing him to do God’s work. He was baptized in Jesus name on January 7, 1970 and began receiving ministerial training under one of the original Apostolic reformations, where he was specifically trained as an Elder. By December 2, 1970 he was having his trial sermon. As Pastor Activist reflected on the earlier stages of his spiritual journey, he appeared proud of not only for what God had done for him spiritually, but also glad that God chose him to be lead God’s people. He was eager to share his trial sermon, which was “Wake Up! Do You Know What Time It Is? And indicated that the scripture was derived from Romans 13:11” (Pastor Activist, personal communication, November 29, 2015). He was so elated to share that he disclosed his reasons for selecting that message and quoted the scripture from verbatim. It was in this moment where one could see his passion and seriousness
for the ministry, which radiated through his smile and powerful words. He continued by elaborating on how God elevated him to a higher position and was later ordained by a Board of Bishops who deemed him qualified to serve as a Bishop himself. He was a Bishop for twenty years; however, is currently serving as the pastor and overseer over two Pentecostal churches, one in Detroit Michigan and second church in Darien, Georgia. He indicates how blessed his ministry is, enabling him to have been pastoring for forty years. He currently leads a combined flock of approximately two hundred members who are predominately African-American, consisting of individuals ranging from ex-gang members to doctors. Also, he has an abundance of youth involved in the church and whom he considers “the main operators of the day-to-day ministry” (Pastor Activist, personal communication, November 29, 2015). Additionally contributing to the church composition are deacons, mothers, missionaries, ushers, other church officiates and clergy, including his wife as his Co-Pastor and one of his daughters as his Assistant Pastor. He continues to preach and teach the Word of God as well as working to address an array of needs of his flock, such as mental health. Due to his work and achievement in both the ministry and community, Pastor Activist obtained an Honorary Doctorate for Life Achievement from one of the most prestigious theological seminaries in the United States. Since attaining such an honor, his work has not stopped, but instead, he is continuing to empower Blacks in the community and in the church.

Over the past few years, the needs of the people have become greater. Pastor Activist mentioned that in his earlier experiences with pastoring and preaching. He mentioned how he learned through his experiences that there is a difference between the two and that these two major responsibilities can be conflicting if time is greater in one area, creating a vacancy in meeting the needs of the people. Pastor Activist uttered these words to provide an understanding of his thoughts:
I pastor now a lot different than when I first started pastoring at the age of twenty-nine. It wasn’t a lot…believe it or not, there were not a lot of pastors in their twenties; and so therefore, uh, I had to learn the difference between pastoring and preaching. There is a difference. Even though pastors preach, but uh, very seldom can they put the time into preaching in oppose to seeing after the needs of people. And sometimes, there can be a conflict; where a pastor gets more involved with preaching, then they don’t have time for the other part, like training, counseling, and building (Pastor Activist, personal communication, November 29, 2015).

After making the previous statement, he continued to emphasize on counseling and mental health. He perceived mental health and mental illness in a similar manner, which was seeing an individual being challenged. He iterated that when individuals face challenges, “they don’t learn at the same pace as others and dealing with things in life become difficult” (Pastor Activist”, personal communication, November 29, 2015). He specified that Depression and Bipolar as two challenges before elaborating on his perceptions of mental illness. He briefly states:

Depression is a part of mental health. And, uh, when you go into Depression and Bipolar, I believe that the person is challenged again and uh…and uh, many of times it’s a lot….It all depends if a person is…is born from the beginning and they have these challenges, but a lot of these mental illness I believe come from um….environmental…uh….where they were raised at and what was around them and how they came up. Traumatic incidents that may have happened in their lives and they aren’t able to process thoughts in a way that we say is a normal way and so, they may do something entirely different than we do. I believe mental illness (Pastor Activist, personal communication, November 29, 2015).

Although these are prominent disorders existing in society, there are other issues that Pastor Activist mentioned that creates a challenge for the Black Church and the Black community as a whole. He speaks passionately about the many issues faced by both African American men and
women, such as Black families encountering complications in their marriage, which is one of the reason he and his wife implement marriage counseling and classes as an approach to sustain the family. In addition, Pastor Activist highlighted substance abuse, illiteracy, lack of educational opportunities, lack of resources, which aid in contributing and maintaining of mental health issues as major concerns for both Black men and women. He indicated that these issues plaguing African Americans increases disparities between Blacks and Whites, which is a component CRT addresses. However, the major issue that serves as a factor towards mental illness and mental health concerns is incarceration. Pastor Activist made the position that:

The prison system is seventy-five to eighty percent Black. Then we have illiteracy among our Black young men and some of our women, who are more likely to graduate then our Black young men and then there are those that are substance abuse. And so, when you count all of that down, and then those who have a felony record….now, when you count all of that own, what is the actual working part of our population that we actually have? No wonder why prejudice and discrimination is on the rise (Pastor Activist, personal communication, November 29, 2015)

The words from Pastor Activist’s, “discrimination on the rise”, emphasizes how relevant CRT is currently, and aligns with the CRT tenet, that racism and discrimination is permanent. Pastor Activist continued, in which out of feelings of frustration, anger, and hurt he expressed how race preserving existing inequalities among our African American men and women, a principle of CRT (Cooper & Hawkins, 2014). “They look at you and they just see that you are Black. They don’t care how educated you are or what’s going on….it’s just legalized lynching” (Pastor Activist, personal communication, November 29, 2015). In addition, Pastor Activist mentions one of his experiences with one of his parishioners, who are currently in the process fighting the court system. He specified that:
This church member is a faithful member who takes care of the home, took care of her mother, and home life, but because the child found a pill at home and ingested it accidentally, they are wanting to charge her with second degree child neglect. They know it was a mistake, but they don’t care. They trying to make her plead guilty (Pastor Activist, personal communication, November 29, 2015).

He indicates that when issues arise similar to these with church members, he becomes a voice for the people. He reveals that he attends court to speak on behalf of his people; in addition to reaching out to community resources to assist with obtaining appropriate and proper justice. Due to his persistence and actions he takes to aid in the production of societal change for the Black people he serves, the pseudonym Pastor Activist was most appropriate.

Many of the thoughts shared by Pastor Activist reflect the societal issues and stumbling blocks that are present, in which he suggests, are hindering the progression of Blacks. Although these problems are present, with proper preventative steps, Pastor Activist believes that many of these issues can be avoided for Blacks. He focuses on Black men and conveys that with such societal constraints and barriers, that this aids in producing psychological damage, which will in turn manifest itself as Black men engaging in negative behaviors. He mentions that with taking early steps, at least one can be helped. He elaborates saying:

Psychological, mentally….there’s a problem. Depression can lead into mental illness if it’s not dealt with. And so, when you see all these crimes committed, you see…. these young men are depressed. They can’t get a job because in the past they made bad choices and bad decisions. But the key is catching them when they’re young. If we would have caught them at ten-years-old, nine-years-old and teach to them on their level…spend time…take them out and introduce them to the Art Institute...introduce them to other cultures….introduce them to things. And, it may not get rid of everything, but so what;
you never know who could have been helped (Pastor Activist, personal communication, November 29, 2015).

Other methods for combating mental health issues and the needs of parishioners, Pastor Activist iterates that when helping church congregants that we have to meet the individual where they are. He lined this approach with the ways of Jesus Christ, where He meets us and loves us where we are, but looks for the individual to progress. Another essential factor that is needed to effectively assist his parishioners with presenting issues is to “first establish a relationship or trust” (Pastor Activist, personal communication, November 29, 2015). He expanded that it is the trust that is established between both constituents that enables the parishioner to listen, to be open minded to the feedback provided, and ultimately make changes. The concept of feedbacks in Systems Theory refers to patterns of communication and interactions among individuals in the identified system (Veach, Nicholas, & Barton, 2002). When there is positive feedback increases the possibility of change; a change of behaviors that may be deemed as more conducive to the identified system (Veach et al., 2002). This same concept can be identified within the church system. Additionally, the sense of trust is representation of what Yalom (1995) calls cohesiveness, which is a therapeutic factor. When cohesiveness exists, it aids to the church system serving as a therapeutic outlet. Moreover, Pastor Activist mentions that when a major issue needs to be addressed and “it is mental health related, I discuss it before going into the root of my messages” (Pastor Activist, personal communication, November 29, 2015). Similar to Pastor Hard-Knocks, he also included that before the Pentecostal church labeled mental health and illness as a demon problem, but in actually it was that the Pentecostal Church needed to be more educated about issues and engaging in proper preparation to combat situations like mental health. Therefore, Pastor Activist stated “I want to make sure my people are educated, so I find pamphlets and information about depression and other stuff about mental health for members to take” (Pastor Activist, personal communication, November 29, 2015). The final approach that
was mentioned was the usage of the Word of God. Pastor Activist iterates that “the Bible is the manual and God is the manufacturer, so only the manufacturer can give you the manual on life” (Pastor Activist, personal communication, November 29, 2015). Using the Bible allows people to find the solution to all life’s problems along with maintaining an encouraged spirit. Pastor uses his Bible and God’s Word to steer him in the direction on how to empower, encourage, and aid in the facilitation of positive change.

In this same interview, Pastor Activist mentioned that he believes that there are certain situations that are “beyond my expertise”, which are the words he used. In his experiences with moments such as these, he has learned that he cannot and will not handle every situation. He perceives collaboration during these times is necessary. He uses the analogy of building this ministry like a hospital, where “all of us are working together for the good of the patient” (Pastor Activist, personal communication, November 29, 2015). This is representative of the foundation of Systems theory, where all parts in the system is handling their role in order for the system to not only function, but to also be productive. Regardless of what their role is, the goal is to help the parishioners in need, but it is vital that all parties involve “touch and agree to make sure we are all on the same page for the benefit of the member” (Pastor Activist, personal communication, November 29, 2015).

Although he only mentioned his experiences were only limited with collaborating within his church system, that he is open to external collaboration. He perceives collaboration as a priority. He mentions that it is time for all of community constituents to join forces for the greater good. He elaborates:

   It is important that the church community, the mental health community, the medical community, whatever; the law enforcement community all collaborate together for the common good of all of our citizens. For years, the Black church have played a very vital part of not only the African American community, but the country itself as a whole, but it
is time that the Black churches in the inner city take more of an important part in the 
welfare of our citizens in the community of where we have our churches. It is time that 
we ban together and begin taking it to the streets, instead of waiting for problems to 
occur. Let’s get it before it happens, and that includes mental health, crimes, and other 
issues affecting Blacks (Pastor Activist, personal communication, November 29, 2015).

Pastor Activist perception had changed from when he first entered pastoring, taking a new 
perspective of how the church handles mental health and how the secular world approaches it. 
Parallel to Pastor Old School, Pastor Activist admits to being a part of the “old Apostolic 
Pentecostal way” on how mental health is viewed; however, it wasn’t until he was challenged 
where he began to see the benefit of collaboration. He mentioned that a lot of times the church 
hones in on the spiritual composition of the individual, but he is now mindful that in order to have 
a quality life, that a more comprehensive approach is needed. Thus, “as long as there is a common 
denominator and common goals between me and the mental health counselor, with the goal being 
to help, I am open to collaboration” (Pastor Activist, personal communication, December 13, 
2015). This is once again mimicking the fluidity and the openness in boundaries that Systems 
theory discusses. The last and sixth participant will share his perceptions on collaborating as well 
as mandatory conditions that are to be considered. These experiences as well as experiences with 
pastoring, mental health, and personal perceptions of mental health will be explored in the 
following segment. Those experiences from this participant’s experiences will be related to CRT, 
Systems Theory, and Yalom’s therapeutic factors.

Pastor Bible Scholar. Pastor Bible Scholar, the sixth and final participant, is a 75-year-old 
African American male from the Midwestern region of the United States. On the west side of 
inner city Detroit, he is currently pastoring one of the Pentecostal churches in the reformation 
Pentecostal Assemblies of the World, Incorporated (P.A.W.) and holds the ministerial title as a 
Suffragan Bishop. It was on an early Wednesday morning, where hues of blue and gray
composed the sky. The sky filled with puffy clouds that were getting ready to burst, droplets of water slowly coming down one by one. Pulling up in a red Buick LaCrosse, windshield wipers, swishing from side-to-side, clearing the small amount of rain that had fallen, a man with of a light complexion begins to parallel park the vehicle. The driver’s door opens steps a tall man, approximately six feet and one inch, slightly heavy-set with low fuzzy looking hair that was predominately gray in color just like his full chinstrap beard. As he walked towards the white colored church doors, he looked distinguished in his casualwear. He was wearing a dark brown metallic colored suit with a polo shirt that was slightly lighter brown and a pair of black comfortable shoes that resembled a black Rockport casual lace up shoe. With his left hand, in which he wore his silver watch and gold wedding band, he pushes the black cast iron church gate back. He suddenly provides a greeting, “Good morning, praise the Lord! I’m just trying to hurry and get the door open before the rain picks up. I don’t want use getting soaked out here.”

After the opening the doors and walking in, he extends his right hand to provide a formal greeting. He walks swiftly, walking to his office as he indicated as the location for the interview. “Have a seat and we can get started”, he says while smiling, appearing enthusiastic about the interview. While getting situated, taking a glance around the participant’s office, there were cream textured wallpaper, and a few decorative accessories, such as a large beautiful round mirror. The office was neat and clean, organized with books placed in an orderly fashion way on the dark walnut bookshelf. Pictures of his family, wife and children, along with a medium sized brown vase with a pink flower adorned his desk, which is the desk he sits at comfortable in his cushioned chair. “Alright, are you ready?” and the interview begins.

The interview begins with an exploration of the participant’s educational and work experience prior to entering the ministry. Pastor Bible Scholar mentioned that his highest level of education goes as far as high school. Although he indicated having a desire to attend college, he changed his mind once he received negative rumors about the hidden agendas of the college
professors in that town. He stated that “I heard that the young people that went to school before myself….the professors were attacking them and changing their minds on what they had been taught as far as what the gospel was about” (Pastor Bible Scholar, personal communication, December 2, 2015). Therefore, with college no longer an interest, he decided to continue studying the ministry under the leadership of his father, who was his pastor at the time. As he continued to study God’s Word, he also supplemented what he was learning from his father with attending seminars throughout the years from other religious leaders and through the teachings that were provided through the reformation he is affiliated with, Pentecostal Assemblies of the World, Incorporated (P.A.W.).

Pastor Bible Scholar was called to the ministry roughly around the ages of seventeen to eighteen –years- old. He mentioned “running” from the Lord, trying to avoid his calling. He consistently tried to bargain with God as a form of resistance to avoid his spiritual path. He stated:

No, I’m not going to do that. I’m not going to do that. So, I resisted for (brief pause) it’s got to be for over ten or eleven years. Um…when God would not leave me; He would not let me settle down because everywhere I went they asked, ‘Are you a preacher?’ I said, ‘No.’ And, I resisted and I told the Lord, wait until I get married (Chuckled). I actually said it. I said, ‘Wait till I get married.’ I didn’t want young ladies chasing me because they saw a preacher, pastor in the future. And, that’s what I did. The Lord kinda backed off of me. It’s over ten or eleven years now; so over the years, I kept denying it. Well, I finally got married in 1969. (Brief pause) June of 69, as soon as I got married, honeymoon and everything and got back, the voice came and said, ‘You’re married now.’ (Laughing) I’m trying to figure out some way to bypass it now. I couldn’t get away (Pastor Bible Scholar, personal communication, December 2, 2015).
Finally after running for approximately ten years, he decided to answer the call, informing his pastor and beginning to discuss pastoring. His training for not only biblical studies, but also for pastoring stemmed from Bible class, being present in service, working alongside his pastors, and attending seminars that could assist with pastoral preparation. It has been over the years where he has grown, gaining a wealth of biblical knowledge and an array of skills that has aided him in his twenty-five years of pastoring.

In addition to his teaching, he discussed how influential his father was to him growing up and even as he transitioned into pastoring. He stated that his father was known as the “Godhead Man” due to having an in-depth understanding of who Jesus Christ is and along with a thorough understanding of the Pentecostal doctrine. As he discussed further, with passion in his voice, Pastor Bible Scholar began to explain the Pentecostal doctrine and the scriptures. He elaborated by quoting, providing biblical examples and parables, and showing books that explained the Pentecostal teaching. The more he spoke; he spoke with conviction and had a slight grin as if he enjoyed what he was talking about. It was the display of his enthusiasm for the Word of God, possessing the ability to examine the scriptures using a critical lens, and demonstrating biblical intelligence were the reasons this participant was provided with the pseudonym Pastor Bible Scholar.

Within his twenty-five years of pastoring, Pastor Bible Scholar has dealt with a variety of individuals as they entered the church door and into his congregation to be part of his flock. As he preached and taught them the soul stirring Word, he has also had the opportunity to assist individuals and families with an array of issues, with one being mental health. Pastor Bible Scholar perceives mental health as “Someone who is disturbed and one who really needs the Lord in their lives” (Pastor Bible Scholar, personal communication, December 2, 2015), but elaborated further in his second interview regarding his perception of mental health. He then began to
elaborate about his experiences with one of his parishioners who he identified as having mental health issues. He stated:

I have one family here who has a…I guess, the one is uh…somewhat retarded. But the relative that goes here at the church told me that this particular one... Um...who’s her sister-in-law, wanted to be baptized. She’s been here in church and sat through service and you could tell that she has some mental illness. What do you call it? Syndrome? (Brief pause to think) I think it’s Down Syndrome. That’s what it looks like it might have been. But she wanted to be….and she hasn’t been baptized yet. She’s been coming for many years. She asked one of my ministers could she be baptized. So, the minister came and asked me and I said, ‘Sure, she can be baptized, as long as she can follow orders and do what I ask her to do. She can be baptized.’ Sometimes people can be healed right there in the water. I’ve seen it when I baptized a man who had a demon in him (Pastor Bible Scholar, personal communication, December 2, 2015).

He continued to discuss his perspective of mental health, indicating that mental illness is similar in definition, but mentioned that there was a slight difference between the two terms. He mentioned that “mental illness is being disturbed not only in the mind, but also in the body and they need help. It is disorders when someone who doesn’t have control of their body or arms, and legs or whatever and to be honest, this can be seen as demonic” (Pastor Bible Scholar, personal communication, December 2, 2015). However, within the same segment, he stated something similar to Pastor Old School with individuals sometimes playing pretend, trying to be slick in order to gain something from the church. He provided an example of a young man who joined the church who had some behavioral issues, but indicated that it was the mother that really wasn’t too aware of his slick ways. He stated that “There are some individuals that are in need of help, but there are some people who are here and they be trying to be slick, like that young man. See, some people act crazy; they ain’t crazy, but they want to act crazy” (Pastor Bible Scholar,
personal communication, December 2, 2015). This aligns with the context of Detroit, where individuals feel as if they have to plot and scheme to progress or get their needs met, due to the barriers and challenges hinder African Americans from getting ahead.

Nevertheless, when these instances occur and there are church members who need assistance addressing mental health issues, there are certain methods that he implements. He discussed thoroughly about being able to hear as well as listen to the voice of God in order that he is directed to what to say. Pastor Bible Scholar mentioned being in the pulpit unaware of which parishioner is struggling with a particular issue at the time, but:

God will lead me in teaching to the congregation that which they need. I’ve also told uh, my congregation that sometimes when I’m preaching or teaching, it’s not because I know someone or something is happening, it’s a move of God’s spirit to move and preach on a particular thang (Pastor Bible Scholar, personal communication, December 2, 2015).

This was a similar approach that was also mentioned by Pastor Activist as a way for also addressing mental health and spiritual needs of his church congregants. Pastor Bible Scholar also provides scriptural readings for church members during challenging times, hoping that they will receive some spiritual encouragement. This aids in the creation of a therapeutic environment, which Yalom (1995) highlights. Additionally, he noted that he provides one-on-one counseling with individual members; however, when he is discussing relationship issues he stated that “it is beneficial that all parties involved in the relationship are present so a solution can be reached” (Pastor Bible Scholar, personal communication, December 2, 2015). Pastor Bible Scholar mentioned an example where he provided counseling to a couple where the giving in the relationship was uneven. He reported:

I had a member, a young lady, who was in a relationship with a young fella, but didn’t have the same type of romantic feelings for him as he had for her. I first spoke to her by herself and I told asked her if you don’t feel the same way then why are you still with him? Why
do you keep accepting his gifts? She said, well he wanted to give them to me. I had to tell her that she couldn’t do that! I told her that when you accept gifts from guys, they think they own you. You have to learn to say no and to find a way to break it off with him if you are no longer interested. If you keep doing that, you can get yourself hurt. I had to be frank with her. So, she wanted help with being assertive and telling him how she felt. I then arranged to meet with both of them to discuss this, stop it, and get it under control (Pastor Bible Scholar, personal communication, December 2, 2015).

He also mentioned trying to stay involved in the lives of his parishioners, especially when they go away pursue higher learning at the collegial level. However, sometimes the situations get difficult and they get into a bind. He provided another example of his experiences when counseling church congregants of the younger generation. He made sure to indicate that he provides counseling to them as well and that he treats them no different than the other church parishioners. Pastor Bible Scholar also highlighted that “regardless of who you may try to help, some are just resistant and want to do their own thing, so I have to just let them learn the hard way” (Pastor Bible Scholar, personal communication, December 2, 2015), which is his method for when he is having difficulty addressing issues with the church congregant.

Although formulating a collaborative alliance with mental health counselors or making the necessary referrals for external services are alternatives for parishioners having difficulty addressing mental health issues with parishioners, this has not been an avenue that Pastor Bible Scholar has explored. He noted having a lack of contact as well as information regarding mental health resources; thus, results to seeking the expertise of those around him, if he feels that they are capable of helping. He perceives collaboration as learning to utilize the individuals around you. He stated that:

God put people there for a purpose. If you have that ability to deal with those particular people when you come into the church, then you are to use that ability and whatever God
has given you to help the church. My sister is one of the individuals that I consult with because she has a degree in special education. That’s when you work with mentally challenged children. My other sister worked within social services and has experiences working with different ones, so I listen to them (Pastor Bible Scholar, personal communication, December 2, 2015).

This is a common theme among the other pastors and reflects certain concepts embedded in Systems Theory, such as boundaries, open system verses closed system and others. However, with the growing needs of the people, he indicated that he would collaborate with mental health counselors, but had provided conditions that must be met in order for the collaboration to transpire. Pastor Bible Scholar said:

Ain’t no point in me pretending as if I know everything because I don’t. I would collaborate with those who have that ability, especially if they are saved or is desiring to be saved. I don’t like to use a lot of help outside the church, unless I have to, but I try to collaborate with individuals in the church. But, if I’m going to work with mental health counselors, I would prefer if they are in the church and they have to have a sincere heart for helping God’s people. I have to know what they are up to and how they are planning to help the members (Pastor Bible Scholar, personal communication, December 2, 2015).

As he finished up discussing his openness to collaborate, the vibe was also given off that there was yet some hesitation. In addition, as he continued to speak during the interview, he perceived mental health counselors and specialists sometimes view church people as stupid, so they try to play games. He believes that often times church people or individuals who identify as religious and spiritual are misunderstood and perceived as naïve to the world. Although his point about being misunderstood by mental health professionals is something not only noted as a barrier in the literature among African Americans (Constantine et al., 2000), but it is also aligns with Belcher and Vining (2000) who suggests that due to mental health providers lacking the
necessary knowledge of the Pentecostal doctrine and how to implement their spiritual beliefs to assist with mental health treatment, counselors are stumped on how to make services most effective for Pentecostal clients. These are areas of concerns for Pastor Bible Scholar and an area of concern that should be considered.

Summary

Within the introduction of the six research participants, the provided a peek into the looking glass of the experiences of Black male Pentecostal Pastors. The overviews from the previous segment served as a channel for exploring not only how these experiences align with CRT, but also how these experiences are parallel with Systems Theory and Yalom’s Therapeutic Factors. Through this examination, it is suggested that components of System’s Theory and Yalom’s Therapeutic Factors can be associated with how mental health is addressed in the Black Pentecostal Church by Black male Pentecostal pastors. In addition, many of the participant’s experiences with addressing mental health issues with parishioners reflect some of the components embedded in CRT.

In the upcoming section, Table 3 aids in the facilitation of comparing and contrasting the demographics of the research participants and contribute to understanding of Black male Pentecostal Pastors with encountered mental health concerns with parishioners. The chart that is provided highlights the participants’ current age, number of years pastoring, current ministerial title, educational status, relationship status, church reformation, location of their church (i.e. city), range of membership size, range of membership age, range of membership educational attainment, and prominent mental health issues addressed with parishioners. Each of the participants met the criterion that was pre-established for the study, in which they were able to self-identify prior to their commencement for the research investigation. The information regarding the eligibility requirements has been identified within the introduction of the participants. This served as part of the foundation for analyzing not only the a variety of unique
experiences of the Pastors for addressing mental health concerns with parishioners, but also for exploring their perceptions of mental health and collaboration with mental health counselors as it all relates to CRT, Systems Theory, and Yalom’s Therapeutic Factors.

Demographic Trends

Black male Pentecostal Pastors were selected in order to provide both their personal involvements with the counseling parishioners regarding mental health issues and disclosing their perceptions pertaining to not only mental health, but also collaborating with mental health counselors for combating the needs of their predominately Black parishioners. Besides exploring the countless experiences and personal perspectives, this study recognizes and highlights the demographic information in order to examine how these demographics may factor in to their experiences and perceptions. The demographics that are included within this study consist of: 1) current age, 2) number of years pastoring, 3) current ministerial title, 4) educational status, 5) relationship status, 6) church reformation, 7) location of the church (i.e. city), 8) range of membership size, 9) range of membership age, 10) range of membership educational status, and 11) prominent mental health issues addressed with parishioners. The upcoming discussion is initiated with Table 3, which displays the demographics of each participant in chart form.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Current Age</th>
<th>Number of Years Pastoring</th>
<th>Current Ministerial Title</th>
<th>Educational Status</th>
<th>Relationship Status</th>
<th>Church Reformation</th>
<th>Church Location</th>
<th>Range of Membership Size</th>
<th>Range of Membership Age</th>
<th>Range of Membership Educational Status</th>
<th>Prominent Issues Addressed</th>
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<tbody>
<tr>
<td>Pastor Old School</td>
<td>75</td>
<td>49</td>
<td>Presiding Bishop</td>
<td>H.S. Diploma</td>
<td>Married</td>
<td>Apostolic Assemblies</td>
<td>Detroit, Michigan</td>
<td>100</td>
<td>0 to 77 years</td>
<td>Elementary to collegial level</td>
<td>Anger, Conflict, Depression, Marriage, Spiritual</td>
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<td>Pastor Helper</td>
<td>57</td>
<td>6</td>
<td>Superintendent</td>
<td>D.D. (Doctorate of Divinity)</td>
<td>Married</td>
<td>C.O.G.I.C.</td>
<td>Detroit, Michigan</td>
<td>50-75</td>
<td>4 to 88 years</td>
<td>Elementary to collegial level (i.e. bachelors &amp; master’s degrees)</td>
<td>Death, Depression, Grief, Social, Spiritual</td>
</tr>
<tr>
<td>Pastor Profound</td>
<td>70</td>
<td>29</td>
<td>Superintendent</td>
<td>Associate Degree</td>
<td>Married</td>
<td>C.O.G.I.C.</td>
<td>Detroit, Michigan</td>
<td>75-100</td>
<td>2 to 90 years</td>
<td>Elementary to collegial level (i.e. bachelors &amp; master’s degrees)</td>
<td>Academics, Depression, Marriage, Social, Spiritual</td>
</tr>
<tr>
<td>Pastor Hard-</td>
<td>50</td>
<td>11</td>
<td>Elder</td>
<td>H.S. Diploma with some college</td>
<td>Married</td>
<td>C.O.G.I.C.</td>
<td>Detroit, Michigan</td>
<td>100-150</td>
<td>1 week old to 97 years</td>
<td>Elementary to collegial level (i.e. medical and professional degrees)</td>
<td>Depression, DV, Family, Marriage, Social, Suicide, Youth</td>
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<td>Knocked</td>
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<tr>
<td>Pastor Activist</td>
<td>70</td>
<td>39</td>
<td>Overseer</td>
<td>Honorary Doctorate (Certificate in AOD)</td>
<td>Married</td>
<td>I.E.C.C.A.I.</td>
<td>Detroit, Michigan</td>
<td>200</td>
<td>0 to 80 years</td>
<td>Elementary to collegial level (i.e. medical and professional degrees)</td>
<td>AOD, Depression, Family, Marriage, Social, Suicide, Youth</td>
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<tr>
<td>Pastor Bible</td>
<td>75</td>
<td>25</td>
<td>Suffragan Bishop</td>
<td>H.S. Diploma</td>
<td>Married</td>
<td>P.A.W.</td>
<td>Detroit, Michigan</td>
<td>25-30</td>
<td>0 to 77 years</td>
<td>Elementary to collegial level (i.e. bachelors &amp; master’s degrees)</td>
<td>Depression, Grief, Relationship, Social, Spiritual</td>
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<td>Scholar</td>
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**Current age.** In analyzing the demographic information that has been collected, the current age of each participant was highlighted. The information proposes that four out of six (66.6%) of the participants age were in their early to mid-seventies. During this time in the lives of individuals, people have entered retirement, engaging in leisure and meaningful activities with family and friends. The participants in this study indicated that they have retired and are focusing on the ministry, specifically pastoring full-time. Pastor Profound was one of the participants that mentioned his transition from serving as an Electrician for General Motors for thirty-five years as well as twenty years for an engineering firm. Furthermore, Pastor Helper, although he is only fifty-seven-years of age, during the interview he indicated future plans after he reaches approximately sixty-two, which has been identified as the age to begin receiving retirement benefits (Social Security Administration, n.d.). Pastor Helper stated that “once I retire, I plan on going into the ministry full-time. I will be having day services and bible studies for the older crowd” (Pastor Helper, personal communication, November 17, 2015). With allotted time geared towards the ministry, this can assist with increasing not only the availability, but also dedicating more time to meet the mental health needs of their parishioners.

