Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking

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HURTING LEADERS: THE LIVED EXPERIENCES OF AFRICAN-AMERICAN CLERGY AND THEIR VIEWS, ATTITUDES, AND BARRIERS TO HELP-SEEKING

by

Bernice Suzette Patterson

A dissertation submitted to the Graduate College in partial fulfillment of the requirements for the degree of Doctor of Philosophy
Counselor Education and Counseling Psychology
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HURTING LEADERS: THE LIVED EXPERIENCES OF AFRICAN-AMERICAN CLERGY AND THEIR VIEWS, ATTITUDES, AND BARRIERS TO HELP-SEEKING

Bernice Suzette Patterson, Ph.D.
Western Michigan University, 2013

The help-seeking tendencies of African-Americans, as a whole, have long been a source of confusion to the field of counseling. Moreover, in the available literature on help-seeking, in the African-American community there is an apparent deficit of information on the help-seeking habits of its clergy members. Current literature focuses primarily on African-American clergy and their roles in facilitating the development of professional counseling relationships for their parishioners rather than on their ability to seek out professional counseling relationships for themselves.

The focus of this study was to gain a deeper understanding of the lived experiences of African-American clergy related to their views, attitudes, and barriers to help-seeking. This research study utilized a qualitative phenomenological methodology. Eight self-identified African-American licensed and ordained clergy members participated in an initial face-to-face or phone interview and a brief follow-up phone interview.

The data were analyzed using a modified form of the Stevick-Colaizzi-Keen method that was originally put forth by Mousakas (1994) and later modified by Creswell (2007). Six themes emerged from the participants’ narratives: (1) the
humanness of clergy, (2) mental health stressors and experiences, (3) wearing the mask of health, (4) taking everything to God first, (5) issues of confidentiality, and (6) personal expectations for therapists. These six themes fit into one of three domains: views on help-seeking, attitudes toward help-seeking, and barriers to help-seeking.

The meaning of these themes was discussed in relationship to how the field of psychology could better understand and serve this population therapeutically.
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Your story will be heard and I will work tirelessly to educate the church and the field of psychology on how to best help the helpers.

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Bernice Suzette Patterson
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CHAPTER I
INTRODUCTION

Help-seeking is a broad area of research that can attempt to provide clarity and understanding to the conceptualization of the views, attitudes, and behaviors of any given group. The existing field of research on help-seeking in African-Americans has grown over the past several years, but still serves as a source of confusion in the field of psychology. According to Temkin-Greener and Clark (1988), African-Americans have been found to neglect the utilization of psychological services, more so than their Caucasian counterparts. This reality is in lieu of the positive effects of counseling being well known and documented.

A cross section of African-Americans whose help-seeking tendencies have not been sufficiently researched are African-American clergy. The existing literature related to African-American clergy focuses primarily on their ability to connect others to psychological treatments versus how they seek out treatment for themselves. This is an issue that must be addressed if the field of psychology is to offer competent and relevant treatment to those in this population.

Spirituality is an area of study that the field of psychology has failed to thoroughly explore and expose their trainees to during their graduate training. Spirituality is a common issue that is oftentimes not brought up and oftentimes is presented in stark contrast to the science of psychology (Richard & Bergin, 2005). The American Psychological Association (APA) has recognized the importance of spirituality. This was
successfully done by including religion under cultural and individual diversity in the written standards for graduate school accreditation (APA, 1992). Despite this inclusion, a study completed by Brawer, Handal, Fabricatore, Roberts, and Wajda-Johnston (2002) found that when surveying APA-accredited clinical psychology programs, only 17% of the programs who participated in the study incorporated topics of religion and spirituality systematically into their training programs. Of the respondents, 16% reported that their programs neglected to cover the topics of religion and spirituality in any form (Brawer et al., 2002). This reality speaks to the lack of training that graduate students in psychology receive to deal with issues of spirituality and religion. When attempting to bridge the gap of providing quality and culturally informed services to African-American clergy, a basic understanding and appreciation of spirituality may serve as a useful conceptualization tool to increase the level of comfort for this population and to push against the stigma of psychology and spirituality being at odds with one another.