In addition, with many of the participants in this study, their age speaks volumes to their experience growing up in the Pentecostal denomination. Pastor Activist identified being a product of the “old way”, in which he referenced the traditionalism in the Pentecostal denomination. Some of the traditional ways include how to pastor, biblical teaching, and addressing illnesses and mental health, which factored into their developed perceptions. Pastor Bible Scholar is one of the participants that mentioned that many of his early influences regarding pastoring, preaching, and mental health derived from the traditional Pentecostal teachings he received. He indicated that as he “matured that he began to question those teachings and ask God for a revelation for things he was taught by his father”, who was also a pastor (Pastor Bible Scholar, personal communication, December 2, 2015). However, specifically in regards to mental
Both Pastor Hard-Knocks and Pastor Activist indicated that the old teachings in Pentecostalism deemed mental health issues as demonic in origin. Pastor Hard-Knocks and the rest of the participants ascertained knowledge on the importance of implementing the “old school” methods of casting out demons and binding the devil, laying hands, and praying until deliverance prevails. Many of these old school approaches remain as useful methods in present day. These approaches are prominent among the participants in their seventies; in addition to the participants being products of the traditional Pentecostal church; however, they are beginning to realize that more resources may be helpful as well.

**Years pastoring.** Four out of six participants have been pastoring for over twenty years (66.6%) while two out of six (33.3%) have less than twenty years of experience with pastoring. Pastor Helper, one of the individuals pastoring for fewer years, have been serving as a pastor for six years. However, his church reformation believed in his capabilities, enabling him to oversee the needs of two churches. His preparation and abundance of experience with addressing mental health needs, providing support and counseling stemmed from serving in the military as a chaplain. Pastor Old School is the participant who’s pastored the longest, forty-nine years. His rich experience and extensive training in the ministry assisted him in learning to deal with a variety of people and to discern the needs of his flock. He mentioned that although he lacks a college degree and any formal mental health training, God has equipped him, giving him a spiritual eye to see areas of concern for his parishioners. Furthermore, Pastor Activist, the participant with the second longest experience in pastoring (thirty-nine years) indicated that “pastoring is more than preaching, but it’s training, leading, counseling, and building and that you learn this through trial and error” (Pastor Activist, personal communication, November 29, 2015). Even though these words are of Pastor Activist, the participants within this study hold a similar view of the responsibilities of pastoring and are duties that are continuing to be upheld as they remain pastoring.
**Current ministerial title.** Each of the participants holds a ministerial title while serving in the role of a pastor. Three out of six (50%) of the participants have one of the highest and prestigious titles in the Pentecostal denomination, Bishop and Overseer. Two out of six (33%) are Superintendents while one out of the six (16.6%) is an Elder. As indicated in five of the interviews with the participants, elevation in ranking was due to not only to dedication and hard work in the ministry, but also to possessing qualities indicated in 1 Timothy 3:2 (New International Version) such as faithfulness, temperance, being respectable and hospitable, and for their strong ability to teach the gospel.

**Educational status.** All of the participants have obtained a high school diploma. After graduating from high school, two of the six participants decided to not pursue higher educational opportunities. One of the six that received a high school diploma was enrolled in a four-year institution, which built a foundation for his career in criminal justice. Although this participant, Pastor Hard-Knocks did not complete his Bachelor’s degree in this area, he mentioned in the interview that he has recently returned to school, where he has decided to major in religious leadership. One of the six participants has an Associate degree that resulted from early training in electrical work. Two of the six participants hold a Doctorate degree, in which in of the participants has a Doctorate of Divinity, while the other attained an Honorary Doctorate for Life Achievement. The same participant that holds the honorary doctorate also has earned a Certificate in Drug Abuse Training. With exploring educational status among the research participants, it suggests that their understanding of mental health and illness with an increase in education as well as how to navigate issues surrounding mental health. For instance, Pastor Profound mentioned attending workshops and seminars to remain aware of what’s occurring in our society in regards to mental health. Furthermore, Pastor Hard-Knocks makes an effort to become educated by connecting to mental health organizations, hospitals, and becoming engaged in community organizations to stay abreast of an array of health and mental health concerns that
African Americans are encountering. This facilitates opportunities to gain knowledge to better serve their parishioners when addressing mental health issues.

**Relationship status.** All the participants in this study reported being married. In the semi-structured interviews, no questions surrounding marital status were provided; instead, this information emerged from the beginning interview questions that focused on educational and work experience, early stages of the ministry, and questions with family being involved in the ministry. Each of the participants indicated how their spouse plays a specific role in assisting them in the ministry and/or addressing mental health issues with church congregants. Pastor Activist mentioned that he and his wife “teaches marriage classes at the church, in the city, and around the state, to help with building a foundation for strong marriages, especially in the Black community” (Pastor Activist, personal communication, November 29, 2015). Likewise with Pastor Hard-Knocks whose wife serves as a community liaison, searching for ways to bridge the gap between community resources and the church. He also indicated his church involvement with the local domestic violence shelter, where his wife oversees that interaction. He states:

My wife goes to the shelter where women have been in domestic violence. They call it the Empowerment Session. That’s what we call it because we cannot use religious things because they will lose their funding. So we had to find a way to empower them but not call it church. You can’t go in there praising and laying hands, and throwing oil on people and stuff, so we call it the Empowerment Session and we bring them lunch. They do affirmations and poetry; do things that focus on self-empowerment and self-esteem. Their goal is working to build up what’s been torn down in who they are. They finally opened the door for it because for years for years all we did was send materials, such as toiletries. We did all the blankets and sheets…. So finally, finally they said, I guess because we have supported them for so long, that it was ok for us to come on over. So, we do that
Empowerment Session to help them grow and it’s for their own mental health (Pastor Hard-Knocks, personal communication, November 20, 2015)

**Church demographics.** During each of the interviews, the six participants discussed the demographics surrounding their church. These demographics included their current church reformation affiliation; in addition to the church location, and composition of the church itself. Incorporated in the church composition are the membership size, age, educational status, and most prominent issues that the participants address with their parishioners. Although some of the participants were able to provide specifics in regards to their church demographics, an approximation and range was provided for some.

**Church reformation.** According to the Pew Research Center Forum for Religion and Public Life (2006), the Pentecostal church is one of the prevalent church denominations that have been drawing individuals under its membership. Both the Yearbook of American and Canadian Churches (2006) and Hicks (2001) identify Church of God in Christ (C.O.G.I.C.) as one of the Black Pentecostal Churches that has a fellowship that is consistently increasing. Three out of the six participants (50%) were affiliated with C.O.G.I.C. Participants, such as Pastor Profound and Pastor Hard-Knocks had early beginnings in this church reformation during their childhood. Pastor Profound elaborated in the interview about how at the age of seven-years-old his “step-mother was the individual who served faithfully as a Church Mother and was the individual who got us into holiness, specifically the Church of God in Christ” (Pastor Profound, personal communication, November 19, 2015). Pastor Hard-Knocks mentioned during his interview that his father was a pastor of one of the churches in Church of God in Christ. The remaining participants are affiliated with other Pentecostal reformations. While Pastor Bible Scholar is part of the Pentecostal Assemblies of the World Incorporated (P.A.W.), which in 2010 had approximately 1.3 million members (Pentecostal Assemblies of the World Inc., 2017). Pastor Old School and Pastor Activist have stepped out on faith and becoming head of their own Pentecostal
Reformation. Although these Pentecostal denominations may appear to not be as prevalent as P.A.W or C.O.G.I.C., they are yet not only upholding the Pentecostal faith and doctrine, but are working tirelessly to meet spiritual, psychological, and physical needs of their flock.

**Church location.** The churches of the research participants are located in Detroit, Michigan. Detroit is an urban area where approximately 82.7% of the residents identify as African American (US Census Bureau, 2010; Suburban Stats, 2014, 2015). In the heart of the city are a variety of places for entertainment and historical landmarks that not only draws tourists, but also contribute to individuals residing in the city. Besides the positive aspects of Detroit, there are an array of challenges that impact the Black community, such as high rates of unemployment, homelessness, violence, literacy, lack of insurance, trauma, and substance abuse and mental health issues. Although there are programs that are available, African Americans find themselves getting denied for much needed services. This contributes to the “city slicker” mentality, where Blacks are willing to lie, plot, scheme, and cheat the system to make sure their personal needs or the needs of their family are met. The Black church, although, a source of support, consistently lending a hand to assist those in need, find themselves being cheated by the “city slicker”, which contributes to the Black church being hesitant to help those outside in the community.

**Range of membership size.** The participants reported information surrounding the membership size of their church congregation. Most of the participants in this study categorized their size being medium, which ranges from fifty-one to three hundred church attendees, according to USA Churches (2014). Four of the six participants (66.6%) fall in this classification. Pastor Activist was the participant with the largest congregation consisting of two hundred members. Two out of the six participants (33.3%) have smaller congregations; Pastor Helper with fifty to seventy-five members and Pastor Bible Scholar having a flock ranging from twenty-five to thirty.
**Range of membership age.** Each participant provided an age range for their church membership. It was noted that a variety of ages from young to old exist. Although the ranges for each participant are close, being from age zero to late eighties, the participants provided clarity during the interview regarding this area of demographics. For example, Pastor Old School mentioned that “60% of his church is young people ranging from teenage years to their late thirties. I’ve always had a strong connection to young people because they see me as a father figure” (Pastor Old School, personal communication, November 17, 2015). Pastor Activist also elaborated on the demographics of his membership age, stating “I have a large percentage between the ages of twenty-seven and forty, and then the rest of them are a lot of youth. We only have a few older adults, but overall with this demographics, we are in a good position” (Pastor Activist, personal communication, November 29, 2015). On the other hand, Pastor Profound noted that he noticed a difference in demographics over the past few years. He mentioned that “Due to the economic situation of the city of Detroit, uh, there are no jobs. So, we send our youth off to college but them coming back is hard because of no jobs. But, we maintain with the next age group, which are the parents and older adults” (Pastor Profound, personal communication, November 19, 2015).

**Range of membership educational status.** Participants included in their interview the educational status of their parishioners. Two out of the six participants indicated that they have individuals with professional and medical degrees, while three of the six participants mentioned that there were members that have pursued educational endeavors at the master’s level. One of the six participants noted that he has individuals in his congregation that has completed high school and further the education at the collegial level; however, was unsure at which level. Pastor Activist emphasized the importance of his parishioners ascertaining an education. He stated that “Uh, we have people that have masters and doctorate degrees and then we have individuals that are currently striving for their GED because we really push education at this ministry. We
personally feel that that’s their way out of poverty” (Pastor Activist, personal communication, November 29, 2015). With taking educational status into consideration, this can have an impact with not only their understanding of mental health, but also how the participant’s parishioners cope during challenging times.

**Prominent mental health issues addressed.** On the regular, the participants are combating mental health issues that the members of their flock are encountering. One of the most prevalent concerns is Depression, in which each of the participants identified as a major concern. The second most prevalent issues addressed by five out of six of the participants (83.3%) were social issues (i.e. legal matters, unemployment, education, discrimination and injustices), followed by marriage and spiritual issues, in which four of the six participants mentioned (66.6%). Two of the six participants (33.3%) mentioned experiences addressing death and grief, suicide, family issues (i.e. child rearing and discipline), and youth (i.e. diversity, bullying, dating). Other experiences from the participants consisted of combating academic related problems (i.e. low grades, goal setting, career planning), relationships (i.e. dating and appropriate conduct), anger and conflict (i.e. among church members), domestic violence, and alcohol and drug related issues. Although the participants have not had any formal training, besides Pastor Activist who obtained training in alcohol and drug abuse, parishioners yet trust their pastor in assisting with personal matters, in which the participants implement counseling and spiritual techniques to aid their parishioners in times of need.

**Conclusion**

This chapter looked thoroughly at the six participants in this study through the usage of a narrative, which stemmed from the facilitation of in-depth interviews. This chapter provided an in-depth look at the experiences of Black Pentecostal Pastors in regards to their perceptions surrounding mental health and collaborating with mental health counselors. In addition, these pastors discussed experiences where they not only addressed mental health issues with
parishioners, but also mentioning approaches they have implemented and found successful during its implementation with their church congregants. These meaningful approaches employed by pastors will contribute to both literature as well as aiding to developing a meaningful framework that assist mental health counselors for successfully collaborating with Black Pentecostal Pastors when combating mental health issues among African Americans. In the following chapter, the questions that are derived from the semi-structured interview and the participant’s responses are explored. This will provide a gateway to examine the themes that emerged, which is the purpose of chapter five.
Chapter 5: Understanding Black Male Pentecostal Pastors

The purpose of this chapter is to examine and interpret the recorded narratives that were ascertained through in-depth interviews as well as observations of the six research participants. Patton (2002) states that within phenomenology, there is an essence to shared meaning, in which the essences are identified as the meanings that are mutually understood through a phenomenon that is commonly experienced (p. 106). Patton (2002) mentions that although each experience is unique to each participant, there are yet commonalities that are present, revealing the presence of a shared meaning and reality among others. In this chapter, the analysis is three-fold; examining the perceptions of Black Pentecostal Pastors towards mental health and collaboration; in addition to their experiences with addressing mental health issues with their parishioners. Each of these components are analyzed to explicate the shared meanings and commonalities that exist. This is displayed by providing a description of the themes that have emerged from both their experiences with personal encounters of mental health concerns with church congregants and their personal perspectives on mental health and formulating a collaborative alliance with mental health professionals. Vagle (2014) provides a method for analyzing such data, in which he suggests the whole-part-whole process analysis method. This approach is an in-depth review of the data in its entirety from multiple interviews to understand the phenomenon and its meaning. Through constant examination, themes emerge. Van Manen (2014) compliments the whole-part-whole analysis method with pairing it with phenomenological reduction, which is highlighting the words of the participants through the utilization of statements and quotes that will assist in gaining an in-depth understanding of the phenomenon present.

Through interviewing and observations, there are themes that have been identified. The themes are based on the perceptions and lived experiences of Black male Pentecostal Pastors as it relates to mental health, addressing mental health concerns, and collaborating with mental health counselors. The use of characteristics embedded in Critical Race Theory (CRT), Systems
Theory, Yalom’s Therapeutic Factors, and literature are used assist in the data analysis process. The following section discusses the mentioned findings.

**A Black Pentecostal Pastors’ Point of View: Can I Get an Amen?**

This section includes four major themes that encompasses the emergent sub-themes that stems from the perceptions of Black male Pentecostal Pastors towards mental health and collaborating with mental health counselors as well as the experiences of Black male Pentecostal Pastors in regards to combating mental health issues with their parishioners. The four major themes consist of: 1) Know Your Role, 2) Perceptions of Mental Health, 3) The Old Way Works, and 4) Collaboration on Mental Health. Figure 3 is an exemplification of the theme matrix, which indicates the four main themes and related sub-themes. The theme labeled as know your role incorporates sub-themes that materialized during the interviews with the participants while discussing not only their role and responsibilities and how it contributes to the church system when addressing mental health issues, but also how their role assists with addressing the barriers and injustices that their parishioners encounter. The second theme, classified as perceptions of mental health, is comprised of sub-themes that highlight the perspectives of the participants towards mental health, mental illness, and disorders. The third theme, entitled the old way works, elucidates sub-themes that emerged as participants discussed their experiences combating mental health and daily challenges of their parishioners. The final theme, Collaboration on Mental Health, included sub-themes surrounding personal views on collaborating with mental health counselors as well as the usage of internal collaboration within the church system and conditions for developing external collaborative efforts between the participant and counselors.
Figure 3. This illustration is the theme matrix that was created for this study and is comprised of the four major themes; in addition to the sub-themes that emerged from the data collected.

**Major Theme 1: Know Your Role**

The six participants within this study reported information that was contingent upon the interview questions. The questions that were asked generated responses surrounding the participants’ perceptions towards mental health and collaboration with mental health counselors; in addition to their experiences with addressing mental health concerns with their parishioners. The major entitled know your role emerged during the discussion that centered on their initial calling. In the midst of being called to the ministry, the participants received a mandate of their roles and mandatory tasks. It was also through their personal experiences with pastoring that each of the participants not only developed their personal definition of a pastor and the responsibilities that are consumed in this role, but also embraced the pastoral responsibilities instructed by their church reformation. In this section, themes target these roles as a pastor,
responsibilities, and experiences surrounding each. These roles and responsibilities aid in the functioning of the church system; in addition to meeting the needs of their parishioners. The three sub-themes that are included within this category include: 1) called to lead, 2) anointed to preach and teach, and 3) equipped to counsel.

**Called to lead.** The large portion of the participants iterated that in the midst of their spiritual awakening that they had been handed a mandate calling them to lead. This theme suggests that Black male Pentecostal Pastors define leading to include not only pastoring a flock, but it also incorporates leading by example (i.e. living what you preach; integrity), and being placed ahead of the line as the mouthpiece of God to tackle the daily struggles and mental health issues encountered by their church congregants. Historically, pastors have served as the frontrunners, leading not only from the pulpit by providing spiritual upliftment, but pastors have also served as leaders by utilizing their voice to advocate for the injustices and inequalities that contributed to the weight of oppression that is present on the backs of Blacks (Hardy, 2014). Literature emphasizes key figures who were pastors that fought for civil rights on behalf of the Black community, such as Reverend George Lisle, Dr. Martin Luther King Jr., Reverend Absalom Jones, and Bishop Richard Allen (Hardy, 2014). Likewise with Chism (2013) who references how Black Pentecostal Pastors, although were not prominent, yet suggests that the existence of Black Pentecostal pastors were influential in joining the political and social movement to assist with producing change in regards to the rights of African Americans. The efforts of Black pastors with leading indicate that Black male Pentecostal Pastors associate with the efforts of Critical Race Theory. The propositions and tenets that comprise Critical Race Theory (CRT) highlight the racial and social disparities; in addition, this same theory aids in breaking down the barriers surrounding race and its effect on marginalized groups (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014). Black pastors also realize how the concept of race aids to preservation of such inequalities, which is a major principle of CRT,
but are realizing that efforts are needed to address challenges surrounding race and rights of people of color. For example, Pastor Activist mentioned that:

We’ve marched the streets before for the lives of Blacks because we believe they mean something, but I find it also hypocritical that we are not still marching the neighborhoods when there are other issues we should be marching for. There is Black on Black crime that goes on around us every day. There are Black men and women that are incarcerated. There are Black families that have substance abuse issues, and families that are illiterate. There are Black people suffering from mental health issues and health problems, but have no insurance. Why aren’t we marching for this? We should be walking by the hundreds in the neighborhoods now and not just waiting for something dramatic or bad happens. Black pastors need to be continuing to lead marches like this as they did once before. Leading in the community and for our flock is what we should be doing still (Pastor Activist, personal communication, November 29, 2015).

Community advocacy efforts with pastors leading both physically and as an active voice of the Black community to address racial disparities and the lack of privileges among people of color should not be an effort of the past. With peaceful actions (i.e. marching the streets) and powerful words, are beginning steps to the preservation of Black advocacy, and are noticed as examples of preventative measures. When voices are silent, the increase of societal issues, increase killings of youth within the Black community, and the increase in barriers between people of color and their White counterparts are perpetuated. When voices are silenced and feet are no longer marching preventative measures cease and the cycle of oppression continues. It is seen that with the Black church centered at the heart of the community, it is the responsibility of religious leaders (i.e. pastors) to remain active in leading beyond the pulpit. This contributes to the holistic healing and growth of their church congregants and surrounding community.
Besides marching the streets, some pastors who have demonstrated leadership by utilizing their pulpit as a platform to address societal and racial issues plaguing African Americans (Hardy, 2014), similarly, Pastor Profound leads from the pulpit by sharing information that is vital to his Black parishioners. He stated that:

There are a number of issues that I cover that is affecting my Black parishioners and Black community as a whole, such as topics like health and mental health. As a leader, I use my voice to provide information and resources to the congregation. As a leader and pastor, that’s one of my roles and responsibilities. I discuss past events, current events, and I try to pull them together to show how these issues are relevant to what the church members are experiencing daily. There are some things that I have had to address with some of the older congregants, where many of them are still psychologically locked into periods of slavery and harboring feelings about various injustices that have occurred in our society (Pastor Profound, personal communication, November 29, 2015).

Both statements made by Pastor Activist and Pastor Profound aligns with the principle embedded in CRT regarding how the concept of race is what bolsters oppression and inequalities for individuals of color. The preservation of this principle enables individuals of color to remain subordinate to majority culture by illustrating that yet the needs and rights of minorities are minuscule and worth being ignored. However, participants, such as Pastor Activist and Pastor Profound embraces active efforts as part of the role as a pastor to assist with both addressing and dismantling the issues surrounding race and power or lack thereof.

Pastor Helper’s experience provides two perspectives with answering his call to lead. One of the experiences occurred earlier in his ministry while serving as a Chaplain in the military. Pastor Helper indicated by elaborating on leading that:

In the military, as I stated you know, I uh…worked along with two White Chaplains.

And uh…as I stated before, there were many Black soldiers there and to be honest, there
were social issues and things that were going on at that time, like racial tension at times and other social problems. The White Chaplains were unable to uh, relate to what the Black soldiers were going through. See, the experiences of Whites were different than the experiences of uh, Blacks. So, as a minister and an uh, individual who desires to help, I took the lead in addressing some of the soldiers’ problems. I was an outlet for them and I felt that as a leader in the military and ministry, it was uh my role to uh help (Pastor Helper, personal communication, November 17, 2015).

It is suggested that based on experience of Pastor Helper, he identified leading as part of his role prior to pastoring, specifically with the role he served as a minister in the military. As it was previous highlighted, it was within this experience that he demonstrated the tenet of storytelling from CRT. Through the utilization of this tenet, it enabled the Black soldiers that he worked with to finding their inner voice to share their personal struggles as a Black man in majority culture. This opportunity for storytelling that Pastor Helper demonstrated was a therapeutic outlet, modeling a few of the therapeutic factors established by Yalom (1995, 2005). For instance, the result of effective storytelling led to the instillation of hope. Through spiritual empowerment and integrating the importance of faith, Black soldiers were able to begin to look at life through a lens of optimism instead of pessimism. Another one of Yalom’s therapeutic factors that was displayed through this experience was the cohesiveness among Black soldiers. The experiences shared among the soldiers created a link that caused them to not only bond, but also a sense of universality and a sense of accountability for remaining optimistic. Catharsis or the outpour of emotion that emerged based on their personal experiences, another concept recognized as one of Yalom’s therapeutic factors that is suggested to occur with effective storytelling. With Pastor Helper facilitating an environment for inner healing, the soldiers under his care were able to release the emotional baggage stemming from societal oppression and daily challenges faced by a Black man. The “dropping off” of emotional baggage allowed the process of healing, growth, and
further self-understanding, which is another therapeutic factor established by Yalom (1995, 2005). The role of leading in Pastor Helper’s involvement as a minister in the military allowed some of the weight to be released from the societal and racial struggles that the Black soldiers often faced.

The second experience where Pastor Helper discussed his role to lead is current, serving as a pastor. He indicated that pastors are to also be effective leaders in the church by upholding the characteristics of leadership through their actions. Kouzes and Posner (1995) highlights five main qualities needed for effective leadership: 1) challenging the process to create positive change, 2) encouraging the heart, 3) inspire a shared vision, 4) empowering others to act and do, and 5) modeling the way. These same traits can be and are looked to be implemented within the church system, in which the pastor will be able to continue in the overall growth of the church. Pastor Helper explains how not only knowing his role knowing his role as a leader is imperative, but also how he demonstrates this role among his parishioners. Pastor Helper states:

It is within my role as pastor that I am a leader and as a leader, notice my words, as a leader (states slowly and places emphasis on this statement while simultaneously doing hand gestures) …you have to show those leadership qualities. I’m here to lead, but I can lead by loving you, and be firm in what I say and in what I do. You know (Pastor Helper, personal communication, November 17, 2015).

When asked during the interview to elaborate on what Pastor Helper meant when he stated having to show leadership qualities, he elaborated by specifying on what leadership qualities would be beneficial for a pastor in the Black Pentecostal Church. Pastor Helper states:

Uh…when I say leadership qualities, I am talking about being an example before others. As a pastor, you have to lead as I said by showing love and respect to others. Uh…you have to lead by living the life that you preach and teach about to uh…uh…your members. And, you know every pastor looks for their church members to do what we call kingdom
building and that is uh…. promoting the ministry and expanding the ministry of Christ. But, we have to realize that as a pastor, we have to help them with that by training them on what to do and pushing them to do the work. Uh…it’s important that we also just don’t expect our members to do all the work. We have to get our hands dirty too and help (Pastor Helper, personal communication, November 17, 2015).

Within analyzing the statement by Pastor Helper regarding the demonstration of leadership in the church, some of the actions mimic the characteristics for effective leadership suggested by Kouzes and Posner (1995). For instance, Pastor Helper mentions that he leads by example with showing love, respect, living a life of holiness, and working in the ministry beyond the pulpit. This illustration of leadership expressed by Pastor Helper mimics what Kouzes and Posner (1995) calls modeling the way. With modeling the way, the standards and teachings that are exuberated from the pastor are placed in motion, providing a visual for their parishioners to follow. Another example is when Pastor Helper indicates the goal of kingdom building, which is a shared vision within the church. By Pastor Helper training and pushing his church congregants to be active participants of the ministry, this mimics not only what Kouzes and Posner (1995) labels as inspiring a shared vision, but it also mimics other leadership attributes that they highlight in the literature, such as encouraging the heart and empowering others to act and do. Similarly, Pastor Hard-Knocks emphasized within his role of pastoring, that it is within his duty to lead in both the community and the church. Pastor Hard-Knocks provides an explanation of his role of leading by stating:

While serving as a police officer and then being a pastor, I felt that it was my duty to lead in the community and the church, even when I had retired from being a police officer, it is important in the ministry that the community where you live and interact know that you care and are active and first of all, know who you are and what you stand for. So, what I try to do is I lead in the community by attending community meetings to address issues such as crime, or mental health issues, or whatever topic that is being discussed at that
time. This is how I find out what some of the needs of the community are. I also lead by uh…promoting programs that we sponsor at the church and find ways to involve the community. So, like when we have health fairs, we involved the community surrounding the church and encouraging them to get information, get educated, and try to point out that the church is a place that cares not just about your soul but cares about all of you (Pastor Hard-Knocks, personal communication, November 20, 2015).

It is within the same interview that Pastor Hard-Knocks asserts that how he leads in the community is similar to how he leads with his flock, such as leading in his actions; being present and not only being aware of the needs of his church congregants, but also consistently taking a lead role in generating a plan of action to make sure the needs of his flock are met. Simultaneously, Pastor Hard-Knocks iterated that there are essential leadership qualities and standards that a pastor must exhibit. He states:

My father was a pastor and I learned from his ministry and about leading. The key thing about being called to lead is making sure that you lead with integrity. Whatever you say and preach whether it’s in the pulpit or out of the pulpit, you gotta make sure you are living what you are saying. That’s important. And uh, along with that is as a leader it is also key to realize the needs of your people and help meet those needs because that is what a leader does. And if the needs are something that is beyond you, then the Lord will always reveal that to the leader (Pastor Hard-Knocks, personal communication, November 20, 2015).

Besides Kouzes and Posner, Conyne (2010) also suggests functions of leadership, one being what he identifies as modeling appropriate behaviors. Although this has been identified in the context of group counseling, similar functions of leadership are transferrable to the church system, and align with the words of Pastor Hard-Knocks in regards to leading with integrity. The leader should be cognizant of the behaviors they display, making sure that they are leading by example before the church members. This can aid to parishioners in beginning to evaluate
personal behaviors as well as embracing new behaviors and skills that can be helpful in everyday life; however, church congregants will be most accepting of such behaviors if the leader or pastor’s words and actions are congruent.

Leading is an essential component of the ministry and is an important job that pastors must embrace as part of their role. During the interview, it was indicated that “leading is serious business” (Pastor Old School, personal communication, November 17, 2015). Pastor Old School hinted and elaborated more towards the spiritual side of leading a flock. Similarly, to Pastor Helper and Pastor Hard-Knocks, Pastor Old School stated:

When….when….it comes to leading as a pastor, you are responsible for the souls of your flock. You have to lead in teaching, preaching, training, and instructing members in the Word of God. But…. uh, it has to begin with the pastor. If the pastor ain’t living what he preaching and teaching, the people are going to look at him like he crazy and will begin to say to themselves what’s the point or he ain’t about nothing. It’s about leading by example. And another thing is, the pastor is supposed to cultivate the leadership within their church. One way the church grows and ministry expands is by training others to be leaders, but they have to be ready for it. Let me tell you something…. I learned through pastoring and being in the ministry that leading ain’t no joke. Leading is serious business (Pastor Old School, personal communication, November 17, 2015).

Within looking at the church system, identifying not only leading as a vital factor, but also promoting leadership is equally important. Pastor Old School suggested that as a pastor and leader in the ministry, that it is embedded in his role that for both the preservation and overall functioning of the church system, that cultivating leadership within the system is imperative. Systems Theory implies that in order for a system to be productive and function properly, that each element within the system must fulfill their role. This also aids in maintaining what Systems Theory recognizes as morphostasis, which is a sense of stability that is consistently achieved by
holding individuals within the system accountable for the roles and tasks that they are assigned to uphold (Steinglass, 1987). This aligns with the words of Pastor Old School when he discussed leading; specifically indicating that proper training for upcoming leaders is necessary. With pastors leading by example and providing teaching that is beneficial for skill acquisition, leaders within the church system will emerge and the ministry will flourish, due to individuals knowing their role and properly functioning within that role. Additionally, when each leader is aware of their role, they aid to the contribution of church system, enabling them to successfully meet the existing needs of the attending parishioners. By leaders fulfilling their duties, the church system will be sustained, secured, and balance, which is identified by System Theory as homeostasis (Brown & Christensen, 1999). McRae et al. (1998) emphasizes that mechanisms, a concept in Systems Theory also assists with the church system maintaining a sense of stability and functionality. Pastor Old School mentioned some of the leadership positions available in his church that are under his teaching and guidance that aids to the preservation of the church system. He stated:

I am the leader and pastor over this flock, but I have other leaders who I have trained under me. I have Deacons who I have trained to pray and minister to the sick. Elders are in charge of the Brotherhood. We have a Youth President who provides programming and teaching to the young people…but uh, before they could get in those positions and work, they had to be trained. Remember, uh…..uh…..pastoring is about leading but cultivating leaders too. If we don’t cultivate leaders….uh, the church will uh, fall and lack (Pastor Old School, personal communication, November 17, 2015).

Like the Deacon’s Board as Pastor Old School mentioned, examples of other leadership positions within the church system that was identified in the literature by McRae et al. (1998) were the Usher Board and the Choir; however, other areas of leadership also includes, Mother’s Boards, Missionary Board, Administrative staff, and an array of others. Systems Theory would identify
these auxiliaries and other leadership positions as subsystems (McRae et al., 1998). These positions are also hierarchical (Minuchin, 1974), with the head of the leadership being the Pastor.

Equally with Pastor Bible Scholar, who identified being called to lead, also took a biblical and spiritual perspective when examining his role as a leader in the church. He stated:

When you are a pastor that mean, you have been called to lead God’s people, but people have to know when God is calling them. The bible says in Hebrews in the fifth chapter that ‘No one takes this honor upon himself, but he who is called by God’. So, you have to know when you are being called to lead. And….and….once you are called to lead, the pastor leads his flock like a shepherd leads his sheep. And….and…. like a shepherd feeds its sheep, the leader will feed his flock knowledge and understanding, like it states in the book of Jeremiah 3:15. The bible instructs and tells us pastors how to lead, and as a pastor, I must do what the Lord is instructing in His Word. As a leader…. uh, uh…. uh, it is my duty to speak the Word to my flock and to live before them the life that God requires. What do you call it...? (Brief pause) being an example of the life and ways of Christ before them. They have to see it in the leader. When you lead, you have to give guidance. The Bible says that ‘without guidance the people will fall.’ Now (Chuckles) I will be honest, everybody isn’t going to want the guidance that you are trying to give them, but as a leader a pastor responsible for their souls, you have to yet give guidance (Pastor Bible Scholar, personal communication, December 16, 2015).

As many of the other participants, Pastor Bible Scholar elaborates on his view of leading and how he displays leading. Pastor Bible Scholar gives a biblical perspective and makes reference to a shepherd. Biblically, shepherds are individuals who are meek, humble, attentive, nurturing, protective, and have the ability to lead. Often times, pastors are personified as shepherds, and the chief shepherd is personified biblically as being Jesus Christ. However, pastors are to display the characteristics of Christ as they lead their flock, which are the parishioners in which they are
spiritually responsible for. As Pastor Bible Scholar hinted towards, the scriptures highlight key duties of the shepherd, such as leading, guiding, protecting, feeding, nurturing, but also laying down their life for their flock of sheep. These same duties and the role of the shepherd, which is biblically indicated as qualities of a good shepherd, are to be reflected in the actions of pastors (John 10:11, New King James Version; 1 Peter 5:2-4, New King James Version).

Leading and being called to lead is suggested to be one of the major roles of pastors. The trend that is streaming, connecting participants within this study in regards to leading, is the essence of being able to model actions that align with what is being taught and preached to the congregation from the pulpit. The other trend is the principle of how critical leading is and how it contributes to the overall functioning of the church system. Without knowledge, understanding, and guidance, which Pastor Bible Scholar asserts to as part of being called to lead, the conservation of the church system will be nonexistent and the parishioners of the flock will perish not just spiritually, but psychologically and physically they won’t be able to stand. It reiterates the basic fundamentals of Systems Theory that it is vital that each component within a given system, specifically the church system, must serve in the capacity or role they have been appointed to. Without the pastor lacking in his call to lead, system is unproductive and bears no fruit.

**Anointed to preach.** Like Systems Theory suggests, each individual within a given system must fulfill their designated role in order for the system to thrive. The preservation of the system and its growth is dependent on the contribution of each particular within the system. In the church system, another essential role that was also iterated by the participants within this study was not only having the ability to preach the soul-stirring gospel, but also having an anointing accompanying the words that are being spoken from the pulpit. The term anoint or anointed have been biblically highlighted to be defined as being consecrated with oil, in which the oil is poured on an individual, usually accompanied by prayer or even laying on hands (Exodus 29:7, New King James Version; II Kings 9:6, New King James Version). According to
Exodus 40:9 (New Kind James Version), utilizing oil to anoint was a process of sanctifying something or someone, making it holy and acceptable unto Christ. However, the term “anointed” has also carried an alternate definition that is also biblically based, and often referenced to in the Black Pentecostal Church. Youngblood and Winn (2004) emphasize the communication patterns and spiritual symbolism in the Black Pentecostal Church in how it relates to religious socialization. In observing these patterns of behaviors and communications, the phrase “being under the anointing” emerged, in which Youngblood and Winn (2004) clarified its meaning as being endowed by the Holy Ghost, in which the individual is overtaken by Spirit of the Holy Ghost. In cases such as this, the individual engaging in the experience of the anointing has released the control of self over to the power of the Holy Spirit. When this occurs, the Holy Ghost is speaking and being exhibited through dancing, clapping, speaking in tongues, or preaching of the Word. It is suggested in this study by participants that the within being called to lead, that their role in pastoring also encompasses being anointed to preach, where a Rhema Word (i.e. direct word or message) is coming from the Lord to be disseminated to their parishioners. It was indicated by the participants that in order to be effective in their role as a pastor, that they must be anointed to preach, which aids to the contribution of hearts and minds being changed, yokes being broken, and people desiring to seek salvation. Pastor Old School accentuates how imperative being anointed to preach is by stating:

Pastors are called to preach the gospel and to trust God. But, know that the pastor got to be anointed. If he is not anointed.....the pastor not anointed, then he is helpless. When you are anointed, then God speaks through you and reveals things to you about your people, ya know your flock. When you’re anointed, you have discernment. When you are preaching, you have to have the anointing to be effective in the ministry (Pastor Old School, personal communication, November 17, 2015).
By examining this quotation from Pastor Old School, he affirms in his statement how essential it is for pastors to be anointed to preach. The term helpless was used as an adjective to describe the ineffectiveness of a pastor if he were to lack God’s anointing. Without the anointing, the pastor would be spiritually blind and deaf, unable to visualize God’s works and unable to hear when God is speaking in order that the correct messages can be conveyed to parishioners. Likewise with Pastor Bible Scholar, who has a similar perspective regarding being anointed to preach. He pinpointed that:

When you are anointed to preach, you are allowing God to use you as a vessel. That is exactly what I do, and what pastors are instructed in God’s Word to do. The Bible states in the fourth chapter of Luke, uh… I believe it is the eighteenth verse where it states that… (Long pause. Grabs New King James Bible and opens to the Bible verse referenced and reads the scripture) ‘The Spirit of the Lord is upon me, because He has anointed me to preach the gospel to the poor; He has sent me to heal the brokenhearted, to proclaim liberty to the captives, and recovery of sight to the blind, to set at liberty those who are oppressed; to proclaim the acceptable year of the Lord.’ (Pastor Bible Scholar, personal communication, December 16, 2015).

This scripture highlights being under the inspiration and the influence of the Holy Ghost, in which the Spirit will lead to do great works as Christ did, such as encouraging others, healing the sick, and providing upliftment to alleviate the burdens one may be carrying. This scripture that Pastor Bible Scholar mentioned aligns with the statement about being a vessel or instrument that God uses for His glory. Pastor Bible Scholar elaborated by also sharing his personal experience when God anointed him to preach. He indicated that:

I’m preaching from the scriptures, as God leads me to preach to the congregation. I’m trying to be the mind of God. He usually leads me while I’m preaching to address an issue when I don’t even know that there is a particular problem. He’ll lead me in
preaching to the congregation that which they need. I’ve also told uh, my congregation that sometimes when I’m preaching, it’s not because I know someone or something is happening, but that it’s a move of God’s spirit; His anointing that moves on me, so I begin to preach on a particular thang. Most of the time, I find out later, that what I preached on was what somebody needed. That’s like being connected to the mind of the Lord. Matter-a-fact, I had a sister come here one time a few years ago. She said, ‘I don’t know what got ahold of you but I gotta talk to you.’ I said, ‘Ok…you have to talk to me? Ok, then what’s the matter?’ She said, ‘The way you preached today, somebody must have been talking to you.’ In other words, she thought that one of the other church members had come to talk to me about her. I said, ‘I have no idea what you’re talking about, but if you think I preached on you, then you need to talk to the Lord.’ I said, ‘You need to talk to the Lord because I haven’t talked to anyone and I have no idea of what you speak of right now.’ What God gave me to preach, I preached having no idea of what’s going on in the congregation in that particular area. You know? (Pastor Bible Scholar, personal communication, December 16, 2015).

The experience that Pastor Bible Scholar mentions provided an example of being endowed by the Holy Spirit (i.e. being under God’s anointing) which allowed for a spiritual transformation to occur. With examining the text, one is able to see that the transformation that Pastor Bible Scholar encounters allows him to step out of self and embrace the mind and Spirit of the Holy Ghost. While serving in the role as pastor, it is through preaching under the anointing that enables him to be directed to specific scriptures and to be in congruency with Christ, in which a revelation for parishioners is provided through the gospel being preached. Being called to preach under the anointing is less about creating excitement or conjuring up words that parishioners want to hear, but instead delivering the truth (i.e. Gospel of Jesus Christ) that will spiritually enable their parishioners to grow and change their hearts and minds to be more like Christ. By church
congregants being immersed in the anointing and Word of God, this can aid to releasing of spiritual baggage that have parishioners spiritually stagnated. This occurs as a result of the flow of the anointing.

As this occurs, this experience can mimic some of the therapeutic factors by Yalom (1995, 2005). For instance, Yalom (1995, 2005) recognizes imparting information as one of the therapeutic factors, in which knowledge or advice is provided from the therapist to group members. In this case, the pastor can be seen as the therapist who is imparting spiritual wisdom for growth and self-improvement to their church congregants. This information that is conveyed from the pulpit in the form of preaching, if embraced by parishioners, can lead to the production of other therapeutic factors being demonstrated, such as catharsis. Church congregants are able to outpour their emotions, crying out to Christ to spiritually help them with not only spiritual matters, but with life challenges faced each day. The gospel preached is then seen as a mood altering agent, where parishioners feeling once burden begin to be instilled with hope and increased faith, which is another one of Yalom’s (1995; 2005) therapeutic factors that would be demonstrated in a church setting. This also aligns with the biblical passage “Faith comes by hearing, and hearing the Word of God (Romans 10:17, New King James Version). Additionally, this is congruent with what Pastor Hard-Knocks emphasized about how crucial it is for allowing God to anoint him to preach in order to provide hope to his flock. Pastor Hard-Knocks indicates that:

My role as a pastor is to preach under the anointing of uh…of God, but it is through that anointing and the Word of God that I provide hope and inspire. You know uh, there are many people that uh….uh….come to church because they need words of hope in their spirit. You know uh, people go through things during the week, you know…uh, some people are battling finances and job loss and problems at home and I have even had members thinking about suicide because life can be rough. I’ve seen it. So when they
come to church, they are empty and their souls, and hearts, and minds need filled. So uh, my goal is to preach under the anointing to give hope to God’s people. It’s my job to let them know and uh get them to understand that we have hope in Christ when all else fails. I uh, let them know that they ain’t gotta kill themselves or stay depressed and burdened. So as their pastor I’m going to preach to continue to show them there is hope each day there’s life and I continue to ask God to anoint me to do that (Pastor Hard-Knocks, personal communication, December 22, 2015).

The words of Pastor Hard-Knocks are similar to other participants, specifically Pastor Old School and Pastor Bible Scholar, where he is allowing the guidance of the Holy Ghost; once again, taking on the mind of Christ in order to speak the gospel to provide parishioners what they spiritually need. By pastors operating in the role of preaching under the anointing, this creates a therapeutic effect, serving as a catalyst that provides empowerment, encouraging positive life changes as the Word serves as a mirror, enabling parishioners to catch a visual of the areas that may be serving as a hindrance in everyday life, both naturally and spiritually.

Although, as Systems Theory emphasizes on the importance of how each constituent within the system maintains their role in order for the system to remain productive, it is vital that Black Pentecostal Pastors continue to exercise their role, “anointed to preach”, it is also critical that with the numerous roles that Black Pentecostal Pastors execute, that pastors must have the ability to navigate between those identified roles. For a system to maintain and remain productive, pastors must know how to navigate between the roles of pastoring and preaching. Pastor Activist acknowledges his role to allow God to anoint him to preach, but also acknowledges that there is a time where he must switch out of the role of preaching into another role that he deems to be part of his responsibility, which he learned through his years as pastoring. He reveals that:
Being anointed to preach is important, uh, really important. You have to be able to tell the people what uh, the uh, words says, and give them hope but also tell them what God requires. But, uh, the thing is (pointing) allowing God to direct you in what to say. That’s the importance of being anointed; allowing God to speak through you. But, as a pastor you have to know when it is time to preach and when it is not time to preach. But like I said before, I had to learn the difference between pastoring and preaching because there truly is a difference. It is easy for us to get caught up in the role of preaching because it uh, can uh, be so gratifying and edifying, especially when the anointing is on you to the point that you just want to stay with that. But, as a pastor, there comes a time where you have to make that transition and say now I have to switch up and lead or train, or teach. It is important that you when to use which role you need to use when it is time to use it (Pastor Activist, personal communication, December 13, 2016).

Within examining the statement by Pastor Activist, it is reiterated on the importance of being anointed to preach; however, simultaneously he recognizes that for the preservation of the church system that as a pastor, he must know how to successfully navigate between multiple roles. Systems theory suggests that the whole is the sum of its parts and each part has a responsibility to uphold (McRae et al., 1998). In this case, Pastor Activist is identifying how pastors serve in multiple capacities, so he aligns with Systems Theory with trying to make sure his duties are carried out. The numerous functions that are displayed are interconnected with the other duties being executed by the other constituents within the identified system, church system. For example, if Pastor Activist preaches the soul-stirring gospel, parishioners become empowered, motivated, and inspired to do God’s will. This in turn enable church members to be contributors to the church, and overall, ministry of Christ. If Pastor Activist then transition into the role of a trainer, then he is bestowing knowledge to parishioners in order that they will become equipped to serve in the capacity they have been called to serve in (i.e. Deacons, Missionaries, Clergy,
etc.). This in turns create a consistent flow of acceptable patterns of behaviors, patterns of communication, and overall functioning within the church system. It isn’t just the fulfilled responsibilities of the pastor, although his role is centered at the core of the system, but it is the interconnectedness of all parts within the church system that provides a sense of homeostasis, or stability (Brown & Christensen, 1999). Morphostasis also occurs when the pastor, such as Pastor Activist, not only hold themselves accountable for upholding each responsibility that comes with being a pastor, but also holding others within the system accountable, due to each individual serving a needed role in the church system (Steinglass, 1987). All parts are interconnected, and pastors must know how to navigate between roles in order to assist the church in maintaining proper function.

Anointed to preach is an essential role in the church system and a role embraced by pastors and was highlighted by the majority of the participants in this study. Being anointed is being allowing oneself to be led by the Spirit of God in order to address the needs of one’s parishioners; in addition to aid in spiritual growth and self-growth. It is through the inspiration of the Holy Ghost that stems from the preached gospel where church members become transformed. This experience can serve as a therapeutic experience for personal distress that parishioners are facing; however, the pastor must be led under the power and anointing of God in order for this to occur. It is also important that although Black Pentecostal Pastors are anointed to preach as suggested by the participants in this study, it is was also indicated that pastors must be cognizant of when it is time to preach and when the time is present to serve in another capacity. By consistently being led by the Spirit, which was noted as necessary, Black Pentecostal Pastors can be productive in the ministry while simultaneously effectively meeting the needs to their church congregants.

**Equipped to counsel.** Counseling is a need that is present in the Black Pentecostal Church. Historically, it is noted in the literature that in general, the Black church was a place of
refuge, in which an array of needs were sought. The literature identifies that some of those needs centered on poverty and unemployment (Brashears & Roberts, 1996), financial matters (Billingsley, 1999; Canada, 2008; Farris, 2006; Hardy, 2012, 2014; Lincoln & Mamiya, 1990; Martin & Martin, 2002; Raboteau, 2001; Taylor et al., 2000), assisting with the preservation of the family unit (Constantine et al., 2000), and served as a catalyst that were the frontrunners for combating the racial tensions and injustices that were consistently facing the Black community. The literature also conveys that with other existing barriers that are highlighted in the tenets of critical race theory served as the driving force for African Americans seeking support from not only the pastor, but the church as a whole (Caldwell et al., 1995; Mattis et al., 2007; Neighbors, et al., 1998; Taylor et al., 2004; Young et al., 2003). For instance, storytelling is one of the tenets of critical race theory, according to Cooper and Hawkins (2014), in which it is iterated that storytelling is the modality where the experiences of oppression and racial injustices are shared. However, while mainstream society perpetuates the existence of such racial disparities and moments of oppression, the Black church and pastor instead facilitated empowerment and hope. With other tenets in Critical Race Theory (i.e. racism is permanent, interest convergence, critique of liberalism, and Whiteness as a property norm); in addition to existing barriers for Blacks (e.g. lack of insurance, distrust in the healthcare system, stigmatism surrounding mental health) the church began to mimic a counseling center, in which pastors began to address psychological and emotional distress. The literature even suggests that other than preaching and serving as spiritual advisors that pastors have embrace the role as mental health counselors (Adkison-Bradley et al., 2005; Allen, Davey, & Davey, 2009). Being equipped to counsel parishioners is a role that was also identified among the participants plethora of responsibilities. Participants accentuated that when being called to pastor, that God provides the wisdom and the certain skills to address the mental health needs of their church congregants. Pastor Old School mentioned that “who God calls, he qualifies, so when uh, uh, it comes to counseling, I am able to do it because God has
given me the wisdom to counsel” (Pastor Old School, personal communication, November 17, 2015). This statement suggests that God instills various characteristics that are needed to meet the diverse needs of His people, in which some of these qualities are spiritual. Pastor Hard-Knocks pinpoints that on one of the spiritual qualities that pastors have that enables them to be equipped to counsel. He states, “God gives us insight and uh, with insight, then God allows us to tap into whatever the problem is; He allows us to tap into it….Uh, the issue” (Pastor Hard-Knocks, personal communication, November 20, 2015). The spiritual insight that is instilled in pastors mimics what the literature identifies as discernment. The literature defines discernment as “the practices by which Pentecostals evaluate their leadings” (Belcher & Hall, 2001, p. 70; Parker, 1996, p. 14). It is through the usage of spiritual insight or discernment where Pentecostal pastors are gifted with the ability to recognize the challenges, both naturally and spiritually, and the origin of those challenges. Pastor Hard-Knocks mentioned the vitality of pastors having the gift of discernment and its usefulness in counseling parishioners. It is most valuable in counseling when pastors are able to hone in on the gift of discernment that God has placed in them to assist with getting to the heart of the matter that is the contributing factor for experienced distress with church members. This aligns and reflects the meaning behind what Pastor Hard-Knocks indicated when he stated:

When God gave me insight or uh….uh….a discerning spirit I should more so say, I didn’t really know how to use that gift until I started pastoring and counseling my members. Having uh, a spirit of discernment help me to spiritually see as an uh, pastor when I do counsel them. Because…..uh, one thing I realize with counseling is that people talk a lot, so with being able to uh, discern you are able to cut through all of the talk that people do. They may talk for an hour, but you have to cut through all those words that they say and really get down to it. It’s like a psychiatrist. You gotta really get down to what they are really talking about. If you don’t use that gift of discernment to help get through all of
what they are saying, it will be hard to help the individual and we uh, uh get stuck and end up going around in circles. You know? Because you know that there are some people who just like to talk and you can just go around and around and around and you end up dealing with the same person for years. So spiritual insight or uh, what many Pentecostal pastors say, discernment, it is definitely needed as a skill for counseling (Pastor Hard-Knocks, personal communication, November 20, 2015).

Similarly with Pastor Activist, who suggests that his ability to provide counseling to church members stems from his ability to not only have the insight to meet individuals where they are, but to also having the ability to display various characteristics of Christ (e.g. acceptance, spiritual nourishment, love) as well as possessing effective communication and listening skills. Pastor Activist specifically states:

As a pastor I have the capacity to uh, counsel because of insight and discernment. And let me explain what I mean by that. With the Holy Ghost and being a pastor, God gives you the gift of discernment for preaching, teaching, counseling, and just dealing with folks. But when it comes to counseling, as a Pentecostal Pastor, I have to use those gifts to find the person where they are just like Jesus Christ does. Christ finds us where we are, but then uh...uh...he doesn’t look for us to stay where we are. So I say this, uh...no matter how a person comes in, the first thing is to try to develop a relationship of trust... (Brief pause)...And, I try to meet them where they are and as they continue to talk, I listen to their words closely. I wait until they are finish and as a pastor counseling my members, I give them nourishment, trust, and I uh, assure them that I care. I take time with them. God gives me patience and that is important to uh, uh have as a counselor and pastor. And another thang...is uh, when you a pastor and a counselor, you have to also allow uh, God to speak through you and give you what to say. So when I am counseling my members, I know what questions to ask. I ask them when I’m one-on-one with them
‘what do you want? And do you want help in this area?’ In the end it’s about making sure that it’s a joint effort between me and the individual I am counseling…And uh, uh, regardless of what they say when I hear their response to the questions I ask, I’m not going to finger point, or judge them and I’m not going to put a fingerprint on their head and speak in tongues over them either. Counseling and talking is totally different than that. I give them counseling and I use my gifts from God to lead me. (Pastor Activist, personal communication, November 29, 2015).

Likewise with Pastor Helper who aligns with other participants in the study in relation to having the necessary preparation from God to counsel parishioners, he highlights insight as well in which God permits him to see the needs of parishioners, address those needs, and provide a sense of love and support. Pastor Helper stated:

When I am dealing with a member who comes with mental illness or mental health issues or any situation, God’s grants me insight as a Pastor so that I will be able to see what they need and uh, help them. Having spiritual insight, which is really discernment, is what’s needed and without it, counseling is not possible. You know. So, in using uh, those uh, gifts God has given me then I am able to counsel them and help them and you know, address their needs. But uh, along the way, you have to uh realize that you have to also exhibit love from God and let them know that no matter your condition that God loves them and that I as a pastor love them too. You don’t look down on them or try to just get away from them, but you know, you have to show them acceptance and love (Pastor Helper, personal communication, December 5, 2015).

Although Pastor Profound also indicates spiritual insight and discernment as a tool to be equipped with for counseling parishioners, he references it through the perspective of using the gift as a necessary component for preventative measures when dealing with the mental health needs of his church congregants. By examining his text, although aligns with the theme, being
equipped to counsel is gaining the insight from God to provide warning, specifically assisting parishioners from falling into traps that can spiritually and emotionally have them bound. He specifically says:

God, He gives us insight into what is happening currently and what is about to happen. God then will direct us and we should adhere to what He is saying to us. When we allow for God to lead us and listen to Him then He will provide us the words to speak, the approach and path to take so that we can keep our people from getting involved and caught up or even going off in a ludicrous manner because of poor decisions. As a pastor, I am able to counsel them in a variety of areas and making sure that they are flowing in the right direction (Pastor Profound, personal communication, November 19, 2015).

By examining these statements, gaining spiritual insight or having discernment from God has to be embraced in order that Pentecostal pastors hear God’s voice; however, it is most suggested that Pentecostal Pastors are receptive to His instructions on how to help parishioners. According to Pastor Old School, “God is the best counselor of all times” (Pastor Old School, personal communication, November 17, 2015), which means that God holds all of the best approaches that will provide holistic relief to the distress church members and individuals may be encountering.