Mental health and spirituality, Christian/religious clients’ perceptions of psychotherapy, suitable effective treatment for members of the clergy, help-seeking tendencies of clergy, African-Americans/Blacks and mental health help-seeking tendencies of African-Americans/Blacks, African-Americans/Black mental health and spirituality, slavery’s impact on spirituality/religiosity in African-Americans/Blacks, African-American/Black church experience, African-American/Black clergy, and help-seeking tendencies of African-American/Black clergy are the content areas within the existing literature that assisted in the conceptualization and exploration of the overall
research question, *Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking*

**Problem**

Clergy members are normally perceived as being emotionally stable and well adjusted. Clergy, for the most part, do not feel as though they are permitted to feel such emotions as anger, sadness, depression, or hurt (Gilbert, 1987). Clergy often do have these emotions and not being able to express them adds significantly to their level of stress (Draving, 1991). This preconceived notion feeds into the dilemma of whether it is professionally and socially acceptable for them to seek mental health counseling. At this point, not much is known about this population and their willingness to seek professional help and what type(s) of treatments are suitable and effective. More research is needed on African-American clergy and their help-seeking behaviors in order to fill the apparent deficit in the global treatment of mental health.

**Purpose**

According to Clapper (1987), studies have shown that the basic emotional needs of clergy members and others who chose that profession understand and acknowledge that emotional feeling and expression are basic to theology and Christian belief. Yet many lay people and clergy members alike frequently struggle with expressing their own emotions. The help-seeking habits of clergy as a whole are described as being a difficult process that is full of hesitation on the part of the clergy member (Draving, 1991). Therefore, the purpose of this study is to gain a more extensive understanding of African-
American clergy and their help-seeking behavior. This is necessary due to the paucity of research examining the unique conditions that those in this population face when attempting to seek help. The help-seeking tendencies of African-Americans have been looked at from the perspective of those in the majority culture and those who come from an African-American perspective. This has helped to give a more accurate voice to the struggles faced by African-Americans when seeking help, but fails to speak to the specific needs of African-American clergy as they deal with seeking help.

Some research has been conducted on clergy members, but to date there is not adequate research being conducted on African-American clergy and their unique experience. Considering the strong cultural bonds that are intertwined throughout African-American communities, it is key that those influences be taken into account when attempting to understanding clergy members who identify as African-American.

**Significance**

Help-seeking in the African-American community, in the past, has been researched from a non African-American perspective. This reality has had a direct effect on the reliability of the help-seeking research in the field as it deals with African-Americans. Recently, more research has been conducted from the perspective of this population. Even in doing this, a subpopulation of African-Americans who have not received adequate research is African-American clergy. Conducting research that captures the lived experiences of African-American clergy is important for a myriad of reasons. One reason it is important to capture the lived experience of African-American clergy and their help-seeking habits is these men and women have historically served as
the pillars of African-American community (June, 2008) and are commonly perceived as being above struggling with common human issues, mental and emotional distress (Gilbert, 1987). This population oftentimes serves as the example of how to summon and rely on the healing and sustaining power of God, and they may not feel that it is socially or spiritually acceptable to seek out mental health services for fear of how they and their faith will be perceived by both believers and non-believers. Secondly, it is crucial to study this population’s help-seeking tendencies due to the influence that they have over the African-American/Black community as whole. By understanding the help-seeking tendencies of this population, more insight may be gained into how to better provide mental health services to the broader population of African-Americans/Blacks.