Besides insight as an essential component for being equipped to counsel, participants also highlight the usage of basic skills that God have bestowed on them as Pentecostal Pastors for them to be effective in addressing both the mental health needs and the spiritual needs of their parishioners. For example, Pastor Hard-Knocks stated:

I counsel people in marriage. I’ve been married for thirty years, so I should be able to tell you something. Some stuff, as we all know is common sense, practical application, and then I use the Word of God. The Word has all the answers in it, so if you know the Word and combine that with experience and the gift of discernment, then you are equipped to
counsel because as Pastors that what we are doing when we counsel (Pastor Hard-Knocks, personal communication, November 20, 2015).

Experience is a key factor Pastor Hard-Knocks suggests, in which he has lived and encountered both joys and sorrows; therefore, when examining his text, his form of storytelling can provide guidance as well as a learned lesson to the parishioners he counsels. Pastor Hard-Knocks also suggested the usage of God’s Word as a vital piece of equipment for counseling. The Bible is referenced as the Christian’s roadmap for life, in which it provides answers to daily challenges confronted in life, while simultaneously providing multidimensional upliftment (i.e. encouraging the heart, mind, and spirit), instilling hope, and it provides wisdom, instruction for growth, positive change, and living according to holiness. This manual (i.e. the Bible) when integrated in counseling by pastors can begin to imitate a few of Yalom’s (1995, 2005) therapeutic factors. For example, Pastor Bible Scholar emphasizes the importance of using the Word of God in counseling by stating:

> When I counsel, I also instruct and talk in session with them. I give them the Word directly so that they see that it aligns with what I am telling them to do or should be doing. I give them the scripture because it shows them that it’s not me that they are disobeying or I’m not making this stuff up, but it states what they should be doing (Pastor Bible Scholar, personal communication, December 2, 2015).

As a parallel view is provided, the quote mentioned by Pastor Bible Scholar and Yalom’s therapeutic factors, during the session imparting information is being demonstrated. The difference is the setting. Although Yalom (1995; 2005) focuses on the group counseling aspect, the same concepts are applicable to the context of Black Pentecostal Pastors providing counseling to church members. It is through the Word of God that information is disseminated within session from the pastor to the parishioner, imparting new knowledge or to reaffirm what has already been known. Also, self-understanding, another therapeutic factor (Yalom 1995; 2005) can stem
through counseling and the implementation of the Bible within session with parishioners where the Bible can aid in the parishioner gaining clarity of personal behaviors and thoughts spiritually, which can aid in ascertaining a sense of transparency with everyday matters that are a challenge in life. Likewise, Pastor Old School felt passionate about being equipped with the Word of God and integrating it when counseling church congregants. He states:

See when I counsel you have to know what to say. You can’t sit there and listen to them and then you say ‘oh yeah, you right.’ You can’t do that. You got to tell them the truth. Ye shall know the truth, and the truth shall make you free. That’s the only thing that’s going to make you free. And you know what that truth is? It is the Word of God. You give them the Word because it will help that person from going back out there and doing the same thing they did before. I give them the truth in counseling, which is the Word (Pastor Old School, personal communication, November 17, 2015).

Within this study, participants discussed that part of their role is to provide counseling to their parishioners, in which they are confident in their abilities, due to being equipped with the necessary skills to combat mental health needs. For Black Pentecostal Pastors to have the capability to counsel is significant within the church system and must be executed to the extent that the mental health needs are sufficiently addressed. According to Systems theory, when Black Pentecostal Pastors are able to maintain clear boundaries while serving in the role as a counselor, it is suggested that dialogue between the pastor and the parishioner seeking counseling increases (Minuchin 1974), enabling the constituents involved to create not only a therapeutic alliance to address the presented issue, but it also enables them to produce a therapeutic environment where the Yalom’s therapeutic factors can emerge. As a counselor, Black Pentecostal Pastors will also be able to provide psychological boundaries, where parishioners feel psychological safe to express their emotional distress with a trusted individual within a system that they have a connection to. The previously established rapport and trust between church congregants and their
pastor serves as a factor for seeking the pastor as a primary source of support (Hardy, 2014). Additionally, Systems theory highlights the concept of homeostasis (Brown & Christensen, 1999), in which Black Pentecostal pastors can aid in the perpetuation of stability not only for the church system, but also for the parishioner that is seeking counseling as well. Black Pentecostal pastors are able preserve a sense of stability by upholding and incorporating the norms, beliefs, and values of the doctrine and spiritual modalities embedded in both the foundation of the church system and integrating those components to formulate a spiritual framework that will be effective in meeting the therapeutic needs and embraced by the parishioners. However, parishioners must be open to the guidance and positive feedback of the pastor, which Systems theory suggests the promotion of growth and achieving positive change, both within the church system and in the personal lives of the individuals. When individuals are able to maintain stability, it increases the likelihood for the church system to accomplish homeostasis and when parishioners began to successfully ascertain the skills learned through counseling, members are able to adapt to changes in both spiritual and personal life; in addition to enabling parishioners to become autonomous, from both a personal and spiritual perspective.

Although Black Pentecostal Pastors embrace the notion that the essential components for proper preparation for counseling as a pastor is comprised of spiritual insight or discernment, having rapport, displaying characteristics of Christ, personal experience, being non-judgmental, and providing the Truth, which is the unadulterated Word, the literature states otherwise. For instance, the literature emphasizes that with Black Pentecostal pastors lacking the appropriate clinical training, pastors are hindered in their counseling due to their lack of knowledge surrounding severe pathology, DSM diagnoses, and proper treatment for mental illness (Farrell & Goebert, 2008; Weaver, 1995). This cripples Black Pentecostal pastors in recognizing the symptoms that may be obvious to the trained eye. However, it is evident that there are some Black Pentecostal Pastors who have ascertained proper training. Brown and McCreary (2014)
highlights that at institutions that focus on theology have begun to integrate trainings of mental services and how to access resources linked to mental wellness; pastoral care. Yet, it must be recognized that not all Black Pentecostal Pastors or pastors in general attend the theological seminary, but are instead trained by other clergy and church officiates within their reformation. There may be benefits with having training within the church system; but, if the training lacks the inclusion of mental health, the cycle continues, causing a constant rotation of skill deficits for evidence based mental health practices, as well as being unaware of existing resources that may serve as value to parishioners who are need. This then causes the role of pastors as equipped counselors and its effects on the church system as a whole to be called into question. However, the answer to the question pondered rests in the perspective pastors have towards mental health. If pastors deem the symptoms and mental health challenges faced by their church members to stem from sin, demon possession or of a spiritual nature rather than symptoms caused by environment, trauma, chemical imbalance, or other unforeseen circumstances, their perception of what is necessary to be equipped to counsel as a pastor will be incongruent with the literature and instead, align with what the Bible emphasizes.

**Major Theme #2: Perceptions of Mental Health**

The second major theme established in this investigation focuses on the perceptions of mental health of Black male Pentecostal Pastors. This theme represents the participants’ experiences with mental health issues with their parishioners; in addition to an array of factors that contribute to the formation of their developed perceptions. This major theme is comprised of three analogous sub-themes: 1) It Ain’t Nothing New, 2) Helpless, Challenged, and Disturbed, and 3) Born vs. Acquired. The following section will provide a detailed exploration of the participants’ personal experiences with parishioners as well as teaching, Pentecostal doctrine, and trainings aid to the notoriety of the emerged sub-themes within this particular major theme.
It ain’t nothing new. This theme specifically encompasses personal views regarding mental health from the participants. The perspectives shared stems from their teachings, trainings and upbringing in the Black Pentecostal church; in addition to their religious and spiritual beliefs. This aligns with Belcher and Vining (2000), who suggests that the spiritual beliefs of an individual is influenced by their religious associations and the environment where the individual may partake in veneration or an expression of worship. The participants explored perceptions suggested that the existence of mental health related issues haven’t just commenced, but were instead always present. This is where participants believed that pathology contiguous to mental health existed during biblical times, which aligns with the literature by Belcher and Hall (2001) as well as Simpson (1915), who made this argument in earlier research. Sickness and multiple forms of illnesses (i.e. physical and mental illnesses) emerged as a result of Adam and Eve’s disobedience to God’s instructions (Belcher & Hall, 2001; Simpson, 1915). This is congruent with what Pastor Profound indicated, in which he stated:

Mental health is a problem that we are facing more and more. In times, past, we did things a little differently, then perhaps, than things that are being done now. If we look at the Bible and study it closely, we are able to see where people experienced various illnesses. Personally, I believe some of those illnesses weren’t just physical, but mental too. So, uh casting out demons, prayer, laying on hands, and a series of various miracles alleviated those illnesses and problems. Today, I am able to see that there are other fields and other things that we as pastors can do to help the people in the congregation (Pastor Profound, personal communication, November 19, 2015).

Similarly, Pastor Activist also asserts that psychopathology exist prior to recent years; however, the sophistication of terms for actual illnesses and its combination with specific symptomologies evolved as further research was conducted and as educational efforts advanced. The spoken
statement of Pastor Activist that is similar to the previous statement of Pastor Profound consists of:

Mental health is real. Mental illness and disorders are real and uh, it’s been around for a long time. To be honest, I believe it was around before now…uh…like when Jesus walked this earth. It’s just back then they probably didn’t know what to really uh…call it and it wasn’t until later where people began to uh label certain things with names like bipolar and uh schizophrenia. Uh, like I said, I bet some people in the bible probably had it, but was seen at that time as something demonic, but Jesus helped them by uh…healing them. We as Pentecostal pastors have to do the same and help our community and people in our congregations finding relief in Christ (Pastor Activist, personal communication, December 13, 2015).

This is the biblical lens that Black Pentecostal Pastors within this study look through, which aids to the development of their perception of mental health and how problems surrounding mental health are nothing new in existence, but was present among a variety of biblical characters. For example, Pastor Hard-Knocks mentioned that “There were crazy people in the Bible” (Pastor Hard-Knocks, personal communication, November 20, 2015). He elaborates by providing specific examples of biblical characters that suffered mentally and stating:

Schizophrenia and uh….what’s the other one….Bipolar people. You happy one second. You got that in the Bible. Saul was a Schizophrenic. He would tell Daniel…I love you…I hate you….I love you…..I hate you. (Chuckled) So, yeah….he had split personality. He did. It’s true. Elijah. Elijah was connected to God, but he was depressed. He told God to kill him. He said, ‘I’m done, I’m tired of this. I don’t want to tell nothing to anybody; I don’t want to tell anybody nothing anymore. I don’t wanna uh’…. He had just killed four hundred prophets, bad guy prophets. But, because the woman said ‘as the Lord liver, I will kill you. As soon as I find you.’ He was like ‘I’m done so you might as
well kill me.’ And then God…God was so much God that instead of letting him die, he still alive. He went up in a blaze of glory in a chair of fire (Pastor Hard-Knocks, personal communication, November 20, 2015).

Furthermore, during the interview, both Pastor Old School and Pastor Hard-Knocks recommended that the man from Gadarenes (i.e. Legion) displayed behaviors that warranted treatment for the pathological features he displayed. According to Luke 8:26-29 (New King James Version), Legion was identified as having demons, failed to wear clothing, and resided in the tombs instead of residential housing. With the level of severity in his symptomology, he was often kept under close watch, in which he had to be restrained (Luke 8:29, New King James Version). God recognized that Legion was an individual who needed deliverance, thus the demons that were in Legion were cast into the swine and as a result the swine ran off the cliff.

Due to this biblical character’s illness, Pastor Hard-Knocks suggested “the man among the tombs had a death wish and a suicide spirit because once the demons were cast out of him, they jumped into the swine and ran off of the cliff” (Pastor Hard-Knocks, personal communication, November 20, 2015). Likewise with Pastor Old School who mentioned the same biblical character as Pastor Hard-Knocks, in which is emphasizes that mental health issues isn’t a new issue that have been conjured, but existed during the times of Jesus. He states specifically:

Jesus ran into a whole lot of folk, but once he prayed for them… and… and put the power on them, they straighten up. Such as the man… you know uh…. he couldn’t even stay at home… He stayed at the graveyard… you know, Legion. And, didn’t no one want to go near him, but when Jesus came down, he recognized Jesus and Legion spoke to Jesus saying ‘Jesus though Son of David, why do you torment me before time?’ But, Jesus told him to hold his peace… cuz this day, you are going to be delivered and Jesus called that demon out of him… See, this ain’t nothing new. The demons was in folks then and the demons is in folks… and… and in some them people who you think are very normal, but
they ain’t. Some are just like Legion (Pastor Old School, personal communication, November 17, 2015).

Likewise with Pastor Bible Scholar, who appears to be in agreement with the other participants in this study, suggests that the Bible reveals that Jesus was confronted by individuals in need of healing, including both physical and mental ailments. Pastor Bible Scholar recalled a biblical scripture that he has studied before that correlates with his personal belief that mental health issues didn’t just emerged, but has been among the numerous concerns that Jesus dealt with. Pastor Bible Scholar stated:

Jesus was dealing with folks with mental health problems, physical problems and things of this sort since the beginning. Jesus was healing people with uh, such ailments. So uh, this is nothing new. Matter-a-fact, I know a scripture that might uh help. Let me grab my Bible again (Pastor Bible Scholar reaches and grabs his Bible again). Let me turn to the book of Matthew because the scripture I want you to see is in there. (Pastor Bible Scholar turning the pages to the book of Matthew) Alright, it is Matthew the fourth chapter and we are going to look at these two verses; the twenty-third and twenty-fourth. (Pastor Bible Scholar begins to read the two passages of scriptures) ‘And Jesus went about all Galilee, teaching in their synagogues, preaching the gospel of the kingdom, and healing all (Places strong pronunciation on the word all while pointing and stating the word. He looks up simultaneously) kinds of sickness and all kinds of disease among the people.’ Now the twenty-fourth verse says ‘Then His fame went throughout all Syria; and they brought to Him all sick people who were afflicted with various diseases and torments, and those who were demon possessed, epileptics, and paralytics; and He healed them.’ You see there (pointing in the Bible), it tells you right in the Word that there were all types of illnesses so that includes uh mental health stuff too (Pastor Bible Scholar, personal communication, December 2, 2015).
The perception of mental health, mental illness, and disorders have been in existence since the time where Jesus was physically present on earth, was a mutual viewpoint among five out of six of the participants, which is approximately 83.3%. When examining the perspectives of the participants, each seem to mention the term demonic, demon possession, or key biblical moments where mental instability occurred and spiritual relief or deliverance was needed. When reviewing the quotes, it subtly begins to highlight another perception that the participants hold, which is also suggested in the literature about how Pentecostals believe that individuals with a diagnosis of a mental illness or disorder is due to the infiltration of demonic possession (Mercer, 2013). In the literature it is noted that during demon possession, an evil spiritual entity is occupying the physical body and mind of an individual (Mercer, 2013), causing its manifestation to display behaviors that mental health professionals label as symptoms of severe psychopathology. Likewise with both Hammond and Hammond (2010) and Trice and Bjorck (2006), who explains that even the experience of negative emotions (i.e. anxiety, depression, paranoia, rebellion, stubbornness, bitterness, anger and frustration) is evidence of the devil or demon(s) present. This indicates that there is a spiritual war occurring within the mind and body of an individual; therefore, this perception is suggested to serve as a supportive indicator that spiritual interventions are seen as effective as Black Pentecostal pastors (i.e. the participants) combat the mental health issues of their parishioners.

With such concepts being ingrained in the Pentecostal teachings and doctrine, the perception of mental health is influenced by those teachings as well as perpetuated within the Pentecostal church system. Systems theory has a concept that focuses on the preservation of an identified systems norms, values, patterns, and beliefs. This concept is known as homeostasis. Black Pentecostal Pastors are positioned at the head of the church to not only model the accepted values, norms, and patterns of the Pentecostal Church, but to also implement them as well. They are also disposed to teach the beliefs comprised of the Black Pentecostal church and doctrine. As
Black Pentecostal Pastors carry out those tasks, it will ultimately aid to the preservation of those values, norms, patterns, and beliefs within the church system and will be embraced by the church congregants that have become rooted within the Black Pentecostal church system. The maintenance of homeostasis within the Black Pentecostal church is due to what System Theory identifies as negative feedback loops (Brown & Christen, 1999). Therefore, if the negative feedback loop is that mental illness existed in the Bible and mental illness is the possession of an evil spirit that torments the mind of an individual and that in order to combat this entity that spiritual approaches (i.e. casting out demons, prayer, praise and worship, laying on hands) by the pastor, this is the perception or belief being perpetuated within this system. However, the moment this belief is altered, in which pastors began to understand; in addition to becoming more knowledgeable about severe pathology and its etiology, pastors will be able to consult and make necessary referrals to assist that parishioner. This form of action is an example of a positive feedback loop and as a result, the system can grow and learn the necessary skills to assist with dealing with mental health issues effectively within the Black Pentecostal church system. As skill and knowledge acquisition increases, when there are shifts in the environment occur or become interrupted, the skills learned by both the pastor and the parishioners, they will be able to see that those skills are transferrable and can be used as challenges are encountered. As this new pattern continues, navigating challenging situations have the potential to occur successfully and this can also assist with remaining a sense of homeostasis within the Black Pentecostal Church, whether it is emotional, mental, or spiritual stability, this is the overarching goal.

**Helpless, challenged, and disturbed.** Besides the mental health perception of mental health related issues existed during the times of Jesus, another viewpoint also emerged. Within this sub-theme, participants within this study identified in some capacity that individuals who have problems with mental health are either helpless, challenged, disturbed, or a combination of these terms. This perception shared stems from their personal encounters where there were
parishioners whom displayed such characteristics, and/or based on the notion of the possibility of how debilitating mental health issues, mental illness, and disabilities could be to an individual, which could lead to being helpless. Pastor Old School states that “A person that is uh…uh…mental, he got to be uh…helpless in some manner. Whatever his condition is, he don’t understand…he don’t know how to uh…uh, express himself” (Pastor Old School, personal communication, November 17, 2015).

Besides Pastor Old School who viewed someone with mental illness as helpless, Pastor Helper also explains a sense of helpless that exist among individuals with mental illness, specifically identifying these persons as having an inability to function on their own. He stated:

When I think of uh mental illness, I think of someone needing help. They’re …needing someone to help them. They can’t function by themselves. (Long pause) They need help putting clothes on. They need help……. So… uh…mental illness is when someone needs someone to assist them. They have a lot of their faculties and functions, but needs someone to assist them; someone who doesn’t treat them like a baby…. Well….sometimes you have to baby them, but… you know (Pastor Helper, personal communication, November 17, 2015).

Pastor Bible Scholar made a statement similar to Pastor Helper, illustrating that individual with mental illness are not only helpless in function (i.e. physically), but used a separate descriptive, the term disturbed, to describe the mind of the individual. Pastor Bible Scholar mentioned:

Mental illness is being disturbed not only in the mind, but also in the body and they need help. It is disorders when someone who doesn’t have control of their body or arms, and legs or whatever and to be honest, this can be seen as demonic. But uh…someone really need the Lord in their lives (Pastor Bible Scholar, personal communication, December 2, 2015).
Similar to the Pastor Bible Scholar who used disturbed and the essence of needing help due to lack of physical impairment as his perception of mental illness, was Pastor Hard-Knocks, who’s perspective of mental illness is a person disturbed and needing a certain level of help. Pastor Hard-Knocks elaborates with his view by attempting to explain the complexity that can accompany mental health related issues. He conveys this personal view by stating:

See….uh, when I think of mental health, I would say that the person needs some help. To be honest, (Began to chuckle) I almost started to say crazy, but um…I’m not going to say that because uh….just because you have an issue doesn’t mean that you crazy. You know? It just means that you need some extra help. Um….The person is in some ways disturbed and troubled. Mental illness is trouble and it is hard to get through because uh, I hate to use this analogy, but nut. It’s like a Brazilian nut. It’s got a thick skin and then you got to crack it open with a hammer almost or something that can. And then, you have to be able to get to the flesh inside the nut. You got to dig it out with an uh….not a toothpick, but it’s a metal pick to pull all the stuff out of it. It’s not like a pecan. It’s not like a cashew. And so, it takes a lot of….a lot of work to get to what’s really at the root of the problem. But let me also say this. (Brief pause…drinks some water) I do believe that when we talk about it mental illness and disorders, that it’s demonic in origin. That’s what the devil does. He torments our mind. He comes to torment your mind. So, if your mind is tormented, the person needs to be delivered. So, yeah… it’s a lot (Pastor Hard-Knocks, personal communication, November 20, 2015).

Pastor Activist, another participant in the study, iterated his perspective of mental health; however, instead of utilizing terms, such as disturbed, he uses the descriptive word challenged; in addition to the term help, which is the common thread within this sub-theme. Pastor Activist explained his outlook on mental illness by stating:
A person that have issues with mental health uh…I would have to say that they are challenged. The reason I say that is because that person don’t learn at the same pace or have an uh more difficult time learning and coping with things, so it’s a challenge and they are challenged. This is when the person made need some help. It’s something going on in their life that’s not allowing them to do things like an ordinary person would do them; and so therefore, there’s most likely uh, uh an uh disorder there (Pastor Activist, personal communication, November 29, 2015).

Within examining the terms and quotes of the participants embedded in this sub-theme, the participants appear to be referencing to severe cases where the symptoms of a disorder can lead to an individual being attenuated both mentally and physically. Statistics highlight that a severity in mental illness is present, especially in relation to African Americans. For instance, the Center for Behavioral Health Statistics and Quality (2015) indicated in their results from the 2014 National Survey on Drug Use and Health that within the United States that approximately 9.8 million adults, which is 4.2% of the adult population, have a serious mental illness. Of the 4.2% adults that have a serious mental illness, 3.1% of the adults are African Americans, in which both men and women were included (Center for Behavioral Health Statistics and Quality, 2015). As indicated in chapter two, research suggests that 20% of African Americans are incline to be confronted with severe issues related to mental health (National Alliance for Mental Illness, 2015). The level of severity is based on the level of impairment and how it may negatively impact overall functioning in multiple domains (i.e. school, work, and social environment); in addition to the diagnosis rendered, and the symptoms along with its duration (Marsh, 2004). However, Ringeisen and Hoagwood (2002) emphasize how vital it is for individuals during the early stages of experiencing symptoms that early interventions are explored. With diverse treatment options, including effective therapeutic modalities and psychopharmacological methods, as well as incorporating external community support systems, the early measures of
intervention can aid to the overall treatment, healthy psychosocial development, and most importantly the reduction of symptoms.

Although early intervention and seeking mental health treatment is ideal, African Americans tend to not have the luxury of ascertaining the previously suggested methods of treatment. Insurmountable barriers (e.g. distrust in the healthcare system, misdiagnosed, lack of insurance) prohibit African Americans from accessing the mental healthcare that is needed. This realization aligns with CRT, in which this theory iterates the inequalities that exist for minorities (i.e. African Americans) in comparison to majority culture (i.e. Whites). Blacks lack power, privilege, wealth, which hinders them across multiple domains. This aligns with CRT tenet identified as Whiteness as a property norm (Cooper & Hawkins, 2014) because it is this tenet that emphasizes how powerless African Americans are in relation to Whites, who have access to the opportunities, such as financial opportunities and adequate mental healthcare, or even being able to have the option of having a therapist who is White and has had similar life experiences.

Another CRT tenet that relates to this existing issue is interest convergence (Cooper & Hawkins, 2014), in which Whites are aware of the economic struggles that are a challenge to African American families; thus, it is their attempt to assist in aiding in not only racial progression, but also attempting to display equality for Blacks and other people of color by developing solutions to target needs; however, this resolution must benefit Whites in some capacity. Therefore, a solution to addressing mental health needs is to implement programs that will aid Blacks in obtaining healthcare in order that Blacks can obtain mental health services. Although this solution in the eyes of many may be a resource that is beneficial, the better bargain is achieved by Whites rather than Blacks. In such a case as this, Sue and Sue (2006) indicates that Blacks will receive the shorter end of the deal, in which they will receive services that are inadequate services and culturally irrelevant, which contributes to Black clients being misdiagnosed and the reinforcement of an oppressive environment. This makes storytelling,
another concept of CRT (Cooper & Hawkins, 2014), difficult, leaving Black clients continually oppressed and burden rather than empowered and accepted. As the cycle of inequality is perpetuated, African Americans who are displaying symptoms of a mental illness can increase in severity, which can result in an individual being helpless, disturbed, and challenged; therefore, by the time the individual comes to the church or pastor for spiritual assistance, the helplessness, being disturbed, and challenged is what comes into view. With this picture present in the lens of Black Pentecostal pastors; in addition to the lack of training and knowledge regarding mental health, illness, and disorders, this ultimately shapes the Black Pentecostal pastor’s perception of individuals with mental illness.

**Born vs. Acquired.** During the interview process, the previous sub-theme indicated that participants asserted that individuals with mental illness or experiencing mental health issues can be helpless, disturbed, and challenged. Participants suggested that these encountered conditions were either present at birth with possible genetic influences or acquired due to unforeseen circumstances (e.g. trauma, natural disaster, abuse). Literature highlights that in some cases, individuals may be born with various health and mental health issues (Davis & Isles, 2014), in which Pastor Hard-Knocks perceives that some individuals are born with issues psychologically and indicates this by saying:

> Unfortunately, some people are born messed up, I mean mentally messed up. It’s nothing that they did or nothing that their parents did, but they’re hurt and have become damaged for whatever reason and the only places that they can live are in mental institutions. It’s because they are going to be a danger to society, or they’re going to be a danger to themselves. So, um….it happens (Pastor Hard-Knocks, personal communication, November 20, 2015).

However, there is discourse in the literature, specifically the challenge in researchers being able to decipher how much genetics may contribute to the presence of mental health issues and
illnesses in comparison to just psychosocial influences (Davis & Isles, 2014). This indicates that genetics play a role, individuals being born with illness can occur, and there are some that may acquire a form of disability (e.g. mental, emotional, or even physical). Participants, such as Pastor Profound emphasized on this point in his own words by stating:

Some are born with various conditions. So mental illness….is there. It’s prevalent. We have to deal with it. We can’t just shove it under the rug. Disorders are the same thing as, as mental health because we have disorders in our lives. Some of it is because of chemical imbalances, uh….different things that have happened to us. So, you gotta listen to people, see where they are, and see what needs to be done in their lives. We don’t just….like I said earlier, we don’t just dismiss things because they got this and that, no. You have to really see. Sometimes you send them to doctors. Sometimes you send them to psychiatrist. You send them wherever to see what has triggered this disorder and see what needs to be done about it (Pastor Profound, personal communication, November 19, 2015).

Pastor Profound mentions that genetics and being born with various disorders is possible. He also elaborates on how mental illness and disorders can be acquired as well. He indicates that:

You go from people that have been hurt. Uh, people who have imbalances; something chemically wrong with them. Others is because of the diets that we’re on. Uh, it’s just a variety of things that you deal with. Uh….child abuse, spousal abuse, job abuse. All of it triggers various things….different things in different people. Um….mental issues have a variety of things that have caused it (Pastor Profound, personal communication, November 19, 2015).

Similarly, Pastor Activist iterates that being born with mental health issues is possible, but also factors in how psychosocial stressors and environment can also play a role in an individual acquiring a mental health related disorder. Pastor Activist suggests:
Depression is a part of mental health. And, uh, when you go into Depression and Bipolar, I believe that the person is challenged again and uh…and uh, many of times it’s a lot…..It all depends if a person is…is born from the beginning and they have these challenges, but a lot of these mental illness I believe come from um….environmental…uh….where they were raised at and what was around them and how they came up. Traumatic incidents that may have happened in their lives and they aren’t able to process thoughts in a way that we say is a normal way and so, they may do something entirely different than we do. I believe mental illness (Pastor Activist, personal communication, November 29, 2015).

Although both Pastor Activist and Pastor Profound were able to conceptualize possible etiologies and divergent interpretations for the occurrence of mental health issues or disorders, Pastor Old School and Pastor Bible Scholar explain their perception in a unique manner. Both of these participants (i.e. Pastor Old School and Pastor Bible Scholar) hold the belief that there are some individuals that are born with are born where the human psyche have been negatively impacted; however, these two participants also perceive that individuals play the role of needing psychological assistance in order to work the system, especially the church system. Pastor Old School strongly emphasized this point by directly stating:

There are two types of mental people; people that’s born mental where they have no real control you know….and uh uh…they need help. They need people to watch. They need people to be concerned about their activities. But, then you got people that are out right mean. I’ve known a lot of people that come through the church that’s on some kind of aid because the people say that they are mental. But, they ain’t mental when it comes to whatever they want to do; they do it…See, and this is where the people don’t understand. People play act…they play act. They uh…pretend. Everything that they label mental is not mental… (Pastor Old School, personal communication, November 17, 2015).
Similar to the statement of Pastor Old School is Pastor Bible Scholar is the notion that people who genuinely need mental health treatment are in existence; however, once again, there are a number of individuals who for multiple reasons put on a show, hoping that their performance would be convincing enough that someone would be willing to extend help in the capacity the help seeker is desiring. Pastor Bible Scholar briefly indicates this point by specifically stating:

There are some individuals that are in need of help, but there are some people who are here and they be trying to be slick, like that young man. See, some people act crazy; they ain’t crazy, but they want to act crazy (Pastor Bible Scholar, personal communication, December 2, 2015).

Within examining the statements of the participants for this theme, each quote indicated that the mental health disorders or mental health related issues can either be acquired or can occur at birth, whether it is due to an individual’s genetic composition or if issues generated during the time of pregnancy. With strictly analyzing this information through the lens of being born with psychological deficiencies, this is a possibility. As literature indicates that due to this existing possibility that the Diagnostic Statistical Manual, Fifth Edition, made the effort to incorporate the acknowledgement of research that data indicating biology; in addition to genetics in the classification of mental health disorders (Davis & Isles, 2014). However, Rapin (1996) emphasizes how the outcome stems from not just biology or genetics alone, but how the environment and psychosocial stressors may trigger the biological composition where genes linking to mental health disorders may lie dormant. Therefore, when examining the experiences of African Americans and the stressors (e.g. finances, poverty, oppression and injustices), that they are consistently combating, this aids to the likelihood of African Americans attaining issues related to mental health. As indicated in chapter two, research suggests that 20% of African Americans are incline to be confronted with severe issues related to mental health (National Alliance for Mental Illness, 2015). According to Heath (2006) poverty is an issue among African
Americans can lead to one’s psyche being negatively impacted. The Economic Policy Institute (n.d.) developed a report known as the *State of Working America: Key Numbers*, where statistics for key issues, such as poverty are shared. According to this report, African Americans had the highest percentage among poverty rates, 27.4% (The Economic Policy Institute, n.d.). This same report suggests that 45.8% of African American children reside in poverty (The Economic Policy Institute, n.d.). With existing poverty, this can increase the likelihood for African Americans living in inadequate living conditions where individuals are subjected to environmental and toxic substances, exposed to harmful metals (e.g. lead), which can contribute to birth defects (e.g. developmental delays, learning difficulties) psychological concerns (i.e. being born with mental health issues), and can lead to the display of psychiatric symptoms (e.g. memory loss, poor concentration), and can lead to unhealthy ways to cope (e.g. alcohol and drugs) with challenges that are a derivative of the poverty (The Collaborative on the Health and the Environment, 2008). These stated issues can lead to an individual being born with deficits surrounding the human psyche as indicated, under those stated conditions; deficits can be acquired as well.

As this is taken into consideration, CRT is a theory that can assist with understanding the experience of African Americans in regards to dealing with mental health issues, whether born with or acquired, but in order to understand the experience, the concept of race have to be understood, which is emphasized throughout the principles and tenets embedded in the theory. For example, the principle of race is a major factor of the continuation of social injustices and inequalities (Cooper & Hawkins, 2014), and affirms that ethnic minorities remain marginalized and oppressed in comparison to their White counterparts. Such inequalities (e.g. financial disparities, access to adequate mental health treatment) are contributing factors to the mental health issues stemming from birth or whether it is acquired. Race and its linkage to inequalities also prohibit proper treatment for African Americans, which ultimately aids to the perpetuation of this vicious cycle. The humanistic rights of minorities and oppressive experiences (i.e. Blacks)
are subsidiary, which is an element mentioned with one of the second principles in CRT (Cooper & Hawkins, 2014; Ladson-Billings & Tate, 1995), where greater significance were placed on the value of property. Thus, laws and opportunities were slow in progression for the inclusion of fairness of treatment and obtaining a quality life. Even though there seems to be an appearance of incremental change, regression does occur, demonstrating an ebb and flow effect. With this occurring outcome, it is vital that a continuation of efforts are made to utilize CRT to aid to debunking existing issues affecting marginalized groups (e.g. African Americans).

Storytelling, a tenet of CRT and an important tenet to highlight because storytelling facilitates the personal experiences of African Americans, enabling to convey their struggle and can be empowered when the proper counselor creates a safe nurturing environment that fosters personal growth and support. Proper therapeutic modalities integrated along with this tenet can lead to the results of catharsis, installation of hope, and other therapeutic factors that were established by Yalom (1995, 2005). However, due to multiple barriers, the church system is suggested as the primary source of support for African Americans, especially as it relates to mental health. The Pentecostal church system has embraced those seeking emotional assistance (Belcher & Vining, 2000), utilizing an array of spiritual modalities that aligns with their personal belief and doctrine. The Black Pentecostal church works as a system, implementing the proper methods to assist the congregant in attaining a divine healing from God. Mechanisms, a concept embedded in Systems Theory, are the components that aid in the preservation of the church system; for example, funds and finances are needed to aid to the maintenance of the church. Also, a part of mechanisms are the components and opportunities that aid in addressing the spiritual, emotional, physical, financial needs of the parishioners. One mechanism that the Black Pentecostal Church emphasizes, along with the participants in this study, is combating mental health issues presented by church members, especially when they are already met with opposition and inequalities within mainstream society. Therefore, regardless of the presenting issue of the
parishioner or the possible symptoms they are displaying, it is not the goal of the Black Pentecostal Pastor to determine whether the mental health disorder or condition was established at or prior to birth, nor is it their goal to determine whether it was acquired; instead, the overarching goal of the pastor within those moments is to exercise his faith and to allow God to use him as his anointed vessel to aid in the healing of the individual.

**Major Theme #3: The Old Way Works**

The third major theme established in this investigation focuses on the spiritual approaches of Black male Pentecostal Pastors that are integrated with parishioners that are encountering distress and psychological concerns. This theme represents the participants’ spiritual modalities embedded in their spiritual toolbox. This major theme is comprised of two analogous sub-themes: 1) Prayer for Divine Healing, and 2) Biblical Approaches. The following section will provide a detailed exploration of the participants’ personal experiences highlighting the effectiveness of the spiritual approaches utilized to address the mental health needs of their parishioners.

**Prayer for divine healing.** This sub-theme specifically encompasses the modalities that participants, Black Pentecostal Pastors, utilize to combat mental health concerns with their parishioners. The approaches indicated stems from their experiences, including their teachings, trainings, upbringing in the Black Pentecostal church, and their religious and spiritual beliefs. One of the most vital approaches implemented by the participants is the usage of prayer for a divine healing. According to one of the participants, Pastor Old School, he suggests that:

> Prayer is your best weapon because with prayer…you know God gives you insight and you need prayer in order to get the discernment that you need to help somebody. Once Jesus prayed for folks and put the power on them, they straightened up (Pastor Old School, personal communication, November 17, 2015).
The perception of Pastor Old School and the chosen “therapeutic” modality selected indicates that prayer is the tool that facilitates behavioral, emotional, and spiritual changes. The changes that occur are known in the literature as a supernatural occurrence or divine healing (Chappel, 1988; Trice & Bjorck, 2006). Both Belcher and Vining (2000) and Newman (2007) highlights that divine healing is one of the major teaching tenets embedded in the Pentecostal teachings, but Belcher and Vining (2000) elaborates by suggesting that prayer is the catalyst for that divine healing to occur. This aligns with the perception and chosen approach by Pastor Old School.

Prayer is valued and held to high esteem, specifically in the Pentecostal church system (Belcher & Vining, 2000). This “therapeutic” approach was used during the early stages of the establishment of the Pentecostal church and is yet relevant today within the Black Pentecostal Churches. Pastor Helper highlights prayer and the “old Pentecostal methods” that were instituted during the earlier Pentecostal churches, while simultaneously highlighting similar words to Pastor Old School on the importance of prayer. Pastor Helper states:

Back in the day, the Black Pentecostal Church was consistent and diligent with an individual when they were in need. They kept the doors open….and uh, kept calling and checking on them, encouraging with the Word of God to help them to be able to keep pressing forward by holding on to their faith, but most importantly the prayer has to be consistent. Prayer changed things. (Pastor Helper, personal communication, November 17, 2015).

Similar to Pastor Helper, Pastor Profound elaborates about the how relevant prayer is today, and that it carries the same powerful method as it did years ago. Pastor Profound states:

I feel that I didn’t explain the importance of prayer for addressing mental health and want to make things clear, so allow me to go back. As I stated before, I mentioned how in the past, the Black Pentecostal church approach have been to just pray about things. This also includes implementing prayer when individuals were uh, experiencing mental health
issues. God tells us to pray and prayer is vital because it is how we speak with God. He’s able to hear our words and hear what we need. Prayer is a powerful tool that can allow deliverance to come, but we can’t stop at prayer, God instructs us to “do” after we are finish praying (Pastor Profound, personal communication, December 3, 2015).

When prayer occurs, change happens, is certainly a common thread of the participants (i.e. Pastor Old School, Pastor Helper, and Pastor Profound). Likewise with Pastor Bible Scholar, who indicates that through prayer, church members are delivered. Pastor Bible Scholar emphasizes that:

Now, one thing I failed to say before is how prayer creates change. Every time people come to me with a problem, you know what I do? I pray. In first Thessalonians, the fifth chapter and the seventeenth verse, the Bible tells us to pray without ceasing, which means non-stop; do it all the time. When we are able to sincerely go to God in prayer, uh…things happen and people are healed (Pastor Bible Scholar, personal communication, December 2, 2015).

Similar to the other participants, Pastor Hard-Knocks implements prayer, which is a common throughout the Bible. Although it is through prayer that is the modality utilized to contact God to ascertain a supernatural healing, Pastor Hard-Knocks indicates that the individual praying, must be spiritually connected. With a lack of connection, no healing will occur and the prayers are just words uttered aloud. He specifically states:

I mean, I don’t do necessarily do anything different than what the Bible prescribes. Um, so…does it work? Yes, it works because I’m connected. By being connected, I am able to get a prayer through. So, I use a lot of prayer, and uh, God moves and answers….. …. Uh, I lay hands on the sick to pray and they recover. So when I preach, I tell them that He says, ‘I was wounded for our transgressions, He was bruised for our inequities; he chastisement for our peace was upon Him, and by His stripes we are healed.’ And we are
not just healed in our bodies, but we are healed in our minds, in our soul, and in our body. So, He came to touch the tri-part man that we are; mind, soul, and body. He can do it. If He can’t do it, then nobody else can do it (Pastor Hard-Knocks, personal communication, November 20, 2015).

Pastor Hard-Knocks continues in elaborating on the power of prayer by sharing a personal experience where he implemented prayer with parishioners who were in need of a divine healing.

Pastor Hard-Knocks stated:

I was praying for people, and when I pray for people, I believe. I prayed for a lady and she was blind in her left eye. I prayed for her and her eye opened up. Right? So, instantaneously, she was able to see out of her eye. Now, a man came up….not that I have a big reputation for miracles and all that kind of stuff, but we have had miracles at the church. Dead people coming back to life; all kinds of stuff, without CPR. And so, the guy came up to be prayed for and he was like, ‘Rev.’ I said, ‘Yeah’. He said, ‘I want you to pray for me, but I don’t want you to pray for me to get healed.’ I said, ‘What?’ He said, ‘I don’t want you to pray for me to get healed yet.’ I said, ‘Why not?’ He said, ‘Because my lawsuit hasn’t come through yet.’ (Laughing) So, my point is this. It works. It works. Um, but people…it also has something to do with the people. The man, he was injured and he said, don’t pray for me that I be healed yet because I’m looking for something else to materialize first. Once it materialize, then he could get healed. You understand what I’m saying? (Pastor Hard-Knocks, personal communication, November 20, 2015).

Like other participants in this study, Pastor Hard-Knocks was able to experience firsthand the effectiveness of prayer and the evidence of healing that transpires when it is utilized. It is through the power of prayer, which enables the individual to approach the throne of grace to communicate on a higher level with God. The words uttered are combined with the faith that the
individual possess. Pastors must possess faith in the midst of praying, believing that God has the ability to heal the parishioner encountering the mental illness. However, the parishioner must also furnish the faith that they can be delivered through prayer. When all constituents are on one accord, the presence of God’s anointing fills the room, in which a strong spiritual presence is existing, to provide the healing that is being prayed for. It is due to the power of prayer that Pentecostals fail to seek external medical and mental health treatment when experiencing the symptomology of various disorders, including severe mental illness, such as schizophrenia (Harley, 2007; Mercer, 2013). The belief is that healing will be exemplified through the power of prayer, not through acts of psychiatric methods.

When examining this sub-theme, prayer for divine healing, participants discussed the usage of prayer as being encompassed within their repertoire of “therapeutic” approaches that is sure to generate positive results, and is a necessary method in order to be healed. Prayer for divine healing is significant in not just the Pentecostal Church system, but also in the Black Pentecostal Church System when addressing the mental health needs of their church congregants. Within the Black Pentecostal Church system, Pentecostal pastors are trained and taught the importance of prayer, and is embraced as part of their ministry for working with parishioners. When taking this into consideration; in addition to examining this idea through the lens of Systems Theory, one will be able to gain an in-depth understanding and meaning of the Pentecostal Church System as a whole and the meaning that exist behind the “therapeutic” approach of prayer. Mechanisms (McRae, Carey, & Anderson-Scott, 1998) are key components that are necessary for an identified system to maintain and even progress. In chapter two, a few vital mechanisms were identified (i.e. finances, seminars and programs for spiritual growth); however, the usage of prayer for a divine healing is a mechanism that is for combating mental health issues. Prayer is an agent to create positive change and inner healing, thus, aiding to the spiritual growth of parishioners; in addition to also uplifting their minds and helping church
congregants to relieve the emotional, physical, and spiritual baggage that has them weighed down. When the divine healing occurs through prayer, this mechanism being exercised aids parishioners to reach a sense of mental and spiritual stability, which contributes to the overall functioning of the Black Pentecostal church system. Members experience mental and spiritual liberation and facilitate constant productivity of the system and a continuation of kingdom building for Christ.

Understanding the inputs, processes, and outputs of the Black Pentecostal church system will aid to the understanding of the experiences that the participants have had with implementing prayer for a divine healing as well as understanding the context of the system and how it functions. McRae, Carey, and Anderson-Scott (1998) assert that inputs, processes, and outputs are concepts in Systems Theory. Inputs are the components that infused as part of the system to increase sustainability and once again, addressing the needs of the established system. The processes refers to what occurs once the desired inputs are implemented and how the system is altered, due to the inputs. Output refers to the outcome and how the end result effects the system as a whole. When examining prayer as a “therapeutic” modality practiced by the participants, through the lens of Systems Theory, specifically inputs, processes, and outputs, the effectiveness of prayer can be understood. For instance, the input in this case is prayer; how prayer is communicated and amalgamated for holistic healing through a supernatural experience. The need is the parishioner seeking healing from emotional and psychological distress. The processes in which prayer is integrated for a divine healing is that the pastor, who is the individual who holds the highest position in the church system (i.e. hierarchy) (Simon, Stierlin, and Wynne, 1985), must possess both faith and God’s anointing. The pastor has to believe that when the prayer is employed that God will use them as an anointed vessel in which He will work through in order for a miracle to occur. However, it is within this same process that the parishioner being prayed for must also have the faith themselves that they can be healed through prayer, enabling God to
work within them for the supernatural experience to happen. It is in the midst of the prayer and the exercising of faith; in addition to the body and spirit being under the submission of the power of the Holy Ghost, where the parishioner becomes altered; becoming healed (Clark, 1984; Trice & Bjorck, 2006). In this case, the output is the outcome that becomes manifested. When the spiritual connection is made during the processes and faith is present by all involved constituents, the output is a divine healing.

The presence of Yalom’s therapeutic factors (Yalom, 1995; 2005) can also transpire and assist to the Black Pentecostal church system functioning as a therapeutic system combating the mental health needs of church congregants. For example, altruism (Yalom, 1995; 2005) is occurring because the pastor is assisting parishioners through the usage of prayer to overcome obstacles, specifically related to mental health. Parishioners experience catharsis (Yalom, 1995; 2005) in the midst of prayer, in which the outpour of emotions is displayed by church members, due to the connection of personal experiences that exist among the members in the congregation. Universality, the realization that parishioners aren’t alone in their experiences, but instead, a common experience is shared, is concept of Yalom (1995; 2005). This aids to praying together and a multitude of people being delivered. Cohesiveness (Yalom, 1995; 2005) transpires, in which unity and support among member and the pastor takes place, and trust is built. Parishioners also continue to build trust within their pastor, believing they possess the capability to be effective in their praying, while simultaneously building trusts in God that they will be healed. Prayer is the driving force that aids to the cohesiveness among all constituents. Prayer can contribute to corrective recapitulation of the primary family group (Yalom, 1995; 2005), where prayer can not only provide a divine healing, but can also provide clarity and resolving issues with family and even within self through the usage of prayer. Interpersonal learning (Yalom, 1995; 2005) is similar to the concept of corrective recapitulation, in which an individual gains clarity and obtaining solutions to life issues can also occur through prayer. Furthermore, it is
through prayer, the pastor is also assisting parishioners in developing appropriate ways for socializing, in which Yalom (1995; 2005) highlights as learning appropriate methods for coping and communicating. Prayer is a tool that can be and is utilized for coping (Belcher & Hall, 2001) and prayer is a form of communication in which Christians speak to God. However, it also through prayer that parishioners are learning to communicate faith through prayer, believing that through prayer a divine healing is the end result. As prayer is continually being used, church congregants can learn to integrate prayer when confronted with other life challenges in their personal lives, separately from the pastor and church. Parishioners will learn to ascertain this skill by what Yalom (1995; 2005) identifies this as imitative behavior, where the pastor models before them how to pray, the importance of prayer, and how effective prayer is when it is selected as an approach during times of distress. Along with imitative behavior, imparting information (Yalom, 1995; 2005) can emerge through prayer. Yalom (1995; 2005) suggests that imparting information is the dissemination of useful resources and information, in which prayer is a useful tool often used in the Black Pentecostal church.

Moreover, prayer provides an installation of hope, which Yalom (1995; 2005) has established as one of the eleven therapeutic factors. The goal of the installation of hope is to inspire and empower. Prayer for a divine healing can be empowering and inspiring to not only the one that is communicating to God through prayer, but can also be empowering and inspiring to the parishioner being prayed for. Prayer edifies and uplifts the inner spirit of both the one that is praying and the one being prayed for. It is through prayer where the faith of the parishioner will increase. Prayer heals the aching heart and the tormented mind. By seeing the results of prayer, parishioners become endowed with God’s anointing and the ability to overcome the challenges and distress the church congregants are experiencing. Through prayer individuals are encouraged and optimistic that God is working miraculously in their life. Prayer is the key that unlocks the divine healing that Pentecostal parishioners and Black Pentecostal Pastors are seeking.
**Biblical approaches.** Mental illness is in existence; however, it is conceptualized differently among ethnic groups and religious sectors (Trice & Bjorck, 2006). According to Trice and Bjorck (2006), it is according to how individuals process and conceptualize the etiology and symptomology that influences not only treatment options, but also who they may seek treatment from. With existing barriers for African Americans, in which many align with CRT, options for external mental health treatment is slim; however, with African Americans having strong existing ties to spirituality and the church system, in many cases the Black Pentecostal church is the preferred option. Payne (2008) emphasizes that over 50% of the African Americans that are regular church attendees seek aid from their pastor for addressing mental health concerns, especially in emergency or crisis predicaments. Therefore, by utilizing the Black Pentecostal church system as a refuge for addressing mental health related issues, spiritual approaches are implemented to aid parishioners combat the mental health challenges they are facing.

Similar to prayer, other “therapeutic” modalities instituted by the participants can also aid to the perpetuation of the church system as a whole and a continuation of healing that is manifested through the supernatural works of God, which are similar to the healings that had occurred during biblical times when Jesus performed miracles for multitudes of people. Within biblical text, writers have discussed and highlighted the miraculous works of Christ. According to Belcher and Hall (2001), the four gospels (i.e. Matthew, Mark, Luke, and John), which are located in the New Testament, references the phenomenal works of Jesus. The works of Jesus range from healing the lame to opening the blinded eyes; from raising the dead to casting out demons. The Pentecostal church and its religious leaders foundation is built on biblical teachings, believing that similar miracles can transpire during current times; thus, this leads individuals of this particular faith to be reluctant to any form of treatment that is contrary (Dobbins, 2000; Trice & Bjorck, 2006; Vining & Decker, 1996). Participants within this study align with the literature, and combating mental health needs with modalities that stems from the Bible. For example, Luke
4:40 (New King James Version) is one of the scriptures that demonstrates the effectiveness of laying on hands. This specific scripture states “When the sun was setting, all those who had any that were sick with various diseases brought them to Him; and He laid His hands on every one of them and healed them” (Luke 4:40, New King James Version, p.1405). To align with this biblical approach and healing experience by laying on hands, Pastor Old School highlights that similar to God’s Word, that laying on hands is an effective modality to generate healing. Pastor Old School reported an experience where he knew of a Pentecostal Pastor that utilized this approach. He stated:

I knew a preacher a long time ago, and he was sorta in this type of field…But, um…he came to the conclusion… He had a lot of cases… God had gave him the gift of healing. (Long pause)…He threwed that paper down and laid hands on them people. Of course they don’t want that down there, (chuckled)…but uh, that’s cuz you cutting their money out, you know? (Nodding yes) But, these people were delivered on the spot…That’s the way it goes (Pastor Old School, personal communication, November 17, 2015).

Although every Black Pentecostal Pastor may not integrate this approach when combating mental health issues with parishioners, parallel to the experience of Pastor Old School, Pastor Hard-Knocks is another participant who implements laying on hands. “Uh, I lay hands on the sick and they recover….” (Pastor Hard-Knocks, personal communication, November 20, 2015). He indicated that the sickness that he was referring to goes beyond physical ailments and includes mental illness as well. He mentioned his personal experience with the biblical approach of laying on hands where spectating parishioners could witness the physical transformation from the power of the Holy Ghost. He specified:

There was a lady, a church member of mine who uh, was having a problem with uh, her eye. Her eye was shut and she wasn’t able to open it. I prayed and laid hands on her and
no lie, the eye opened and she was able to see, but it’s because I’m connected (Pastor Hard-Knocks, personal communication, November 20, 2015).

Having a spiritual connection to Jesus Christ allows the power of the Holy Ghost to flow to the hands that are being laid on the individual, enabling holistic healing.

Another biblical approach mentioned in the Bible is accessing deliverance through binding the enemy, in which the enemy is referring to the spiritual wickedness that exist and used to attack of those who are trying to live righteously for Christ. The enemy can also serve as spiritual symbolism to the barriers that are a hindrance to living a fulfilled, joyous, and peaceful life. The book of Acts (i.e. Acts 4:28-31, New King James Version) suggests that the disciples were instructed by God to exercise the power that was bestowed within them and utilizing the authoritative measures of God to speak boldly and directly to the enemy in an individual’s life, causing deliverance to materialize. As indicated within the scripture, this “therapeutic” modality biblically based within the New Testament in the scriptures, and a method the Black Pentecostal church embraces. As indicated prior, the Pentecostal church and its religious leaders is found on biblical teaching, and the treatment methods to address diseases, sicknesses, and a variety of ailments in the bible were effective then, thus, are yet effective today (Dobbins, 2000; Trice & Bjorck, 2006; Vining & Decker, 1996). Pastor Hard-Knocks indicates that he stands firm on the word and align with the literature that he as a Black Pentecostal Pastor “therapeutic” measures are not contrary to the Word of God. He suggests that this is an approach that he uses to combat mental health related issues with church congregants, in which he specifically states:

Uh…do they still do exorcisms? I’m sure they do. Um…do we bind the devil? Yes we do because that what we were taught to do. I mean through the Word you know, so…the first thing they talk about is that you can’t cast the strong man out unless you bind him up. So, do we do it? Yes. Do I do it? Absolutely. It’s part of God’s Word. So, the only thing we have to use is His Word. We use His Word and when we pray, we use the son’s
name; and so, that it will work (Pastor Hard-Knocks, personal communication, November 20, 2015).

Even though Pastor Activist doesn’t indicate binding the enemy as a modality to address mental health issues with parishioners like Pastor Hard-Knocks, Pastor Activist therapeutic methods is similar to Pastor Hard-Knocks, in which he highlights that his methods with church members are not contrary to the Bible. As he elaborates on this point, he also expresses the usage of biblical scriptures as method used in counseling parishioners, in which he aims to encourage as well as a means to provide direction for the challenges that the church member is encountering. Pastor Activist states, “The Bible is the manual and God is the manufacturer, so only the manufacturer can give you the manual on life” (Pastor Activist, personal communication, November 29, 2015). The meaning behind this biblical “therapeutic” approach is that the Bible provides solutions and ways to improve in everyday life; in addition, the Bible also inspires and uplifts. The Word is what aids in parishioners becoming empowered and embracing change. Likewise with Pastor Bible Scholar who also specifies the practice of scriptures when counseling church members as an a selected method that he has found beneficial. Pastor Bible Scholar explained this useful approach by saying:

Well….uh, I use scriptures. The Word of God really covers what’s going on if the person stays within the confines of the scripture and the scriptures, uh…helps you to deal with what you are facing. And, and uh….when my members are discouraged I also used scriptures to enlighten them, and you know what…it helps. One scripture I use is Isaiah 41, specifically the tenth verse. (Long pause while the participant grabs Bible again and turns to the identified scripture and quotes the scripture directly) Uh, it says right here, ‘Fear not, for I am with you; be not dismay, for I am your God. I will strengthen you, Yes, I will help you, I will uphold you with my righteous right hand.’ This is just one that I use, but after I read this with my church member, we talk about it and I try to help them
apply it to what they are going through (Pastor Bible Scholar, personal communication, December 2, 2015).

Similarly, Pastor Profound accentuates the importance of using scripture, but uses the scriptures in a slightly different manner. Instead of the pinpointing scriptures to provide only for upliftment for parishioners, Pastor Profound demonstrates to church congregants that these challenges and barriers that they are facing currently are no different than the afflictions existing in biblical times. Pastor Profound specifically said:

Now when I say examples from current events, I talk to them about what is going on in our society today, but I help them to see that none of these things are new under the sun per se. I let them know that the scriptures informs us of things we will go through and tells us what is to come, so I make sure that I make reference to that when working with them. So, I used the scriptures as well (Pastor Profound, personal communication, December 3, 2015).

He continues in elaborating about his approach by instilling hope to his flock that they can yet be victorious during times of distress and turmoil. He expounds by stating, “But I must say this too, that it is certainly imperative that I let my people know that we too can overcome the obstacles we are confronted with, just as many in the Bible have conquered them” (Pastor Profound, personal communication, December 3, 2015).