Another reason that the lived experiences of African-American clergy help-seeking tendencies should be captured is because these leaders deserve to be able to safely and confidentially access mental health services, which could assist in dispelling many of the negative stigmas associated with the utilization of mental health services. Capturing this population’s help-seeking habits is vital to this researcher due to her own preaching and leadership roles in the church and her professional role as a psychologist. This researcher understands and respects the struggles that are associated with the leadership roles that are inherent in being a member of the clergy, and she also understands the value and healing potential that spiritually sensitive counseling can offer to this population. This researcher has also witnessed the harm and destruction that can take place when emotional and mental health issues are not addressed, and she deeply desires to open the door to this population to reassure them that psychotherapy can be a
purposeful and faith-based experience that will not call their faith in God into question, but instead offer them the assistance they need to gain the healing that they desire.

**Definition of Terms**

This section provides clarification of terms used that help conceptualized the research topic as well as provide the participants with an understanding of how topics are framed and situated within existing literature.

*Clergy* – A body of religious officials or functionaries who are prepared, trained, authorized, and ordained to perform religious services and attend to other religious duties (Merriam-Webster, 2011).

*Denominations of African-American/Black Churches* – Though African-Americans attend a variety of different churches and denominations, seven historically founded Black churches have been identified as traditionally African-American. Those churches are African Methodist Episcopal (A.M.E.); African Methodist Episcopal Zion (A.M.E.Z.); Christian Methodist Episcopal (C.M.E.); National Baptist Convention, USA, Inc.; National Baptist Convention of America, Unincorporated; Progressive National Baptist Convention (PNBC); and Church of God in Christ (COGIC). These seven churches have been identified as traditionally African-American due to their shared history of being formed, operated, and attended by African-Americans. These churches were established as a response to the lack of African-American representation in the traditionally Caucasian congregations that did not always welcome or attend to the needs of African-American churchgoers (June, 2008). This research will also be opened to clergy from non-denominational congregations due to the current trend of many newer
churches moving away from identifying as one of the seven traditionally African-American denominations and instead choosing not to be affiliated with any specific denomination.

Religion – A system of beliefs and practices through which a group of people wrestles with the definitive problems of human life (Yinger, 1970).

Religious – A subset of spiritual that has to do with theistic beliefs, practices, and feelings that are often, but not always, expressed through organized institutions or denominations as well as personally (Richards & Bergin, 2000).

Spiritual – The beliefs, phenomenon, and or experiences that relate to the transcendent and existential characteristics of life (Richards & Bergin, 2000).

Spiritual Warfare – The struggle that takes place from attempting to overcome the lies and deceits of Satan (Rankin, 2009).

Summary of Methodology

Understanding a phenomenon requires an in-depth understanding of the perspective of those who have lived through the researched experience. Qualitative research serves as a conduit for this process in an organized and systematic fashion (Marshall & Rossman, 2006). Tesch (1990) explains that individuals assign meaning to their objective world and that their valued experiences are situated within a historical and social context. The researcher also explains that there can be multiple realities for these experiences (Tesch, 1990). The intent of this study was to utilize a phenomenological qualitative paradigm to explore the lived experiences of African-American clergy and their views, attitudes, and barriers to help-seeking to better understand what the field of
psychology can do in order to improve the rate of the utilization of psychological services by African-American clergy. Due to the lack of research in this area, a qualitative paradigm is the most appropriate means to initially expand on the concerns and behaviors of this population in order to position future researchers to add to this research basis through larger quantitative research ventures.

Phenomenology

The phenomenological research method was developed by Edmund Husserl in the early 20th century (Giorgi & Giorgi, 2003). This methodology was developed in response to the traditional scientific method. Husserl argued that the traditional scientific method could not adequately or appropriately capture the abstractness of a phenomenon due to its focus measuring observable concrete events (Powers & Knapp, 1995). There are four approaches to phenomenology research. Those four approaches are traditional, experimental, hermeneutical, and empirical, also referred to as transcendental (Klein & Westcott, 1994). For this study, the empirical approach to phenomenology was utilized. This form of phenomenology involves identifying a phenomenon to study, bracketing out the inquirer’s experiences, and collecting data from several people who have experienced the phenomenon in question (Creswell, 2007).