Furthermore, Pastor Profound conveys that going through the scriptures with parishioners is not his only approach that he has implemented in his experiences. This participant also mentioned utilizing, “a loving attitude, providing in-depth counseling, not leading into the antics of the individual, examples and information from current events, but that it also depends on what’s occurring at that given time” (Pastor Profound, personal communication, November 19, 2015). This statement suggests that although he has a set of “therapeutic” modalities that align with the Bible, that his selection of the approach is based on the issue presented at the time when
his parishioners are seeking aid. Regardless, Pastor Profound desired to explain the essence of his chosen modalities, especially how having a loving attitude is what helps lead to positive change within his church congregants. He expounds by stating:

> When people come to you to seek help, we have to be loving and welcome them. We cannot sit in judgment, or I should more so say that it is important that we shouldn’t sit in judgment. How can someone be delivered and helped if we aren’t showing love. With love and kindness have I drawn thee is what the Word states, so in order to draw them to Christ to get delivered it takes love and a loving attitude. As I counsel, I yet show love. When they are resistant, I yet show love. When they want to go into doing their antics, I show them love. God wants us to love (Pastor Profound, personal communication, December 3, 2015).

The powerful act of love is emphasized as a changing agent, enabling the individual seeking assistance from their pastor to shift in their behaviors, in their thinking, and everyday living. Relating to the biblical stance of Pastor Profound, it was the act of love and even an act of sacrifice that was displayed when Christ died on the cross in order to redeem us back to God. In spite of demonstrating love, by modeling love as well as allowing it to serve as a catalyst for change in the lives of parishioners just as Christ demonstrated, the importance of timing plays a vital role in change to occur. Pastor Helper discussed timing and how it not only takes time for individuals to face their own personal demons and issues, but that it is also a time for individuals to receive their deliverance. Pastor Helper explains how he yet prays and provide the Word of God, similar to many other participants, but how timing and the understanding of timing is used as a method to address the mental health needs of his church members. Within his explanation, he states:

> Timing is important. I said this before when addressing issues and how our timing is different than God’s timing. The scriptures talks about time. There’s a time and a season
for all things, and it talks about a time for mourning and a time for healing and uh, so forth. So we pray, and stay in God’s word and give them the Word and...uh, check on them. I be diligent, but uh...uh, they have to realize that God’s time for their healing is right now. Uh...it’s just that God is waiting for them to want to be delivered. (Pastor Helper, personal communication, December 5, 2015).

Pastor Helper highlighted that timing is important to God and that the time for his parishioner’s deliverance of mental health issues and physical ailments is right now. It is also suggested by his statement that at times when individuals are encountering their moments of distress that it takes time for the healing to be manifested; however, this occurs because instead of relinquishing the encountered problem to God, they try to fix the problem themselves. In this time temporary relief may transpire, but only complete healing comes at the time when parishioners are able to let go and let God, and it is within that moment of time where they will receive the healing that God has been waiting for them to grab.

The participants implement an array of methods that they deem as effective therapeutic interventions that are implemented to combat mental health issues of their church congregants. Each of the modalities emphasized are biblically based, which aligns with the efforts of preserving the norms, values, beliefs, and patterns that are ingrained in the foundation of the Black Pentecostal Church, which is congruent with Systems Theory, specifically known as homeostasis (Brown & Christensen, 1999). Within homeostasis the church system is trying to maintain a sense of stability utilizing the resources that they have to assist. Therefore, as parishioners are faced with emotional and psychological issues, the entire church system is affected. It is at this point where the pastor must implement the biblical approaches to aid in reestablishment of the system’s stability, which will be manifested through the approaches they integrate while addressing the mental health needs of their congregation. Furthermore, when striving for homeostasis, the communication patterns and interactions within the system among
all constituents are vital. As indicated in chapter two, Brown and Christensen (1999) suggests that the communication and patterns of interactions within the system occurs in feedback loops, which could either be negative or positive. In this case, the biblical approaches emphasized by the participants (i.e. pastors) would be an example of a negative feedback loop, due to utilizing their typical approaches to address mental health issues of their parishioners. This helps to maintaining the system, which is the goal of the identified system. However, positive feedback loops may be needed for the system, in which these loops look to adapt their communication and patterns of interaction in order to better aid the parishioner that they are seeking to assist. Collaboration whether inside the system or externally may be necessary, in which the presented issues may be resolved and terminated, as well as producing growth for the system overall. The notion of collaboration is discussed within the next theme.

Similar to the previous sub-theme, prayer for divine healing, the concept input, process, and output is embedded in Systems Theory (McRae et al, 1998), and can be related to the biblical approaches as well. Thus, when examining the biblical approaches as a “therapeutic” modality practiced by the participants, through the lens of Systems Theory, specifically inputs, processes, and outputs, the effectiveness of each approach can be understood. For example, if the input or approach utilized is laying on hands is communicated and integrated, once again, in order to address the presented issue of the parishioner and for them to obtain healing. The processes in which laying on hands is incorporated is that pastor as well as the parishioner must possess the faith that a healing of the mind, body, and spirit can and will occur. It is also during this process where the pastor must lay their hands on the individual while praying the prayer of faith and healing. Similar to prayer for divine healing, the body, mind, and spirit being is under the submission of the power of the Holy Ghost, where the parishioner becomes altered and ultimately gaining their healing (Clark, 1984; Trice & Bjorck, 2006). The outcome through this experience is the healing and even spiritual growth. As one may look at each biblical approach presented in
this study by the participants through the lens of Systems theory, specifically the concept of inputs, processes, and outputs, the input (i.e. “therapeutic” approach selected) and the processes (i.e. how the approach is integrated and communicated) may occur differently; however, the outcome generated will be the same, deliverance.

The presence of Yalom’s therapeutic factors (Yalom, 1995; 2005) can also ensue and assist to the Black Pentecostal church system functioning as a therapeutic system combating the mental health needs of church congregants. For example, universality (Yalom, 1995; 2005) occurs when the parishioner is able to realize that they are not alone in their situation, but that others have not only encountered similar situations, but have also been delivered as well. Altruism (Yalom, 1995; 2005) is assisting others in overcoming obstacles through personal experiences and encouragement. The pastor can use utilizing the Word of God to assist with providing encouragement, but also utilizing the experience of biblical characters to show the works of God, in which He too can assist the parishioner just as He did during biblical times. Yalom (1995; 2005) identifies catharsis as one of his concepts. Catharsis can be achieved because as the biblical approach (e.g. laying on hands, binding the enemy, using the Word of God) causes an outpour of emotions; a breakthrough is occurring and the emotional pain and mental strains are released. Cohesiveness (Yalom, 1995; 2005) can occur, but is also imperative for healing to occur. All constituents (i.e. pastor and the parishioner) must be on one accord, in spirit, praying and aspiring for the same goal, healing. This enables the prayer or any other biblical approach to be effective. Gaining clarity and learning to resolve issues is known as corrective recapitulation of the primary family group (Yalom, 1995; 2005). This can be achieved through the behaviors modeled by the pastor (i.e. having a loving attitude, having patience, displaying faith) as well as using the Word as a guide to lead the individual with reaching a resolution when faced with life challenges and familial difficulties. Similar to corrective recapitulation of the primary family group is interpersonal learning, which is another concept of Yalom’s (1995; 2005), can occur in a
similar manner. The array of approaches mentioned by the participants can also lead to developing techniques for socializing (Yalom, 1995; 2005). Each of the biblical modalities can be used to not only cope, but it consistently teaches the parishioner to communicate and walk in faith, which serves as the heart of each “therapeutic” approach and its effectiveness. Imitative behavior (Yalom, 1995; 2005) arise when the pastor continually models faith before the parishioner while simultaneously helping parishioners to understanding the benefits of the biblical modalities that they are integrating with them, which could serve as one of one of Yalom’s (1995; 2005) other concepts known as imparting information. The instillation of hope (Yalom, 1995; 2005) emerges because the bible provides hope and empowerment; therefore, when the approaches that are being implementing stems from the Bible, a direct source of hope is being provided to the individual who needs it.

**Major Theme #4: Collaboration on Mental Health**

The fourth major theme established in this investigation focuses on the perceptions of mental health of Black male Pentecostal Pastors towards collaborating with mental health counselors. Embedded within this same theme, participants not only focus on internal collaboration, which consist of the roles church members and other churches within their reformation aid in assisting parishioners in need of mental health aid, but this theme also highlights the participants’ personal conditions for collaborating with an external source to address mental health related issues with parishioners. This theme represents the participants’ experience or lack of experience with pursuing mental health resources beyond the church doors; in addition to seeing it as a necessity to maintain Christ and spirituality as the core for combating the mental health challenges that are present among their church congregants. This major theme is comprised of three analogous sub-themes: 1) Perceptions on Collaboration, 2) Internal Collaboration, and 3) Terms and Conditions for External Collaboration. The following section will provide a detailed exploration of the participants’ personal views and terms for fostering
collaboration with counselors, which will aid to the understanding of the emerged sub-themes within this particular major theme.

Perceptions on collaboration. The Black church rests in the heart of the Black community, continually aiming to serve an array of Black families and providing a variety of services, including delivery mental health services to their parishioners and the surrounding community (Williams, Gorman, Hankerson, 2014). The Black Pentecostal Church’s dispersion of mental health service is instrumental to attending congregants, especially due to the existing barriers and economic, racial, and social disparities encompassed in CRT (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014) and other literature (Allen et al., 2010; Alvidrez et al., 2008; Anglin et al., 2006; Constantine et al., 2000; Eugene, 1995; Hines-Martin, Malone, Kim, Brown-Piper, 2003; U.S. Department of Health and Human Services, 1999) that African Americans are encountering. Such circumstances contribute to the an increased percentage of African American parishioners seeking mental health aid from pastors in comparison to other mental health professionals and general physicians (Wang, Berlund, & Kessler, 2003; Williams, Gorman, & Hankerson, 2014). With this upsurge, Black Pentecostal pastors find themselves utilizing their skills and spiritual interventions to combat major mental health disorders, such as Major Depressive Disorder, which is identified in the literature as a disorder that affects African Americans in a debilitating manner (Williams et al., 2014); in addition to other mental illness. Participants within this study provided evidentiary support on the effectiveness of their spiritual interventions when combating the mental health issues of their parishioners, which are subjective and based on personal experiences, literature would suggest that the mental health issues presented to these participants (i.e. Black Pentecostal Pastors) are beyond their scope of practice, due to lacking knowledge of severe pathology (Domino, 1990; Edwards, Lim, McMinn, & Dominguez, 1999; Farrell & Goebert, 2008; Weaver, 1995); in addition to resources (Kae-Je, 1993), and utilizing evidence based practices highlighted in the
literature. Due to such factors, collaboration and community-based interventions are recommended to assist pastors in effectively addressing the mental health concerns of their parishioners; however, literature indicates that the personal beliefs of Black pastors can serve as a stumbling block, resulting in a lack of referrals and a lack of collaborative efforts between Black pastors and mental health counselors (Williams et al., 2014). For these reasons, Black Pentecostal pastors must possess an interest in fostering a collaborative alliance with mental health counselors, perceiving the collaboration as a benefit to their church members.

Within this study, participants indicated how they perceive and revealed their personal attitudes on collaborating with mental health counselors, which stems from personal experiences or due to the participants becoming aware of how collaborating with trained mental health professionals can be valuable to the church. For instance, Pastor Hard-Knocks perceive collaboration as a way as God providing qualified and competent professionals to provide needed services that will be a benefit to the church and the members attending. Pastor Hard-Knocks highlights this point by stating in his own words that:

I think God would not have allowed for um, doctors and lawyers and all these other persons to be around if it was not going to be a help to the church. I mean…do I believe in healing? Absolutely, but every now and then, you need to go to the doctor and see if there is anything wrong with you anyway. Can’t be healed, if you can name it….even if you can’t name it, he got to heal you from it. But, in that case, you need to go and find out if you got healed. And so…I think, I think it’s a good thing um, for people to be able to go to other places as long as it’s not hurting them. And so, um….uh…I also think that the collaboration between the church and the secular world in some instances is ok. If it’s going to help a person to empty out some of the things that they are dealing with, and it’s not taking away from God, I won’t have a problem with it. (Pastor Hard-Knocks, personal communication, November 20, 2015).
Within closely examining the mental health needs of the Black Pentecostal Church, Pastor Activist perceives collaboration not only with counselors, but also with a variety of agencies and professionals that will address the diverse needs of the people. Although he admits that he has not always perceived collaborating as a benefit, due to his doctrinal beliefs and how “the Black Pentecostal church, for a long time have really been erupt about labeling everything as a demon problem” (Pastor Activist, personal communication, November 29, 2015), which effected how he addressed mental health related issues; however, his experience as a chaplain where he collaborated with medical staff “enabled me to see the benefit of a joint partnership and collaboration because doctors realized that spirituality helps a lot of times with the physical and mental ailment of the patients, you know” (Pastor Activist, personal communication, November 29, 2015). Through this experience, Pastor Activist saw the value to not just developing a collaboration with physicians, but the value and need in a multi-system collaboration. He specifically states:

It is important that the church community, the mental health community, the medical community, whatever; the law enforcement community all collaborate together for the common good of all of our citizens. For years, the Black church have played a very vital part of not only the African American community, but the country itself as a whole, but it is time that the Black churches in the inner city take more of an important part in the welfare of our citizens in the community of where we have our churches. It is time that we ban together and begin taking it to the streets, instead of waiting for problems to occur. Let’s get it before it happens, and that includes mental health, crimes, and other issues affecting Blacks (Pastor Activist, personal communication, November 29, 2015). With an assortment of agencies and systems collaborating with Black Pentecostal pastors and churches, this can target mental health issues; in addition to societal, racial, and economic issues
African Americans are often encountering, as indicated in CRT (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014).

Likewise to both Pastor Hard-Knocks and Pastor Activists, Pastor Profound also perceives collaborating with counselors as not only a benefit to assist his parishioners, but also as a facilitated learning opportunity. He states:

Yes, I would collaborate due to them having a way of getting to the root of the problem and having a greater base to draw from. They have their way of getting to the root of the problem and you learn lessons that you can apply to yourself. They have a greater base because they have a greater study of things and how things should be. So, you learn from them. You learn (Pastor Profound, personal communication, November 19, 2015).

Similar to the statement that Pastor Profound uttered, Pastor Helper expressed a parallel statement on how he is open to collaborating as well as learning. He briefly highlights this previously mentioned point by stating, “Yeah collaboration, that’s not a problem because I can learn. I can always learn” (Pastor Helper, personal communication, November, 17, 2015).

Even though the majority of the participants (i.e. 66.6% of the participants), displayed a both a willingness and a positive outlook on fostering collaboration with mental health counselors, two of the remaining participants displayed resistance. Pastor Old School specifically stated that “I don’t fool with them” (Pastor Old School, personal communication, November 17, 2015). Although reluctant, Pastor Old School elaborated having a lack of experience on collaborating with mental health counselors, he did indicate there could be a possibility for fostering a collaborative alliance, but explained his conditions for the collaboration. He stated:

If he comes to me the right way, then I would collaborate, but if he comes to me with all that education…. (Short pause) Education is not going to do the job. You might read, but you gotta get down to the nitty gritty. You gotta find out what is wrong with the person.
Until you know what’s wrong with them, you can’t minister to them (Pastor Old School, personal communication, November 17, 2015).

Likewise, Pastor Bible Scholar displayed resistance, which was present as he negatively explained his view of counselors. He stated:

I perceive mental health counselors and specialists view church people as stupid, so they try to play games. They believe that often times church people or individuals who identify as religious and spiritual are misunderstood and perceived as naïve to the world (Pastor Bible Scholar, personal communication, December 2, 2015).

He continues by elaborating on how this effects how he perceives developing collaborative efforts with mental health counselors. Pastor Bible Scholar continues by stating:

I try to collaborate and use those around me that knows something about mental health issue that is being uh….discussed at that uh, time. I try to use their expertise instead. I believe that if you got that ability to deal with those particular people, then when you come into the church, you are to use that ability. I don’t like to use a lot of help outside the church, unless I have to. I try to try to use those within the church. So if the counselor is saved and in the church, then I would collaborate with that individual (Pastor Bible Scholar, personal communication, December 2, 2015).

As each of the perceptions of the participants is examined, the phenomenon that emerged is how a collaboration between Black Pentecostal pastors and mental health counselors are seen as beneficial and a facilitated opportunity for a marginalized group of individuals, African Americans, to have access to adequate services, where both their spiritual and mental health needs will both be addressed. CRT highlights the social injustices for people of color by examining their encountered challenges through a broader perspective. One of the injustices that African Americans are confronted with are the challenges surrounding mental health care and effective services, where African American clients are experiences are understood and
professionals are able to understand the historical context that is embedded in their experiences. Black Pentecostal Pastors (i.e. the participants) understand the racial, societal, and economic issues that their parishioners are faced with and sees collaboration as an opportunity to advocate for their church congregants, but to also aid in the dismantling of the infrastructures that’s are ingrained in racial paradigms and how it impacts people of color, which is emphasized in the literature as a goal of CRT (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014). This positive outlook on collaboration can serve as the stepping stones for counselors that are not classified as people of color to begin understanding the history and experiences of African Americans through storytelling, a major tenet of CRT (Cooper & Hawkins, 2014). This is also a way for counselors to utilize this specific tenet to empower their clients that belong to a marginalized group. Additionally, it is through mental health collaboration where other tenets of CRT (i.e. critique of liberalism, permanent racism, Whiteness as a property norm, and interest convergence), which was mentioned by Cooper and Hawkins (2014) can be addressed as it relates to the mental health of the parishioners of Black Pentecostal pastors. As pastors continue to hold a positive perception on collaborating with mental health counselors, development and implementation of a collaboration can transpire, serving as a catalyst for positive change for the Black Pentecostal church and the African American community as a whole.

Besides looking at the perception of collaboration from Black Pentecostal pastors through the lens of CRT, this can also be examined through concepts embedded in Systems Theory. Once again, the premise of Systems Theory is that in order for the identified system to maintain, be productive, and effectively function, that each component that is comprised in the system must serve their role. When examining the hierarchy of the Black Pentecostal church system, the pastor is positioned at the top, serving as the main individual to make major decisions and assist with the church system maintaining a sense of homeostasis, but also overall functioning, assisting with that the needs of the individual within the identified systems are met. This has been defined as
mechanisms (McRae, Carey, & Anderson-Scott, 1998). One of the needs that the participants within this study are beginning to examine in a more comprehensive manner is the mental health related needs of their parishioners. With Black Pentecostal pastors considering the benefits of fostering a collaboration with mental health counselors, this meets a need of the black community and their flock, setting up a platform for an underserved population to ascertain counseling and mental health services from qualified professionals as they work in conjunction with the pastors of the parishioners. With the opportunity for a collaboration to be in place, it will overall, not only mimic a therapeutic environment as indicated in the literature by Yalom (1995; 2005), but will also assist with the Black Pentecostal church system with remaining emotionally, mentally, and spiritually stable and functioning, which aids in the church continuing to function adequately as a productive system.

**Internal collaboration.** Collaboration and community based interventions are currently being implemented between religious organizations and agencies to promote wellness and educate individuals about maintaining a healthy lifestyle. However, collaborations and community based interventions whose primary purpose is to not only raise awareness on mental health, but to educate and target the needs associated with African Americans and the Black church are scarce (Hankerson & Weissman, 2012). In order to counteract for this limitation, internal collaboration is being utilized within the Black Pentecostal church among Black Pentecostal pastors. Internal collaboration consists of developing a working alliance with individuals within the same system. Within a church system, internal collaboration would be sub-systems working together (i.e. ministers, church members and auxiliaries); in addition to developing partnerships with other churches within the same reformation as the identified church system that is being examined. Although in some cases, it is suggested that churches have shun church members suffering from mental illness or mental health related issues, in which often times, the Pentecostal church would label this form of sickness as demon possession; however,
participants emphasize how parishioners are willing to work together, utilizing their gifts and knowledge to provide help instead of shunning individuals in severe need. The Black Pentecostal pastors within this study discussed collaborating, internally, specifically with family members in the ministry, other pastors within their church reformation, and with church members that are educated in area of mental health or similar field. By utilizing internal collaboration, the ultimate goal is “All of us are working together for the good of the patient” (Pastor Activist, personal communication, November 29, 2015). This aligns with Systems Theory, where each individual within the established system serves their respective role and responsibilities in order for the system to maintain and function; ultimately enabling Yalom’s therapeutic factors (Yalom, 1995; 2005) to emerge, transforming the church system into a therapeutic environment where parishioners obtain healing.

Pastor Activist elaborated on his quote, “All of us working together for the good of the patient”, which stems from the participant realizing his limitations in education and skills as it relates to the topic of mental health. Pastor Activist explains his reason and objective for internal collaboration. He stated:

I uh….recommend…uh…that they see someone that is more qualified to help them other than myself. (Long pause) And again, we have individuals that I can call into the office here and uh, believe it or not, when they come in, I leave out. And then when I come back in, I ask uh…I say ‘how are y’all doing’….and then the person can share with me and then all three of us can talk. We can touch and agree. Now, I will ask the person, you know, uh….will you receive further counseling…and if so, whatever. So, you know….I try to build this ministry to be like a hospital and that all of us are working for the good of the patient. We leave the egos alone. We forget about all that. If you anesthesiologist, then that’s what you do. If you’re a surgical nurse, then that’s what you do. If you the doctor or uh….uh….the nurse or nurse practitioner, that’s what you do.
Because if anybody crosses over into somebody else’s, or whatever, the person who will suffer the biggest penalty will be the patient, which is the member (Pastor Activist, personal communication, November 29, 2015).

Pastor Activist continued by indicating that he has collaborated with both his wife, “We teach marriage counseling classes; my wife and I, here in the church, city, and throughout the state” (Pastor Activist, personal communication, November 29, 2015); in addition to collaborating with his daughter who serves in the role as Assistant Pastor. He indicated:

Uh…now, for instance, my daughter, she uh…has a degree. She went to Oakland School….uh, and….work in an area of mental health. The area that she is in, she has more training in mental health than I do. Mine come from reading and one-on-one with individuals, but clinical or where to direct them and find out where they need to go, I will just walk the member right down there to her office and we uh, work together to figure out some things (Pastor Activist, personal communication, November 29, 2015).

Similarly, Pastor Profound recognizes his limitations with parishioners, in which he indicate his reasoning for collaborating internally, specifically with family and other ministers. He stated:

I recognize my limitations. Because I have limitations, I don’t keep going; instead, I send them to a minister in our reformation, but will mostly collaborate with someone of greater expertise. I’ve had to. I have family members and pastors in our church or reformation that have their degrees in various things. I may recommend that people go to, but I more so collaborate with them (Pastor Profound, personal communication, November 19, 2015).

Pastor Profound continues mentioning specific experiences in his follow-up interview where he has engaged in internal collaboration with family members within his church. He mentioned:

My family is into church. That’s a whole lot of what we do, so, yes there are quite a few family members that are involved in, and with, that I collaborate with. So, if some of my
young people have problems with homework, or whatever else, um…my son and my
daughter-in-law they go over it. Then we have others that are into math, whatever, they
counsel them and instruct them and go over their homework and see where they are.
They make sure that they are up to their lessons. So, there are a variety of things for
them to do (Pastor Profound, personal communication, December 3, 2015).
Within the church system, Pastor Hard-Knocks shared experiences on internal
collaboration, iterating that:

Like I said before, I have collaborated with people in the church. We are uh…uh,
fortunate to have individuals who are educated and can help. Uh, like, in our church, we
have a person that’s a member in the psychiatric community. So many of times I uh,
collaborate with her after I counsel with the member. But, she is in psychiatry,
psychosomatic, and in medicine. She can actually write scripts and has a medical degree
too. She does public and private practice, including children and adults. So, she belongs
here at our church so, I get to uh, collaborate with her (Pastor Hard-Knocks, personal
communication, December 11, 2015).

Pastor Hard-Knocks continued by suggesting that God places people within his congregation that
are knowledgeable in a diverse cognates, where they will serve as a benefit to the church. He
specifically stated:

The Lord uh… He uses…uh, people and puts uh, people in the church that are
qualified to handle uh, issues. Uh, and, He uses people to help promote uh…not only
Christianity, but He uses….uh…uh… doctors. It’s a good thing that we have doctors for
our physical body and that we have them for our heads too. It’s better if the doctors say
because they cannot only use clinical books, but they can also use God and the Bible to
help. Because everything that we deal with is in the Bible (Pastor Hard-Knocks, personal
communication, November 20, 2015).
Likewise with Pastor Bible Scholar, who mentions about how God sends people to aid to the ministry and to also aid in responding to the needs of the parishioners. One of the individuals that Pastor Bible Scholar pinpoints as a valuable individual that he internally collaborates with is his sister. Pastor Bible Scholar stated:

God put people there for a purpose. If you have that ability to deal with those particular people when you come into the church, then you are to use that ability and whatever God has given you to help the church. My sister is one of the individuals that I consult with because she has a degree in special education. That’s when you work with mentally challenged children. My other sister worked within social services and has experiences working with different ones, so I listen to them (Pastor Bible Scholar, personal communication, December 2, 2015).

Furthermore, Pastor Helper recalls consulting and collaborating with a fellow parishioner that he “feels God sent her to help with some of the mental needs of our members” (Pastor Helper, personal communication, November 17, 2015). Pastor Helper stated further that:

Here we have a young lady where she’s into that field, and there was someone else too who was in that field that I can’t think of specifically right now, where we talked about mental health needs and how to deal with some of the issues presented her. I collaborate with her at times because it’s um…. (Brief pause) helpful and it’s her field (Pastor Helper, personal communication, November 17, 2015).

The usage of internal collaboration has served as a benefit for both the participants in this study, but also as a major benefit for parishioners, especially when there are professionals positioned that could provide insight; in addition to resources surrounding the symptomology or mental illness a parishioner may be combating.

This theme, Internal Collaboration, could be examined through the lens of CRT. One of the major principles of CRT states that, “race is a major factor in the perpetuation of the
inequality in the United States” (Cooper & Hawkins, 2014, p. 83). With race serving as the catalyst for an array of disparities and injustices for individuals of color, the church appears to have found an approach where African American church congregants would feel comfortable addressing mental health related issues with not only with an individual that they have an established relationship with, but also someone who is an individual of color themselves. Literature proposes that race contributes to African Americans having reservations about obtaining mental health and counseling services from counselors that differ ethnically, racially, and have a different cultural background (Murry et al., 2011; Thompson et al., 2004). With lacking similarities with experiences and in overall, culture, African Americans are misunderstood, which reinforces an oppressive environment, ultimately leading to African American clients terminating treatment early (Richardson & June, 1997). Thus, for African Americans parishioners the church is their safe haven and place of refuge where they turn to for mental health counseling, which is in the form of internal collaboration within the Black Pentecostal church system.

With Black Pentecostal pastors implementing an internal collaboration approach, this enables a variety of key constituents to work as a productive system, working for the good of the parishioners in order to address mental health concerns, as indicated in a similar manner by Pastor Activist. It is through internal collaboration where the Black Pentecostal pastor; in addition to his collaborators, to religious and spiritual techniques; in addition to utilizing one of the tenets of CRT, storytelling (Cooper & Hawkins, 2014), to understand the reality and personal experiences that church congregants are facing. Employing storytelling can be therapeutic when collaborating, serves as the channel for Yalom’s therapeutic factors to transpire. The eyes of participating parishioners can become open, allowing them to see that among the individuals present, that similar experiences have occurred (i.e. universality) (Yalom, 1995, 2005). This aids to cohesiveness (Yalom, 1995, 2005) among all involved parties, in which a closeness is continually
growing. It is within this same experience where parishioners can encounter altruism (Yalom, 1995, 2005), they become encouraged by one another and by helping one another overcome while in the midst of their situation. Through internal collaboration and using the technique of storytelling, parishioners seeking mental health related services can empower one another, instilling hope (Yalom, 1995, 2005) and a sense of optimism. With internal collaboration, this facilitates open dialogue among all involved individuals, and can lead to the parishioner being more receptive to the pastor and collaborators as information is imparted (Yalom, 1995, 2005), which creates an atmosphere for interpersonal learning, corrective recapitulation, learning through imitative behavior, development of socializing techniques, and gain self-understanding (Yalom, 1995, 2005). Through the formed internal alliance, individuals work cohesively to aid the church member in reaching a breakthrough (i.e. catharsis). This type of collaboration assist the parishioner’s story to be transformed into a testimony, which is a valuable asset in the Black Pentecostal church, where parishioners witness the ascertained healing through this experience.

With Black Pentecostal pastors developing internal partnerships, this aids to the preservation of boundaries. Systems theory classifies boundaries as a concept that is defined as “who participates and how” (Minuchin, 1974, p.53). The pastor is the individual that delineates who may participate in this collaboration and in what capacity. Participants have indicated family members in the ministry, pastors within their reformation, or church members who they’ve deemed as competent in the subject area of mental health as the constituents involved in the alliance that has been formulated internally. With mistrust in both the mental healthcare industry and providers serving as a barrier for African Americans (Allen et al., 2010; Alvidrez et al., 2010; Fox et al., 1995; Nicolaidis et al., 2010; Snowden, 2001; Whaley, 2001), the pastor has created physical and psychological boundaries, enabling parishioners to attain mental healthcare from trusted individuals who will not only maintain confidentiality, but also who are working together in the best interest of the parishioner. This contributes to the establishment of clear boundaries,
increasing open dialogue among individuals within the system, but specifically within the internal collaboration circle. By the pastor maintaining appropriate boundaries when exercising internal collaborative efforts to assist parishioners in times of psychological distress, effective decisions can be made and proper “therapeutic” techniques (e.g. prayer, biblical scriptures, and storytelling) can be incorporated in counseling, which as a result, can lead to congregants gaining the deliverance they were looking to obtain.

**External collaboration.** External collaboration differs from the previous theme, internal collaboration. Internal collaboration centered on working only inside the established system. Systems Theory would categorize internal collaboration as an example of a closed system, in which the church system’s communication and interactions are limited to the constituents within the established system, the Black Pentecostal Church. With external collaboration, communication and interactions occur within the system; in addition to the surrounding environment, which Systems theory labels as having an open system. When the church system is an open system, the external forces from the environment can impact the system positively or negatively. Within the literature, some members themselves that identify with the Pentecostal church have sought external counseling (Belcher & Vining, 2000). Churches and other faith-based organizations have also open their church system, enabling mental health professionals to provide services, evidence by the existing literature that have reported experiences with external collaboration (Edwards et al., 1999; Hankerson & Weissman, 2012; Williams et al., 2014). Although there are existing external collaborations between churches or faith-based organizations and mental health providers and agencies, the gap in the literature remains in existent, lacking the acknowledgement of alliances being formulated between Black Pentecostal Pastors and mental health counselors. This leaves researchers wondering if this needed partnership is perceived negatively, possibly conjuring the thought of Black Pentecostal Pastors as not being interested in
a collaborative effort that could serve as a benefit to an underserve population, African American parishioners.

Participants within this study expressed their perceptions surrounding external collaboration, in which they perceived such an alliance is needful and can serve as a benefit for them and their church members. However, within expressing a willingness to collaborate with mental health counselors, each participant indicated stipulations and conditions that must be considered, if this partnership were to transpire. For instance, Pastor Old School accentuated the notion that understanding between him and the mental health counselors are vital. He specifically stated, “See, I got to understand what you doing, and you gotta understand what I’m doing. And then, we can work” (Pastor Old School, personal communication, November 17, 2015). In order to ascertain an in-depth understanding of what the participant was insinuating, Pastor Old School elaborated, specifying:

In other words, if you and I…we had a case…you know that you are a mental health worker, but you can see that this person needs more than just sitting down talking…because a lot of times people sit and listen to a lot of stuff and by the time when they leave, they go back and do the very same thang that they said that they wouldn’t do…But when you know the Spirit of God, and you talking with me…and I’m a minister…you should say…‘hey listen…let’s go to the side. We need to pray for this person.’ (Long pause) You understand what I’m saying? Because that’s the only that’s going to break….See, the devil has yokes…And he will put a yoke on you. And once that yoke is there, it takes the anointing to break the yoke….That’s the only thing that can break a yoke…the anointing (Pastor Old School, personal communication, November 17, 2015).

With having a mutual understanding established between the Black Pentecostal pastor and all involved constituents (i.e. counselors) this facilitates a dialogue that addressing concerns
surrounding the services offered, how services would be provided, the logistics of the services, treatment options and approaches, and the role each individual will play. Having identified roles and responsibilities enables the external collaboration the church system to operate effectively and to be cohesive in mind and actions. This aligns with what McRae et al., (1998) highlights as the premises for Systems Theory as the whole being greater than the sum of its parts.

Additionally, mutual goals would also be imperative to consider within the discussion of the pastors obtaining an understanding of the collaboration, as suggested by Pastor Old School. Similarly, Pastor Activist also believes that within collaboration that one of the understandings that must be clear is the establishment of common goals. Pastor Activist suggested that, “As long as there is a common denominator and common goals between me and the mental health counselor, with the goal being to help, I am open to collaboration” (Pastor Activist, personal communication, December 13, 2015). He expounded on this key consideration, saying:

Oh and as I said before, we must touch and agree to make sure we are all on the same page for the benefit of the member. This is whether we are working together among each other, or whether someone uh….uh is coming in to assist (Pastor Activist, personal communication, December 13, 2015).

With examining this statement, Pastor Activist reiterates that communication is important in the midst of collaboration. By engaging in open discussions, boundaries are clear and as the collaboration continues, the dialogue between collaborators increases, information is continually shared, decisions are made effectively, and boundary ambiguity diminishes, as suggested in Systems theory (Brown & Christensen, 1999; Minuchin, 1974).

Likewise, Pastor Helper also focuses on the communication pattern and interaction between him, as a pastor, and the mental health provider, which would be the individual(s) the external collaboration takes place with. He looks at the idea of making sure the counselors are
honest in their presentation of services, truly possessing a genuine desire to assist God’s people
with mental health related issues. Pastor Helper mentioned:

Both parties would need to be honest. (Long pause) Both parties to be honest with each other and no hidden agendas. That’s the only way it could be successful. We...both parties, the agency and my church should have the purpose to help the individual and other individuals that need help; not for personal gain for the church, but to help the individual. That’s how I see it. That’s the type of person that I am. Because I help the person and not for personal gain. And, the reason I say that because some churches...some organizations, they get involved with groups and stuff, but they want the money. They trying to feed their own pockets or they want to make themselves look good. I’m not in to that. I’m here to help. You know. Because that’s...that’s more important, you know (Pastor Helper, personal communication, November 17, 2015).

With examining Pastor Helper’s statement through a Systems theory perspective, this too, speaks volumes to clear communication and interactions in order that boundary ambiguity is reduced (Brown & Christensen, 1999; Minuchin, 1974). However, Pastor Helper’s quote could also be examined through the lens of CRT, specifically the tenet called interest convergence (Cooper & Hawkins, 2014). Pastor Helper desires the collaborators (i.e. mental health counselors) to be genuinely concerned about his parishioners, that his parishioners are being understood, and assisting to turn his parishioners experience into a testimony to inspire and encourage others. Interest convergence appears this way, the genuine sincerity to aid African Americans in progressing (e.g. obtaining adequate mental health services from competent counselors); however, a benefit must be available for the majority culture. Therefore, external collaboration will be promoted as a positive effort. When looking from the outside in, this could be perceived as an opportunity for an underserved population to be serviced; nevertheless, the treatment services provided will be inadequate and culturally irrelevant (Sue & Sue, 2006). Thus, if mental
health providers who are not of color are preparing to enter the Black Pentecostal church system to assist in this manner, it is vital that counselors possess a strong desire to help and understand the experiences; in addition to utilizing their strengths (i.e. spirituality and religion) to assist the church members seeking help through counseling.

Similarly, Pastor Profound condition for collaboration is parallel to the statement of Pastor Helper. Pastor Profound’s condition for external collaboration is that all parties must be open. Pastor Profound stated:

You can’t hide things; you have to be open. Uh…and know that you are working for the cause of people. It’s not who’s greater, it’s we’re working together for this to see that it gets done. Let’s be open with whatever we have. Let’s not try to hide one thing from another so I can have the upper hand. Let’s just let it mesh together \( \text{joins fingers together to provide a visual of what is being stated} \). (Pastor Profound, personal communication, November 19, 2015).

Once again, as all key constituents are open, honest, and engage in effective dialogue that will ultimately benefit the collaboration as a whole and the church system can mimic a therapeutic environment, as suggested by Yalom (1995, 2005).

Pastor Bible Scholar admits to lacking the proper knowledge surrounding diagnosing, psychopathology, symptomology, and the etiology of mental health disorders. He realizes that mental health is not a cognate that he is competent in, which has led him to having an interest in external collaboration, although internal collaboration is his preference. Regardless, for external collaboration, Pastor Bible Scholar had personal stipulations and conditions where his statement he acknowledges similar conditions as the other participants, such as “having a sincere heart to help God’s people” (Pastor Bible Scholar, personal communication, December 2, 2015); conversely, he also expresses other conditions. He stated:
Ain’t no point in me pretending as if I know everything because I don’t. I would collaborate with those who have that ability, especially if they are saved or is desiring to be saved. I don’t like to use a lot of help outside the church, unless I have to, but I try to collaborate with individuals in the church. But, if I’m going to work with mental health counselors, I would prefer if they are in the church and they have to have a sincere heart for helping God’s people. I have to know what they are up to and how they are planning to help the members (Pastor Bible Scholar, personal communication, December 2, 2015).

Bible Scholar appears to be looking to put in place spiritual boundaries around his parishioners. As his statement is analyzed it can be interpreted as not wanting his parishioners to be sidetracked by scientific theories, but instead relying on their faith and depending on God to work within them. If the counselor that is collaborating is saved, a more biblical and Christ-centered approach is more likely to be implemented. Likewise with Pastor Hard-Knocks, whose statement reflects an openness to external collaboration, but wants to make sure that nothing is taken away from Christ nor is Christ being denounced within the counseling process. Pastor Hard-Knocks emphasizes:

I would have a problem if people started denying… if you a psychiatrist and you started denying that there’s a God; there’s a Christ and that there is a Holy Spirit, then I would have a problem. Um… as long as we don’t have these kinds of issues, I think it’s acceptable, but the church, I guess this will be it (Pastor Hard-Knocks, personal communication, November 20, 2015).

It is vital that within the collaborative process that the Pentecostal doctrine is respected and incorporated. It is through this type of collaboration where counselors must be able to understand that Christ will have to remain at the center of the services and treatment that is provided and that healing will come through God within this process.
Conclusion

This chapter highlighted that the participants within this study consisted of Black Pentecostal Pastors, who consistently put for the effort of meeting the diverse needs of their parishioners. Within this chapter, it became evident that every day, these participants wear many hats, serving as preachers, leaders, individuals who provide spiritual guidance, and individuals who exercise the role of a counselor in order to address the mental health needs of their congregants. Although each pastor depends on God to lead them and guide them in how to confront the mental health needs of their flock, they are also cognizant of their limitations. Due to these limitations, pastors do the best with the knowledge and skill-set that they have; in addition, to initiating internal collaboration with professionals that are competent in the area of mental health. However, it is within this same chapter that these same participants that have come to the realization that during times when their church congregants are encountering psychological distress and an array of stressful challenges, that it may be benefit to seek beyond the church doors to collaborate externally, accessing resources to benefit their flock. The final chapter will focus on a brief discussion surrounding the study; in addition to the limitations and recommendations about the findings that were presented in this study.
Chapter 6: Discussion and Recommendations

The purpose of this study three-fold, seeking to understand both the perceptions of Black male Pentecostal pastors towards mental health and towards collaborating with professional counselors in order to assist with addressing the mental health concerns of parishioners. Additionally, this study also sought to investigate the various modalities that Black Pentecostal pastors have implemented to target the mental health concerns that their church congregants are battling. In order to capture this, a qualitative inquiry was utilized, which provides a social constructivist worldview that enables researchers to understand the reality of their participants (Creswell, 2014). With implementing a phenomenology approach, a specific form of qualitative inquiry, the study was able to ascertain thick rich descriptions of six participants that highlighted both their personal experiences for working with parishioners to address mental health issues and their perceptions towards mental health and collaborating with qualified counselors by performing semi-structured interviews and observations. It is through this study that an in-depth understanding of the perceptions and experiences of Black male Pentecostal pastors was obtained in order to assist with building a bridge between the mental health counselors and the Black Pentecostal church. This study aids with the ultimate goal of in gathering information that would be beneficial in creating a therapeutic alliance between Black Pentecostal Pastors and mental health counselors, beginning the process in constructing a foundation that is comprised of strategies that will assist in not only developing an effective collaboration, but also a meaningful framework that aids in addressing the mental health needs of Black church congregants and the African American community as a whole.

The purpose and the ultimate goal for this study stems from the problem statement in the first chapter. It is within this section where it highlights that mental health issues are in existence, in which Black Pentecostal pastors are working effortlessly to aid their church members in addressing those challenges. Numerous authors in the literature have identified African
Americans as a marginalized and oppressed group of individuals who have struggled with an array of social, racial, economic, spiritual, familial, physical, and psychological issues that have increased feelings of distress and hopelessness (Adkison-Bradley, et al., 2005; Davey & Watson, 2008; Mattis et. al, 2007, Neighbors et al., 1998; Payne, 2008; Taylor et al., 2000). Encountered feelings of despair stemming from such societal disparities, which is highlighted by CRT, have stimulated the call to consciousness of religious leaders. Whether educated and trained or the lack thereof, pastors have positioned themselves in the role of spiritual advisors and as counselors (Adkison-Bradley et al., 2005; Allen et al., 2009), whose main goal is to utilize what they believe is a solution that will stimulate relief and inner healing through spiritual means. This is what aids to church mimicking a “therapeutic” environment.

The Black Pentecostal church is unique in their approach in how they combat mental health. The selected methods of Black Pentecostal pastors are based on their perception of mental health, which is derived from biblical teaching, training, and the Pentecostal doctrine. This is congruent with Belcher and Vining (2000) who emphasizes that religious associations and environments are pivotal in the development of an individual’s spiritual beliefs.

The participants within this research investigation not only grew up, but were taught, and trained under the “Old Pentecostal Way”. The Pentecostal lens is unique in how mental health challenges are conceptualized. The Pastors, specifically participants, under this era hold a constructed view of the presence of mental health issues or mental illness, believing that it is a demonstration of the devil’s work, in which the mind of an individual becomes distorted and becomes, manifested physically (Mercer, 2013). This belief has led the participants to believe mental health is deemed as negative, where individuals with disorders and illnesses of the mind are disturbed and helpless. Additionally, participants perceive mental health and illness as existed for years, beginning in biblical times, which manifested itself in the form of demon possession. It is through their belief that mental illness is demonic in origin; thus, leading them to incorporate
prayer, laying on hands, casting out demons (Belcher & Hall, 2001), and other biblical approaches to drive out the devil, which as a result, the parishioner is healed. These modalities stimulate an environment that produces “therapeutic” relief. This is congruent with Yalom (1995, 2005) who suggest that in a therapy-centered setting, such as the church, that when the environment facilitates self-growth, support, encouragement, healing, and exploration that Yalom’s Therapeutic Group Factors can emerge. This imitates the group counseling experience that Yalom (1995, 2005) discusses in his work. Nonetheless, with the participants perceiving that mental health issues are spiritual matters, spiritual modalities have continued to be employed.

However, it is also throughout their experiences, growth as a pastor, and obtaining knowledge related to mental health where the participants’ perceptions have been challenged, impacting how they perceive mental health currently. Black Pentecostal Pastors have been transitioning out of the “Old Pentecostal Way” of addressing mental health matters. Participants have come to the realization that some of their parishioners are encountering spiritual warfare, in which spiritual modalities are most appropriate for this type of battle; while in other cases, parishioners are searching for effective ways to handle depression, anxiety, family issues, crises and other life challenges. This is where participants not only become cognizant of the presented cases of their church members are greater than their realm of expertise, specifically lacking knowledge of severe pathology, symptomology, and DSM diagnoses (Farrell & Goebert, 2008; Weaver, 1995), but also have come to the realization that a professional with a greater skill base is most necessary. Counselors and other mental health professionals are the needed professionals that are competent and trained to recognize symptoms of severe pathology, along with understanding how both environmental and biological components can affect the mental health of an individual; in addition to an array of stressors, which could also serve as contributors to the manifestation of mental illness. Counselors are also the professionals that are available to assist
with utilizing evidence based practices that could contribute to the overall wellness of the church’s parishioners.

Although the participants are aware that the psychological needs of their church members are vital and are in need of being met, in which they are also aware that counselors are available to assist; these pastors are protective of their flock and the church system in its entirety. The participants within this investigation aim to meet those needs; while simultaneously maintaining appropriate boundaries to ensure the safety of the parishioners they are responsible for. Therefore, as a solution to meet both the emotional and psychological needs of their congregants, pastors have developed internal collaborations, which pulls from the expertise and various skills of individuals within the church system that share similar beliefs and are individuals they trust. This internal collaboration are pastors within the same reformation working in unity to achieve a sense of mental healthcare that is resourceful for the seeking parishioners; in addition participants formulate partnerships with other church members that are competent in understanding mental health. As a result of the internal collaboration, pastors have been able to become familiar with some existing resources in the community as well as working in conjunction with others to generate healthy solutions for parishioners in need.

Family in the ministry, especially in the Black church is not uncommon. According to the participants, family members play an active part, handling an array of responsibilities to assist with the overall functioning and progression of the church system. Participants have also indicated within the study that family members have assisted with targeting various mental health related issues of youth, women, men, couples, and families. The family is a trusted group of individuals that are deemed as reliable and help to the participants. The family members of the participants, whether it is the pastor’s wife or the pastor’s children, they have contributed to the internal alliance.
In many cases with the participants, the usage of their internal partnerships have served as a benefit to church members, that participants have come to realize that there is also a necessity for external collaborations with mental health counselors as well. Although participants perceive external collaboration as a useful resource where more services can be generated and more issues can be addressed, participants seem to be reluctant, which have led to them generating a few terms and conditions. This hesitation for external collaboration aligns with Belcher and Vining (2000), which prevents Pentecostals in general from seeking counseling services from mental health professionals. Their terms and key considerations are vital to effective collaboration and should be deliberated upon. Pastors (i.e. the participants) are the gatekeepers of their church, approval and finalized decisions must come through them. Although considerations, such as logistics, cost, time, and assessing needs are elements to consider, based on observational encounters and interviews with the participants, it appears that the main focus of the collaboration and services provided is that it remains Christ-centered.

There were three main research questions that served as the driving force for this investigation and discussion, in which Critical Race Theory, Systems Theory, and Yalom’s Therapeutic Factors lens were used. The research questions for this study consist of the following: 1) What are the perceptions of Black Pentecostal Pastors towards mental health?, 2) How do Black Pentecostal Pastors address mental health issues with their church congregants?, and 3) What are the perceptions of Black male Pentecostal Pastors in fostering collaboration with mental health counselors? The final chapter of this phenomenological study will include: 1) implications for mental health counselors, 2) recommendations for both pastors and mental health counselors for effective collaboration, and 3) limitations and recommendations for future research.
Implications for Mental Health Counselors

Attending and being an active participant in religious institutions is a commonality among many Americans. Although historically the African American population have been identified as a group of individuals that have dedicated a large amount of time to religious and spiritual activities, the participation continues to grow, in which African Americans have exceeded those of the majority culture (Chatters et al., 1999; Chatters et al., 1996; Constantine et al., 2000; Levin et al., 1994; Pew Research Center Forum on Religion & Public Life, 2007). The Pentecostal church is one of the religious denominations that have drawn African Americans and have been categorized as one of the prominent Black churches (Constantine et al., 2000). The Black Pentecostal church have remained pivotal in the lives of African Americans, deemed as an institution for worship, but also a refuge where they ascertain strength, encouragement, and support, especially when facing challenging times. Pastors are the constituents that are faithful to their parishioners, dedicated to meeting an array of needs. Mental health is one of the needs that parishioners have sought assistance for. Literature indicates that African Americans are consistently encountering a variety of obstacles that prohibits or limits them in obtaining services (Snowden, 2001; U.S. Department of Human Services, 2001; Ward et al., 2009; Ward et al., 2013; Williams et al., 2007); therefore, pastors have stepped to the forefront to combat the mental health challenges that their church congregants are confronting. Regardless of this, the preference of parishioners for addressing their mental health needs through counseling are pastors (Payne, 2008), in which Hardy (2014) highlights many of the benefits for African Americans utilizing pastors instead of professional mental health providers. Based on the both the increase of the Black Pentecostal church and the preference of African Americans being to seek counseling and treatment services from pastors, the research was designed to contribute to the literature to not only highlight how Black male Pentecostal pastors handle the mental health needs of their parishioners, but to also understand their perceptions towards mental health, which is influential
in how they approach their mental health needs. This research was also completed to emphasize the perceptions of Black male Pentecostal pastors towards collaborating with professional counselors, in which this exploration could contribute to building a bridge of support for both pastors and the parishioners, where services become enhanced and a therapeutic alliance is formulated, when combating mental health concerns. In conjunction with the information acquired from the semi-structured interviews, this section describes implications for mental health counselors. The implications proposed in this chapter can be applicable to Psychologists, Social Workers, Mental Health Counselors, Counselor Educators and other related helping professions.

**Multicultural considerations.** In regards to the six participants in this study, many of them described conditions and stipulations that counselors are to consider when pursuing a collaboration with Black Pentecostal pastors; in addition, the literature also emphasize barriers that African Americans face that should be considered in order that these barriers aren’t perpetuated during the collaborative process. Understanding was a common thread among participants. Although the term understanding is broad, participants specifically honed in on the overall clarity of the services that will be rendered to parishioners. Black Pentecostal Pastors are taking a risk, opening their church doors and extending their boundaries to embrace external resources for the benefit of their parishioners. However, understanding expands beyond types of services, the role of individuals in the alliance, and how to address the issues presented, but understanding also includes the culture and identities of both the environment of where the collaboration will occur and the individuals who will be receiving services from the established collaboration; in addition to understanding multicultural factors, such as age, gender, socio-economic status, and education.

When examining the possibility of collaboration with Black Pentecostal pastors, there are two cultural identities extant; ethnic identity and a religious identity. Similar to White American clients seeking to be understood in session by their mental health provider, African Americans
seek for the same experience; however, counselors have difficulty relating to clients, such as 
African Americans, who have a unique ethnic identity. According to Constantine et al. (2000), 
Black clients often feel misunderstood, due to mental health providers failing to consider the 
cultural context, history, and personal experiences of Black clients. This stimulates negative 
feelings among ethnic clients (i.e. African Americans) as well creates an oppressive environment. 
This can lead to early termination and stagnation in progress among African American clients. 
Sue and Sue (2008) suggest that in order to avoid this pitfall that counselors should pay 
observance to the client’s values, beliefs, issues related to culture, and the experiences of the 
client. Counselors should be able to integrate those experiences within therapy and even when 
collaborating with Black Pentecostal pastors to address the mental health concerns of their church 
members with the client. Mental health providers should aim to also utilize the experiences of 
their clients (i.e. church members) to empower them, enabling the clients to withdraw the 
positives from their experiences and how their clients can be an overcomer in spite of their 
circumstances and challenges. A tenet embedded in CRT called storytelling is a technique that 
can be implemented in assisting pastors with working with parishioners. Through storytelling, a 
testimony can be generated, which is a form of witnessing implemented in the Pentecostal church, 
and increase the faith of other church congregants that are encountering similar experiences. 

Mental health counselors should take into consideration the religious identity of the 
church system of the Black Pentecostal pastor the collaboration is formed with. Cashwell and 
Young (2011) convey that religion and spirituality is an element of the lives of African 
Americans that is highly valued and should be incorporated in treatment. In order for counselors 
to successfully navigate the integration of the Pentecostal belief system and key components of 
the Pentecostal faith, the counselor must understand the theological foundation that 
Pentecostalism is built upon. This can be accomplished through cultural immersion and utilizing 
the Black Pentecostal pastor as a spiritual and religious resource to understand the religious
identity of the system. With counselors becoming knowledgeable about the Pentecostal doctrine, this will enable them to understand the perceptions of both the pastor they are partnering with and their flock towards mental health, symptomology, etiology, and healing. This will contribute to counselors in understanding how and why biblical approaches are crucial for implementation during the counseling process when working with Pentecostal church congregants. When counselors ascertain the basis of the religion, counselors will be able to not only incorporate elements of the Pentecostal doctrine within counseling, but counselors will begin to think critically, finding ways to intersect the parishioners’ ethnic identity, religious identity, and mental health. This facilitates a meaningful framework that is both Christ-centered and therapeutic. This enhances the church system because parishioners can be mentally, emotionally, and spiritually healthy, utilizing valuable coping skills that they can become instrumental in overcoming during challenging times.

As mental health counselors engage in the collaboration process, working with both Black Pentecostal pastors and African American parishioners, counselors should understand how other multicultural characteristics contribute to the counseling process. One aspect of diversity that counselors should consider is age. When counselors can understand age, which is an integral part of an individual’s personal identity, counselors will be able to conceptualize how age may play a role in the issue being presented. For instance, Pastor Profound discussed during the interview that with parishioners who were older in age, in which many were involved during the civil rights era, experiencing racial discrimination and injustices, were psychologically bound to those historical periods. Therefore, understanding age and how it relates to the experiences of the client (i.e. parishioner) and how it intersects with other cultural dimensions of the individual will enhance treatment as well as (Berberich, 1998; Greene, 2000; Jackson-Triche, Sullivan, Wells, Rogers, Camp, & Mazel, 2000; Wu, 2000) assist the counselor in their efforts to begin implementing a holistic approach.
Socioeconomic status is another dimension of diversity that counselors should remain cognizant of when collaborating with Black Pentecostal pastors and working with parishioners. This running theme (i.e. socioeconomic status) was highlighted throughout the study as a cultural factor that impacted African Americans, and how it relates to other cultural dimensions of an individual (Hawley, Leibert, & Lane, 2014). For instance, the literature indicates that socioeconomic status is closely related to race and gender (Hawley et al., 2014; Pope-Davis & Coleman, 2000) and can impact success in education (Blustein, Chaves, Diemer, Gallagher, Marshall, Sirin, & Bhati, 2002), self-esteem, mental health, and overall well-being. Although African Americans are hard workers, in the labor force this ethic group continues to be underpaid, earning less than Whites, regardless of educational attainment. Socioeconomic status is a cultural variable that poses as a challenge to meeting an array of needs and attaining adequate services, such as mental health treatment, especially among African Americans. Therefore, as counselors begin to collaborate with pastors as well as working with the church system to address mental health concerns, counselors should be aware of how socioeconomic status is pivotal in the African American experience, their daily struggles, and how it could affect the outcome of therapy. This also facilitates the opportunity for counselors to see how cultural variables overlap, effecting multiple cultural domains of an individual. This will aid in the counselor in understanding the individual as a whole; instead of subparts.

**Participant Recommendations for Mental Health Counselors**

The participants in this study were asked, what valuable information do they suggest should be shared with mental health counselors that would contribute to developing a successful collaboration. Each of the six participants proposed recommendations that they feel would be beneficial to mental health counselors. This section goes into details regarding the recommendations.
Pastor Old School suggested that mental health counselors should get to know the people and the Pentecostal doctrine.

See, when we uh, work together, we have to uh be on one accord. So, when I say that, I mean you got to understand what we are about, what we believe, and uh what uh God means to us and then when it uh, comes to the uh counselor, they gotta be willing to learn about us. They gotta understand what being Pentecostal is all about. That’s how you uh connects with the people because you uh, you know, understand them and what’s important to them. This is one way we can be on one accord because uh, you’re able to match what you do as a professional to what we believe. So we gotta be on one accord and that’s how, and that’s it (Pastor Old School, personal communication, December 4, 2015).

Pastor Helper provided two recommendations for counselors. The first suggestion that he reported was for counselors to be compassionate and understanding of the parishioner’s circumstances.