Participants

For this study, individuals were purposefully sampled on basis of their ability to inform an understanding of the research problem and the central phenomenon in the study (Creswell, 2007). A total of eight participants participated in this study. Participants
were required to self-identify as African-American, be male or female, 18 years of age or older, were ordained members of the clergy holding the appropriate title and responsibility of their identified title(s), and identify as one of the seven traditionally African-American denominations or non-denominational. Each of the participants had to take part in an in-depth face-to-face or phone interview and a brief face-to-face or phone interview. A table of the participants’ demographic background information is provided in Chapter III of the dissertation. In short, five males and three females took part in the study.

**Participant Recruitment**

In order to recruit participants, Internet postings were utilized on the social networking website Facebook. The proposed study also utilized gatekeepers in order to gain access to subjects. According to Creswell (2007), gatekeepers are individuals that the researcher uses in order to gain access to a group or cultural site. The gatekeepers were all clergy members. For all intents and purposes, the gatekeeper’s role was to simply locate, recruit, and distribute materials to individuals. Once the subjects received materials, they were free to contact the researcher with any questions or concerns they had before consenting to participate in the research study.

**Synopsis of Data Collection: Individual Interviews**

All eight participants participated in a 55-85 minute semi-structured interview. These interviews took place either face-to-face or via phone. All interviews were recorded using a digital recording device. The researcher was deliberate in posing open-
ended questions related to the research topic in order to allow each of the participants to answer the questions in their own words.

Following the in-depth interviews, a brief 10-20 minute interview was conducted. The purpose of the follow-up interview was to explore whether the content drawn from the data was consistent with the lived experiences of the participants.

**Data Analysis**

For this study, the researcher used a modified form of the Stevick-Colaizzi-Keen method that was originally put forth by Mousakas (1994) and later modified by Creswell (2007). This method consists of six steps. They are as follows: (1) begin with full description of the personal experiences of the participants concerning the phenomenon, (2) develop a list of significant statements, (3) group the significant statements into “meaning units” or themes, (4) write a textural description, (5) write a structural description, and (6) write a composite description of the phenomenon incorporating both the textural and structural descriptions (Creswell, 2007).

**Bracketing**

Bracketing (epoche) is the process where the inquirer sets aside his or her experiences, as much as possible, in order to take a non-biased look at the phenomenon in question. The goal of bracketing is for the researcher to set aside his or her experiences to be in a position as non-biased as possible. This state is seldom ever truly reached (Moustakas, 1994), but was implored by the researcher of this study. This process was completed by including a description of the researcher’s own experience with the
phenomenon and bracketing out her view prior to moving forward with the lived experiences of the participants in the study.

**Themes**

Themes are generated from identifying significant statements in the interview transcripts or other forms of data. These significant statements deal with how individuals are experiencing the phenomenon being studied. After this process has been completed, the significant statements are gathered in larger units of information, which are known as themes (Creswell, 2007).

**Results**

This study found that across all participants the necessity of safe and confidential mental health care is a need that is oftentimes overlooked in the lives of clergy. Despite the apparent stigma that is oftentimes attached to mental illness, help-seeking for issues of mental health was not viewed or discussed as a negative part of life that should be avoided at all cost. In stark contrast, mental care was valued and supported and seen as a healthy means of maintaining good overall health.

**Discussion**

This study identified three core domains (views, attitudes, and barriers) of concern when attempting to understand the help-seeking phenomenon associated with African-American clergy. From these three core domains, six themes were generated as the central phenomenon facing African-American clergy who desired to seek out help.
Those themes were the humanness of clergy, seeking God first, mental health stressors and experiences related to being clergy members, wearing the mask of health, issues of confidentiality, and personal expectations of therapists. Through these six themes the lived experiences of African-American clergy and their views, attitudes, and barriers to help-seeking was explained.

**Limitations**

The primary limitations of this study focused on the characteristics of the sample. A major portion of the sample identified as Baptists. There were three non-denominational participants and one African Methodist Episcopal participant. Five of the seven traditionally African-American denominations were not represented in this study. All of the participants in this study, except for one, were from the Midwest.

**Implications**

Spirituality and issue of religion are core cultural factors of how many people make meaning of their life and the difficulties that they encounter in day-to-day living. Training programs must move away from ignoring or underrepresenting issues of spirituality and religion when training their students. To continue to ignore this area of personhood is to disempower many of the people the field of psychology seeks to empower. Issues of religion and spirituality should be talked about, researched, and expounded upon with as much vigor and vitality as issues of race, socioeconomic status, sexual orientation, and gender, to name a few. Training programs and clinicians alike cannot ignore the increasing need and concerns of clients to talk about, discuss, and
question issues of spirituality during treatment. To continue to do so would be to deny adequate therapeutic treatment.

**Chapter Summary**

This chapter provided the statement of the problem and a brief overview of the present study. The most important consideration in this chapter was the research question that guided this dissertation, *Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking*. Chapter II provides a review of the literature associated with the specific content areas (mental health and spirituality, Christian/religious clients’ perceptions of psychotherapy, suitable effective treatment for members of the clergy, help-seeking tendencies of clergy, African-Americans/Blacks and mental health, help-seeking tendencies of African-Americans/Blacks, African-Americans/Black mental health and spirituality, slavery’s impact on spirituality/religiosity in African-Americans/Blacks, African-American/Black church experience, African-American/Black clergy, and help-seeking tendencies of African-American/Black clergy) that helped frame and define the overall research question. Chapter III presents the methodology for the study, including an overview of the phenomenological approach, sampling, data collection and analysis. Chapter IV reports the results of the study. Finally, Chapter V describes the findings, limitations, and implications of the study.
CHAPTER II
LITERATURE REVIEW

The help-seeking tendencies of African-Americans, as a whole, have long been a source of confusion to the field of counseling. Although the positive effects of counseling are well known and documented, the fact remains that a disproportionate amount of African-Americans, in comparison to their white counterparts, do not choose to utilize psychological services (Temkin-Greener & Clark, 1988). Moreover, in the available literature on help-seeking, in the African-American community, there is an apparent deficit of information on the help-seeking habits of its clergy members.

Due to such basic human conditions as burnout, stress, depression, spiritual needs, gender issues, marital concerns, job dissatisfaction, and difficulties with emotional expression and communication, it is apparent that clergy members are often in need of professional counseling services, yet they remain hesitant to seek treatment due to the perception that professional counseling will not be potentially beneficial to themselves and/or because many clergy members feel that there are obstacles that stand in the way of them seeking this form of help (Draving, 1991).

Thereby, research that is deliberately intended to explore, understand, and capture the lived experiences of African-American clergy and their help-seeking habits is greatly needed in the counseling field. Hence, this study looked to the following content areas of mental health and spirituality, Christian/religious clients’ perceptions of psychotherapy, suitable effective treatment for members of the clergy, help-seeking tendencies of clergy,

**Overview of the Related Literature**

In America there are multiple causes for disability. Mental health diseases make up 24% of the total causes for disability in Americans. This is more than alcohol- and drug-related disorders and Alzheimer’s disease and dementias combined (President’s New Freedom Commission on Mental Health, 2003). These are astonishing numbers that speak to the apparent need for quality mental health care in America. According to the President’s New Freedom Commission on Mental Health (2003), Americans vastly underutilize mental health services. Out of the American population, African-Americans use mental health services less than their White counterparts, although they report more positive attitudes than Whites toward seeking services (Diala, Muntaner, Walrath, Nickerson, LaVeist, & Leaf, 2000).