Sometimes church members go through a lot and when I say a lot, I mean a lot. They go through job loss, family and friends passing away, the marriage may not be going right…. (Brief pause)…uh, they kids might be acting up, and then there’s everyday stress that they have to deal with. So, I say this to say that when they come to you, just make sure to show compassion and empathy. A counselor has to be uh, able to put themselves in the other person’s shoes. Uh, they have to be understanding, you know. Members want to be heard and know that they uh, are uh, heard and we uh, do that by showing understanding about what they are going through (Pastor Helper, personal communication, December 5, 2015).

The second suggestion that Pastor Helper provided was that mental health providers are present and continually build rapport.
One thing that helped me with working with church members is showing that I am constantly present. When I say constantly present, I mean in uh, more than one way. So, uh, for one, the counselor should be physically present. The people got to know (using hand gestures) who the counselor is, what they look like, and are there when they are needed. Uh, they have to be present in heart and in mind too. And, uh, when I say that I say it to mean that the counselor has to have a willing heart to hear the church members cry and need for help. They uh, uh, have to be mentally there and be thinking of ways to help them because I am telling you, if the counselor isn’t there in mind, heart, and then physically, you will lose the person that you will try to help and they won’t pay you any mind because they know that you really don’t care. So, they got to be present and when they present, the counselor has to uh, uh, make sure that they build and have a relationship with the church member. I found that uh, the relationship between me and my members have been important and it has an impact when helping them. So once again, I say this to say, don’t just come in thinking you just going to help. You got to get to know them and their story and what they are about. They will value the experience more.

Pastor Activist also was a participant that had two pieces of advice to convey to counselors and other mental health providers. The first suggestion dealt with being open minded. One thing I believe is that when there are people that are planning to uh, collaborate, everyone wants to be involved and to be honest, uh, they should be (chuckled). But, a lot of ideas will be shared, from counselors, pastors and clergy that may be involved. Each person will have their own ideas about uh; how they think what they think is good for the client. Please don’t get me wrong, we all will have good ideas and things that will be helpful for the collaboration, but counselors will need to be open minded. Us pastors are going to come from a spiritual perspective and I get that counselors are trained a
specifically way so they will come with that perspective. Regardless, let’s all be open minded to each other’s ideas and thoughts and as I said before, work together for the good of the patient (Pastor Activist, personal communication, December 13, 2015).

The second recommendation of Pastor Activist is derived from his personal experiences and his understanding of the numerous challenges affecting African Americans, a marginalized and oppressed group of individuals.

Uh, I’m going to keep this short and get straight to the point on this piece of advice, but I recommend that uh, counselors make sure that they empower the church members that they work with when collaborating. I have personally seen the struggles and how society wants to keep African Americans oppressed. We don’t need no counselors coming in here trying to keep my members down and oppressed and even depressed. In this collaboration, uh, the counselor should uh…. uh…. be empowering and use spirituality to help empower them as they work with them. I can assist the counselor with that, but remember that they must be open minded. Together a lot can get accomplished if we work together for the good of the patient, and when I say patient, I mean the church members that we are trying to address these mental health concerns with (Pastor Activist, personal communication, December 13, 2015).

Pastor Profound suggested that the collaboration between counselors and pastors is a mutual process. He explains this recommendation in the next statement.

My one recommendation for pastors and counselors coming together to work in unity to address mental health concerns is that to make sure that the entire process is mutual. There should uh, be contributions from both in where the church members can reap the benefits of this collaboration that is to be formed. So, umm…. counselors should be providing resources and workshops to educate pastors on mental health, symptoms, treatment options, and screenings, or let me say that I would like for them to do that.
Remember, I said that counselors have a greater knowledge base, so their knowledge and expertise would serve us well. Then from our end as pastors, uh, we can provide trainings or workshops on the Pentecostal doctrine, spirituality and biblical approaches that can be useful in the counseling process. Together we can plan and develop an agenda to help the church members with mental health. We have to bring what we have together and be contributors, together, or the collaboration won’t work (Pastor Profound, personal communication, December 3, 2015).

Both Pastor Bible Scholar and Pastor Hard-Knocks have similar recommendations for counselors. Their suggestion focused on maintaining Christ as part of the collaboration and counseling with parishioners. Pastor Bible Scholar proposed this recommendation by conveying the following statement.

Christ is important and I believe should be the in the uh, center of therapy. As I said, I don’t mind counselors using their methods and knowledge from their training when we collaborate, but I recommend that Christ be included. The Bible states in Colossians 3:17 that whatever you do in thought or deed that it is done all in the name of Jesus, giving thanks to God the Father through Him. That should be kept in mind along with uh, remembering that this is a church, church members are being helped. Including Christ can help with what they are going through, so the counselors, and uh, me, gotta make sure that’s included in the collaboration (Pastor Bible Scholar, personal communication, December 16, 2015).

Pastor Hard-Knocks made the following statement, in which the suggestion that he provides is similar to Pastor Bible Scholar.

I’m going to keep it real, I am all for collaboration, but I recommend that counselors keep in mind that Christ needs and will play an important role in the collaboration and the services we are trying to offer our flock. I recommend that we find a way to include
Christ in this process and that through this collaboration and helping these people that Christ gets the glory from it, not us (Pastor Hard-Knocks, personal communication, December 22, 2015).

**Implications and Recommendations for Counselor Educators**

For counselors to be prepared to work in a diverse society, meeting the diverse needs of their clients, clinicians must have the proper educational training. Training consist of taking a variety of required courses and electives to prepare prospective counselors to work with individuals, children, and families. As students learn the appropriate skills and ascertain knowledge surrounding counseling and mental health treatment, it is vital that counselor educators teach utilizing a multicultural lens. With counselor educators providing a multicultural perspective for working with clients, including parishioners, prospective counselors will be able to learn how to successfully adapt theoretical approaches and interventions while working with diverse populations. This also aids to the development of multicultural competence of prospective counselors as well.

The Council for Accreditation of Counseling and Relational Educational Programs (CACREP) has developed standards that focuses on multiculturalism and diversity, in which CACREP emphasizes how multiculturalism should be an integral part of the counseling course objectives, assignments, and overall learning (CACREP Standards, 2009). However, literature has begun to highlight that graduate programs are devoting less time to spiritual and religious matters and how these issues may relate to the presenting problems of a potential client (Burke, Hackney, Hudson, Miranti, Watts, & Epp, 1999; Gilliam et al., 2012). Also, the learning and implementation of spiritual modalities has lacked as well, which can potentially hinder treatment for clients if spirituality is a strength that is utilized to overcome challenging moments. 80% of counseling programs do not provide any training for counselors in addressing spirituality and religion (Young et al., 2002; Gilliam et al., 2012). Additionally, in research, 78% of counselor
education programs had no specific course that addressed spirituality and religion (Hage, Hopson, Siegel, Payton, & DeFanti, 2006). The lack of integration of spirituality and religion in program design and curricula has led to this dimension of diversity being labeled as the “orphan in academia” (Brawer, 2002, p. 205).

Counselor educators are the key constituents in developing ways to implement spirituality and religion as part of the class discussion. Counselor educators are the drivers behind the counseling profession and can positively impact the preparation of future researchers, counselors, consultants, and supervisors. Therefore, counselor educators can begin advocate for the facilitation of change within counseling programs, specifically increasing awareness of how vital it is for prospective counselors (i.e. counseling students) to ascertain knowledge and develop skillfully for addressing spirituality and religion with future clients. Counselor educators are to not only to be a voice of change, but should allow their actions to speak louder than their words by taking steps towards implementing case studies, written assignments, self-exploration of one’s own spirituality and religious beliefs, and spiritual immersion to gain an in-depth experience and awareness of the importance of spirituality and how powerful it can be to their clients.

Furthermore, counselor educators can implement role play scenarios to demonstrate how spiritual and religious interventions can be implemented in session with clients. This type of training will aid to strengthening future collaborations that counselors and counselor educators can have with a variety of religious institutions, such as the Black Pentecostal church.

**Limitations, Delimitations, and Recommendations for Future Research**

This final section will explore the delimitations, limitations, and the recommendations for future research, specifically related to Black Pentecostal Pastors continuing to address the mental health needs of their parishioners. This section will also provide future recommendations for formulating a collaborative alliance between mental health counselors and Black Pentecostal
Pastors. The beginning of the section will focus on the delimitation and limitations of this research investigation, providing suggestions on how to strengthen the research conducted.

**Limitations.** Examining the limitations in a study is vital and a key component in conducting research. Studies include the limitations of research investigations to not only address the constraints that were encompassed, but it facilitates the opportunity for researchers to replicate and eliminate similar barriers that may have restricted the research in some capacity. For the purpose of this study, there will be three limitations, which include: 1) the amount of time allotted in the field, 2) technology glitches, and 3) note taking.

The first limitation is time allotted in the field to conduct this study. When utilizing qualitative methods to collect data, specifically referring to conducting interviews, the researcher is using questions to enter the mind and the hearts of the participants to gather their thoughts and feelings regarding the topic presented. It is not uncommon for participants to feel guarded, at times serving as a hindrance. There may be a sensitive topic discussed or a question that leads participants to reflect on personal experience, in which the participant may not feel comfortable with reporting and conveying their personal truths. Extended time in the field not only allows the research to be conducted, but also enables the researcher time to develop both a relationship and rapport with the participants. This can contribute to the openness of the participants, increasing their comfort level to share their experiences, perceptions, feelings; their reality.

The second limitation is utilizing technology to disperse the interview transcripts to the participants. Although society has advanced in technology, it yet has its limitations and glitches. As part of the study, the participants were to receive their transcript to review prior to the follow-up interview, via email. According to participants, there were difficulties with the participants retrieving their transcripts. Arrangements for each of the participants were made, in which the transcripts of the participants had to be delivered face-to-face. Delivering the transcripts were found to be more personable and an approach that should be considered in future research.
With novice researchers utilizing qualitative methodology, note-taking can be beneficial while simultaneously making the interview process challenging, which makes note taking the third and final limitation. The process of note taking enables the research to capture details about the surrounding and can serve as a method to capture the observations of the participants. While looking away to take notes, the research can be distracted, missing key body language and gestures that may aid to the understanding of the participants’ experiences. Although note taking can serve as a perk while interviewing participants, a system must be in place to aid the researcher in successfully capturing all of what the participants are trying to convey.

**Delimitations.** Similar to highlighting the constraints of a study (i.e. limitations), it is vital to also highlight the delimitations as well. Delimitations are the boundaries and choices that the researcher makes for the purpose of the study being conducted. For the current research, there are two delimitations: 1) small number of participants and 2) gender limited in the research.

The first delimitation in this study was the number of participants selected for the research conducted. This study focused on six participants, each having to meet an established criterion. For the purpose of the study, the usage of small numbers is appropriate within qualitative research and when a phenomenological case study is being employed. Morse (1994) suggests that the minimum number of participants for a qualitative study is six. Throughout the study, the participants had an array of similarities, such as the city location, specific knowledge on the topic of focus, core spiritual beliefs, and possessing the determination to assist their parishioners with mental health related issues, which contributed to the themes that emerged.

The second delimitation for this research investigation is the gender. For the sake of this research, the study highlighted the experiences and perceptions of Black male Pentecostal pastors. The literature does speak volumes of the culture of the Black Pentecostal church and the Pentecostal church, in general, in relation to the role that genders play. In the traditional Pentecostal church, which includes the Black Pentecostal church, men consume more of the
leadership and authoritative roles (i.e. preaching, teaching, pastoring) in that particular system (Lawless, 1983). Women have their place in the Black Pentecostal church (i.e. are called to preach), in which the Pentecostal church acknowledges, but historically, women have not held the position as pastor (Lawless, 1983). Nevertheless, years have passed and in some ways the Black Pentecostal church have progressed, in which many Black Pentecostal churches have permitted women to transition into the role of pastoring; however, males are dominating in roles of religious leadership, which is the culture of the Black Pentecostal church. Therefore, in order to preserve the culture of the Black Pentecostal church, the research only included participants of the male gender.

**Recommendations for future research.** The expansion of research is key to not only understanding the world we live, but by also key in assisting in how we confront issues in the world, contributing to the improvement of everyday life. In regards to this research investigation, there are a few areas that can be reviewed in future research to add to the discussion in understanding the perceptions of Black Pentecostal pastors towards mental health and collaborating with mental health counselors as well as utilizing the Black Pentecostal church as both a gateway to reach an underserve population and to assist the Black Pentecostal church in their maintenance as a therapeutic system. The first recommendation is to replicate the research, seeking to understand the perceptions of Black women Pentecostal pastors by utilizing a theoretical and conceptual framework that includes CRT, Systems Theory, and Yalom’s Therapeutic Factors. With both men and women, now, serving in the role of pastors in the Black Pentecostal church it is essential seek to understand if there are commonalities in not only their perception towards mental health and collaborating with counselors, but also examining how Black women Pentecostal pastors combat mental health with parishioners. A comparison of key factors related to educational level, socioeconomic status, years of pastoral experience, and the mental health needs of their parishioners should also be included to aid in developing a full
understanding how these variables contribute to how Black Pentecostal pastors conceptualize mental health and how it’s addressed to aid in maintaining a therapeutic system for their church congregants.

The second recommendation is to focus on the collaborative aspect between mental health counselors and Black Pentecostal pastors. This requires taking the recommendations of the participants in this study; in addition to creating a plan to begin developing a collaborative alliance between Black Pentecostal Pastors and mental health counselors. Searching the literature to examine established collaborations between organizations and churches along with combining the recommendations within this research investigation can begin as a starting point to see pre-established collaborative models can be transferrable to the Black Pentecostal church.

**Conclusion**

Implementing qualitative methodology, a phenomenological lens, facilitated within the investigation to examine the personal experiences of six (6) Black male Pentecostal Pastors on overcoming barriers highlighted by CRT (Solórzano, 1997, 1998; Solórzano et al., 2000; Trahan & Lemberger, 2014) to combat the mental health concerns of their parishioners by utilizing a Systems theoretical approach to aid the church in becoming a therapeutic system where it mimics Yalom’s Therapeutic Factors (1995, 2005) to generate healing and growth among the parishioners. This same research study sought to understand the perceptions of the same six (6) Black male Pentecostal Pastors towards mental health and collaborating with counselors, creating a clear picture of how and why the chosen modalities of these six unique Black Pentecostal Pastors to address the mental health of parishioners are selected as well as the spiritual and religious methods of the participants are useful and valid for being integrated in the collaborative efforts of counselors and Black Pentecostal Pastors. As a guide, there were three main research questions that served as the driving force for this research. The research questions included: 1) What are the perceptions of Black Pentecostal Pastors towards mental health, 2) How do Black
Pentecostal Pastors address mental health issues with their church congregants?, and 3) What are the perceptions of Black male Pentecostal pastors in fostering a collaboration with mental health counselors?

Based on the investigation, it has been proven that Black male Pentecostal Pastors do perceive mental health in a negative capacity, in addition to perceiving mental health issues as a spiritual matter. Furthermore, this research proved that how mental health is perceived by Black Pentecostal Pastors will be the way the address mental health related issues. Thus, if pastors are viewing mental health utilizing a spiritual lens, then pastors are apt to implement spiritual and biblical approaches to address the presenting problem. This aids researchers and counselors understand the reasoning for integrating prayer, laying on hands, and other biblical approaches to assist in parishioners becoming both spiritually and mentally healed through divine intervention. Finally, the research also indicated that similar to both Farrell and Goebert, (2008) and Weaver (1995), pastors recognize their limitations, such as lacking knowledge regarding symptomology, etiology, severe pathology, DSM diagnosing, and effective treatment planning where both meaningful methods and evidence based practices are used. Therefore, Black Pentecostal Pastors are willing to collaborate to not only become educated on mental health, but to have qualified and competent counseling professionals assist with providing adequate mental health care that will enable their parishioners in overcoming the mental health barriers that have them bound. With the contribution of this research study and its findings, this can assist with the creation of stepping stones, leading Black Pentecostal Pastors and mental health counselors to collaborate, utilizing a meaningful framework that will provide the needed services for an underserved population.
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Appendix A: IRB Approval

The following research study has been reviewed and approved by the Institutional Review Board at Ohio University for the period listed below. This review was conducted through an expedited review procedure as defined in the federal regulations as Category(ies):

Project Title: A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors Towards Mental Health and Collaborating with Mental Health Counselors

Primary Investigator: Kendra Larrin Jackson
Co-Investigator(s):

Faculty Advisor: Mona Robinson
(Department: Counseling and Higher Education)

Office of Research Compliance Staff
Rebecca Cale, AAB, CIP
Shelly Rex, BS
Robin Stack, CIP

Approval Date
10-26-15
Expiration Date
10-25-16

This approval is valid until the expiration date listed above. If you wish to continue beyond the expiration date, you must submit a periodic review application and obtain approval prior to continuation.

The approval remains in effect provided the study is conducted exactly as described in your approved application. Any additions or modifications to the project must be reviewed and approved by the IRB (as an amendment) prior to implementation.

IRB approval does not supersede other regulatory requirements, such as HIPAA, FERPA, PPRA, etc.

Adverse events/unanticipated problems must be reported to the IRB promptly.
Appendix B: Recruitment Email and Flyer

Greetings,

You are invited to participate in a research study that seeks to understand the perceptions of Black Pentecostal Pastors towards mental health and collaborating with mental health counselors. However, in order to be a participant for this study, I am currently seeking participants who meet the following criteria:

a.) Pastor identifies as Black or African American descent
b.) Pastor’s identified gender must be male
c.) Are affiliated with the Pentecostal denomination
d.) Parishioners are predominately Black or African American descent
e.) Age of the pastor must be a minimum of 35 years of age or older
f.) Who provide counseling and implore mental health practices within their church to parishioners.

If you decide to participate in this study, you will be asked to participate in a semi-structured interview. The interview process will occur in two stages. The initial stage of the interview process consists of a one-on-one interview pertaining to the topic of this research study and the reviewing and signing of the consent form. The second stage will serve as a follow-up with you regarding any missing information that was missed during the initial interview process. The second stage of the interview will also consist of you confirming that the information provided during the initial interview is accurate. As the participant, you will be able to review the transcription of the initial interview prior to the second interview. As the participant, you will be able to keep a copy of the transcription for your records. Each interview will take no longer than 90 minutes. The study is conducted under the advisement of Dr. Mona Robinson and has been approved through the Institutional Review Board at Ohio University.
As you consider participating, please know that the information that you provide will remain confidential and all documents will be stored safely and locked appropriately. It is through your participation in this study that mental health counselors will not only ascertain firsthand knowledge about the mental health and collaboration perceptions of Black Pentecostal Pastors, but your participation will also serve as the beginning foundation for both future collaborations and expanding the research for the counseling profession.

I hope that you consider this opportunity to participate in this study and contribute your knowledge, expertise, and experiences. If you have any questions regarding this matter, please feel free to ask in order that you may gain clarity to make an informed decision.

I thank you for considering this request and I look forward to hearing from you!

Kendra L. Jackson, M.Ed., LSC, LPC-CR, NCC
Doctoral Candidate, Counselor Education
Ohio University
E-mail: kj194309@ohio.edu
Are you a Pastor? Do you provide counseling to your church members?

If so, I would like to talk with you!

Commitment to participate in this research study will include two interviews. Each interview will last no longer than 90 minutes and will occur face-to-face.

You can participate in this study if you:

- Identify as Black/African American
- Identify as male
- Affiliated with the Pentecostal denomination
- Church members predominately Black/African American
- Age is 35 years old or older
- Provides counseling to church members

For questions or more info, please contact:
Kendra L. Jackson
313-477-5518
kj194309@ohio.edu
Appendix C: Semi-Structured Interview Guide

The following questions are prospective questions that will be asked to African American pastors in the Black Pentecostal church regarding what types of mental health concerns are addressed and presented by their parishioners and the modalities that they use to assist their parishioners in combating those issues:

- Please tell me about your educational background and work experience.
- Describe to me the Pentecostal doctrine and beliefs your church is founded upon.
- Let’s suppose that I was a pastor, specifically in your church reformation. What would my role and responsibilities be?
- When you hear the terms mental health, mental illness, or the term disorders, what are the first thoughts that come to your mind?
- What knowledge and training have you received about mental health?
- How often are parishioners experiencing mental health concerns or just life challenges in general?
- Please provide insight to the common issues that you address in counseling with your church congregants.
- Provide an experience that you have had with counseling and mental health treatment.
- Suppose one of your church congregants came to you asking for help with their anxiety, walk me through the process on how you would address this church member’s concerns.
- How does your methods of spiritual treatment or therapeutic approaches differ depending on the issue presented?
- Please inform me of the parameters you take when working with providing counseling to youth.
• Tell me about a time when you were having a difficult time addressing mental health issues with one of your parishioners. What would be the next steps that you may take to assist this individual?

• Many churches use the saying “we are helpers one to another”. With maintaining your role and responsibilities as a pastor, how open would you be with allowing outside professionals to assist with providing counseling to church congregants?

• If a collaboration was an option between your church and a local counseling and mental health agency, what would be valuable information that would need to be shared in order for there to be a successful collaboration?

• Say, if a counselor was willing to come and help your church, but was unaware of the belief system and doctrine of the Pentecostal/Apostolic faith, what information would you deem as most important for her to know?
Appendix D: Semi-Structured Follow-Up Interview Guide

The second interview will be identified as the follow-up interview. This interview will last no longer than 90 minutes. The purpose of the follow-up interview is to not only provide the participants the opportunity to confirm that the transcription from the initial interview is accurate, but also allowing the participants the opportunity to reflect on the questions asked throughout the study. This will serves as the time for the participants to provide the researcher with any additional details about their experience that they may not have shared during the initial interview. The researcher will audio record the follow-up interview for the purpose of data analyses. The follow up interview will have the following order.

- The researcher will again thank the participants for taking the time to participate in this study.

- The researcher will then ask the participant to briefly review the transcripts from the previous interviews. After the participants review, the researcher will ask the following questions:
  - Do you have any additional information that you would like to provide pertaining to what has been discussed throughout the interviews?
  - Do you have any questions about your experience of participating in the study?
  - I have one last question for you. How do you feel about collaborating with mental health professionals?
Appendix E: Consent Form

Title of Research: A Qualitative Study Understanding the Perceptions of Black Pentecostal Pastors towards Mental Health and Collaborating with Mental Health Counselors

Researchers: Kendra L. Jackson, M.Ed., LSC, LPC-CR, NCC

Faculty Advisor: Mona Robinson, PhD., LPCC-S, LSW, CRC

You are invited to participate in a research study that seeks to understand the perceptions of Black Pentecostal Pastors towards mental health and collaborating with mental health counselors. In order for you to decide whether or not to participate in this study, the following information is provided to assist you with making an informed decision. The provided information will explain the purpose of the study, procedures, benefits, risks, and the protection of providing personal information during the study. If you have any questions, please do not be hesitant to ask. After the form is read and all clarity is provided, you will be asked to sign. By signing this form, you are agreeing to participate in this study. A copy of this consent form will be provided for your personal records.

Explanation of Study

The purpose of this study is multi-layered. There are three goals for this study, which are to explore the perceptions of Black Pentecostal Pastors toward mental health treatment, to explore how Black Pentecostal Pastors are addressing mental health with parishioners, and to begin understanding the perceptions of Black Pentecostal Pastors towards collaborating with mental health counselors. African Americans are consistently one of the populations that are underserved when addressing mental health. There are a variety of reasons to why African Americans are reluctant to seek mental health treatment; however, with their strong sense of faith and connections to the Black Church, an abundance of support is provided to assist in the Black community thriving. Black Pastors are key figures and are known historically for serving as a bridge to support for Blacks. Therefore, I would like to understand the dynamics and methods of Black Pentecostal Pastors for addressing mental health parishioners as well as examine the perceptions of Black Pentecostal Pastors towards collaborating with mental health counselors in order to develop an alliance to combat mental issues together. The goal is not in any way to change their approaches, but to highlight in the end, whether or not a potential collaboration can be fostered, serving as a benefit to strengthening the services that are already being provided to the Black community.

If you decide to participate in this study, you will be asked to participate in two semi-structured interviews. The interview process will occur in two stages. The first stage consist of the consenting to participating in this study; in addition to participating in the first interview. The second stage will serve as the follow-up interview. The purpose of the follow-up interview is to not only provide the participants the opportunity to confirm that the transcript from the initial interview captures your responses accurately, but also allowing the participants the opportunity to reflect on the questions asked throughout the study. This will serve as the time for the participants to provide the researcher with any additional details about their experience that they may not have shared during the initial interview. The review of the first interview transcription
will be reviewed by you, the participant, one week prior to the second stage of the interview process. The interviews conducted will take no longer than 90 minutes. Each of the interviews will be audio recorded and will take place in a private and confidential setting, specifically the Pastor’s study, unless specified by you.

**Risks and Discomforts**

By participating in this study, you as the participant may experience risks or discomforts. During the interview process, you will be interviewed about your personal experiences counseling parishioners as well as answering questions pertaining to their own mental health, which could trigger difficult memories or ongoing hardships with people you care most about. It is important that as a participant that you are aware that at any point and time during this study where you begin to experience any discomfort, that you have the option to skip questions, or stop the interview at any time without being penalized.

**Benefits**

This study is important to the counseling profession, academics, and society for a number of reasons. It is my hope that this research will:

- Inform counselors and other mental health professionals of how the Black Church and key constituents play a vital role in the Black community, especially in relation to mental health.

- To gain an understanding that will assist counselors and other mental health providers with understanding on how mental health is addressed in the Black Pentecostal church by Pastors

- Gathering information that will assist counselors, counselors-in-training, and other mental professionals on the necessary components for fostering effective collaboration between mental health providers and Black Pentecostal Pastors, working in unity to combat mental health issues that are plaguing an underserved population.

- To assist with contributing the multicultural competence of counselors-in-training through integrating such information in the classroom.

- Contributing to the generation of new knowledge and providing additional research in an area where a research gap exists.

Although you may not benefit personally by participating in this study, you will be serving as a positive asset for the research being conducted.

**Confidentiality and Records**

During the study, the provided information will remain confidential and your identity will be
protected as a participant. Pseudonyms will be used during the research process, unless you specify in writing otherwise. All data collected will be kept in a locked file cabinet located in the researcher’s locked office throughout the duration of this study. The recordings of the interview will be destroyed after transcription. The master list and digital files pertaining to this study will be destroyed no later than September 2017.

Additionally, although the proper precautions will be taken to maintain a sense of confidentiality, there may be certain circumstances where the information presented for this study must be shared. The circumstances consist of, but are not limited to the following:

* Federal agencies (i.e. The Office of Human Research Protections, in which their role is to protect all human subjects participating in research) responsibility is to protect human subjects in research)

* Representatives of Ohio University (OU) (i.e. The Institutional Review Board, a committee supervising research conducted at Ohio University, etc.)

* 

**Compensation**

No compensation will be provided for your participation in this study. However, you as the participant will be provided with a thank you card and will also be thanked graciously for your participation in the acknowledgement section. This research will not be possible without your willingness to participate.

**Contact Information**

If you have any questions in regards to this study, please contact: Kendra Jackson, Primary Investigator, at kj194309@ohio.edu, 313.477.5518 or Dr. Mona Robinson, Associate Professor and Department Chair for the Counseling and Higher Education Department, Ohio University, at robinsoh@ohio.edu, 740.593.4461.

If you have any questions regarding your rights as a research participant, please contact the Institutional Review Board at Ohio University, at (740) 593-0664.

By signing below, you are agreeing that:

- You have read this consent form (or it has been read to you) and understand the information provided

- You have been provided with the opportunity to ask questions and have your questions and concerns answered

- You have been informed and are aware of the potential risks of this study

- You the participant are 18 years or older and is eligible to consent to this study

- Your participation in this study is completely voluntary
You may decide to stop participating and leave the study at any time during this research. If you decide to end your participation in this study, you will not encounter any penalties nor will any benefits that you are entitled to be expelled.

Signature _______________________________________________________

Date _____________________________________________________________

Print Name _______________________________________________________

Witness Signature _________________________________________________

Date _____________________________________________________________

Witness Print Name _______________________________________________

Version Date: 08/10/2016