In African-Americans having higher levels of positive attitudes towards mental health service, but lower utilization rates, some other means of help-seeking is taking place instead of or alongside of traditional mental health service. African-Americans reported utilizing others means of support such as going to family, friends, or clergy
(Snowden, 2001). Because of the fact that African-Americans found assistance in their family, friends, community, and church, this researcher was moved to examine what help-seeking methods were utilized by African-American clergy considering their multifaceted roles in the African-American community (June, 2008). There is a lack of literature detailing the help-seeking habits of African-American clergy. The review of literature, in this study, will seek to further the understanding of the help-seeking attitudes, views, and behaviors of African-American clergy.

**Mental Health and Spirituality**

The field of psychology is moving away from its alienation from religion. The naturalistic, anti-religious assumptions that once permeated the field have lost their pull and more professionals are open to spiritual zeitgeist or “spirit of the times” (Richards & Bergin, 1997). During the 1990s there was a swell of published articles that tackled such topics of spirituality and religious issues in mental health and psychotherapy. There was also an increase of presentations on these topics, presented at conventions of mental health organizations (Richards & Bergin, 2000). The American Psychological Association (APA) was not to be left out of this trend. The APA published their first book on dealing with these once taboo topics (Shafranske, 1996). This was not their only addition to the literature. Over the next few years they published two more books addressing spirituality and psychotherapy (Richards & Bergin, 1997; W. R. Miller, 1999).

This move toward the acceptance of operating within the “spirit of the times” is a result of multiple professional organizations, such as the APA and American Counseling Association, overtly acknowledging, in their ethical guidelines, that that religion is one
type of multiculturalism or diversity that mental health professionals are obligated to respect. The American Psychiatric Association has also included a level of sensitivity in their programs, requiring educational training in spiritual and religious themes during residency training (Richards & Bergin, 2000).

This change in the field speaks to how necessary adequate training on sensitivity to religious and spiritual issues is needed. There are an increasing number of mental health professionals seeking to better understand the religious and spiritual orientations of their clients in order to effectively tap into the spiritual resources in their clients’ lives (Richard & Bergin, 2000). This increase in dedication to more training in religious and spiritual issues only makes it more blatant that it is not easy for mental health professionals to obtain the training and information that they need. There are very few graduate programs that offer training on these topics, and there are few furthering education opportunities to gain more knowledge (Shafranske & Maloney, 1996).

Considering how vital issues of spirituality and religion are, some researchers have attempted to formulate some concrete steps that can be taken on the part of the therapist to be spiritually competent. Spiritual competence can also be referred to as being ecumenically effective (Richards & Bergin, 2000). This is defined as “an attitude and approach to therapy that is suitable for clients of diverse religious affiliations and backgrounds” (Richards & Bergin, 1997, p. 118). The state of being ecumenically effective can be sought after through similar means as multicultural competence can be sought. Those steps are: (1) the therapist having a keen awareness of his or her own cultural and racial heritage, values, and biases; (2) maintaining a respect for and comfort
with different cultures, races, and value systems; (3) obtaining a deep understanding of how a client’s racial and cultural heritage can impact the client’s sense of personal identity and his or her worldview; (4) being sensitive to and aware of conditions that point to the fact that a client would be better served by being referred to a therapist of his or her own race or culture; (5) having specific knowledge about the racial or cultural group that the client ascribes to; and (6) being aware of one’s personal helping style and remaining aware of how that style could potentially affect clients from different racial or cultural backgrounds (Richards & Bergin, 1997, 2000; Sue & Sue, 1990). Although June (2008) questions whether the state of being ecumenically effective can truly be reached by any therapist, this is a step in the right direction.

**Christian/religious clients’ perceptions of psychotherapy.** During the last couple of decades, more attention has been given to the relationship between religion and counseling (Worthington, 1986). Much of the research has focused on the tension and apprehension that exists on the part of Christians when it comes to entering therapy with a counselor who does not explicitly identify as a Christian (Keating & Fretz, 1990). Worthington and Scott (1983) suggest that Christians with apprehensions about seeking out counseling services may anticipate that a secular counselor will:

- (a) ignore spiritual concerns, (b) treat spiritual beliefs and experiences as pathological, (c) fail to comprehend spiritual language and concepts, (d) assume that religious clients share nonreligious cultural norms, (e) recommend therapeutic behaviors that clients consider immoral, or (f) make assumptions, interpretations, and recommendations that discredit communications from God as a valid way of knowing. (p. 319)
Research has cited evidence that suggests that religious clients with such negative anticipations about counselors are resistant to therapy and tend to have higher rates of premature termination (Lovinger, 1979, 1984; Worthington, 1986). These findings are not surprising considering the extensive number of studies that suggest resistance to engaging in counseling when there is not a match between client and therapist on the grounds of race and ethnicity (Casas, 1984; Dahlquist & Fay, 1983), gender (Fitzgerald & Nutt, 1986), and age (Donnan & Mitchell, 1979). The literature on Christians’ underutilization of counseling services is less clear, yet many professional psychologists, and even clergy, find that fundamentalist and “born-again” Christians are oftentimes not willing or open to accepting counseling referrals for needed services, especially if the referrer cannot guarantee that the counselor is a Christian counselor (Keating & Fretz, 1990).

In contrast, some Christians have begun to welcome the movement in mental health practice that affirms human spirituality and advocates for its incorporation in counseling (Sisemore, 2007). By having faith and human spirituality affirmed in the counseling relationship, some of the previous existing tension between the mental health field and religion has had the space to dissipate. This change has been strongly influenced by those in the field of psychology that have come to realize that religion and spirituality play a large role in the lives and emotional health of many of the people who seek out counseling (Richards & Bergin, 2000). So it has become imperative that counselors be sensitive to these realities (Burke, Chauvin, & Miranti, 2005).
Just as some Christians are becoming more welcoming to the movement to incorporate spirituality in mental health services (Sisemore, 2007), more members of the psychological community are embracing this movement (Richards & Bergin, 2000). Beyond being viewed as an ethical obligation, the increase in religious diversity demands that mental health professionals respond to the ever-changing landscape of its clients. Although there is a clear lack of graduate programs that take on the task of training their students to effectively deal with issues of spirituality and religion (Shafranske & Malony, 1996), there has been a movement in the field of psychiatry toward mandatory training in these issues during their students’ residency training (Richards & Bergin, 2000).

**Suitable and effective treatment for members of the clergy.** The treatment of clergy members for mental health issues has to be looked at through the lens of multiculturalism. Clergy members are a minority group within themselves that are operating off of a subculture that deeply affects the way that they live their everyday lives, and how they experience outside assistance for personal issues. According to Ciarrochi and Wicks (2000),

> Clinical treatment for religious workers is a multicultural issue, as it is with any diverse ethnic, racial, or otherwise culturally distinct group. To this end, they frame each relevant psychological issue discussed in terms of its cultural context for those engaged in professional ministry, along with the social context that influences the problem, and the internal psychological set that either predisposes or complicates the issue. (p. 13)

A study was conducted on the effectiveness of guided imagery as a source of stress reduction for pastors. It was believed that coping skills could be taught and that such skills would enable pastors to deal more effectively with the stressors of ministry. Guided imagery, as a form of meditation, is based on prayer, the Christian tradition of
reflective meditation, scripture, and the empowerment of the Holy Spirit. Several handouts were used to help focus the participants’ attention on the works of Jesus Christ as Redeemer, Savior, Lord, and Christ. The goal for the use of the handouts was to reverse the effects of self-fulfilling prophecies and curses that may be spoken by an individual wherein the individual is not aware of it and its influence on their life. The workshop sought to effect changes in perception at the cognitive, behavioral, emotional, and spiritual levels of the participants with regard to stress and its accompanying stressors (Crossly, 1997).

Other research has looked at a therapeutic self-directed devotional guide in order to treat burnout experienced by clergy members. The purpose of this study was to design and test the efficacy of a therapeutic self-directed devotional guide for pastors who were experiencing burnout. This guide was developed from information collected from several sources: biblical research, related literature, and feedback from the pastors involved in this study. The problem considered in this study was how to effectively treat burnout, as defined by the characteristics of emotional exhaustion, depersonalization, and loss of effectiveness in ministry, and in church pastors. The hypothesis of this project was that the pastors could experience a decrease in burnout symptoms through the use of a self-directed recovery guide that utilized cognitive-behavioral techniques (Hoppe, 2004). This type of technique empowered the clergy members to influence their own psychological and spiritual healing. It took treatment out of the counseling office and began to incorporate spirituality, which brought the treatment to a more basic level of comfort and familiarity for the clergy members.
African-American/Blacks and Mental Health

African-Americans score higher on measures of psychological distress than their European counterparts (Neighbors, 1986). There has been much debate over whether the source of this psychological distress is a result of racism or the fact that African-Americans oftentimes are of a lower socio-economic status (Sanders Thompson, 2002). There are only a few empirically based studies that address this issue directly, but there is a plethora of research that speaks to the stressors and racism that are faced by African-Americans on a daily basis (Plummer & Slane 1996; Sanders Thompson, 1990).

Racism takes on a variety forms and affects the overall quality of life of many African-Americans (Hacker, 1992; Utsey, 1998). Racial discrimination includes but is not limited to ridicule, scorn, contempt, and degrading treatment by others, which elicits anger, rage, and damage to self-esteem (Fernando, 1988; Griffin, 1991; Landrine & Klonoff, 1996). D.W. Sue writes about a more subtle form of discrimination known as microaggression. Microaggressions are “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007, p. 271). Some common examples of microaggressions are being ignored while waiting in line for service, being followed or observed in stores, and assumptions that are made about one’s occupation (Pierce, 1995). Regrettably, discrimination is an all too commonplace reality in the lives of African-Americans (Sanders Thompson, 2002) and a clear prelude to stress.
According to Lazarus (1984), *stress* is a term that is used to depict an event comprised of antecedent, mediating, and response components. An antecedent factor is an event that provokes a response to stress. Expressions of distress are known as response components. Distress is defined as a subjective state that occurs when the individual cannot effectively manage the stressor (Sanders Thompson, 2002). Researchers have put forth that experiencing discrimination is a stressful life event that may affect mental health (Kessler & Neighbors, 1986; F. S. Miller, 1992).

Individuals cover a broad range of their reactions to individual stress (Abbott, 1995). Stress responses can be divided into three categories: (1) physiological, (2) emotional, or (3) cognitive. When considering racial/ethnic discrimination, physiological reactions can include, but are not limited to, changes in eating patterns, sleep, blood pressure, and an increased use of alcohol and other substances. Emotional responses can include, but are not limited to, depression, anxiety, hopelessness, helplessness, despair, and social isolation. Lastly, cognitive reactions can present as attempts to explain or understand the cause of the experience, make meaning of the experiencee’s effect on self-esteem, and how the individual will interact with others and cope in the future (Sanders Thompson, 2002).

**Help-seeking tendencies of African-Americans.** According to the National Comorbidity Survey, prior to the use of service, African-Americans have more positive attitudes than Whites toward seeking mental health services. Although African-Americans have a more positive attitude than their White counterparts, they are less likely to utilize services. Post utilization, of mental health services, the attitudes of
African-Americans, toward seeking mental health services, are less positive than Whites (Diala et al., 2000)

Evidence has demonstrated that African-Americans utilize fewer health services than Whites and are less likely to utilize mental health services (Neighbors, 1988). Both economic and demographic factors have been found to contribute, in varying proportions, to the lack of utilization of health services by African-Americans. This is demonstrated in African-Americans who have fewer resources who are employed through companies that do not provide medical insurance. Medical insurance is the backbone of the healthcare system in the United States (Muntaner, 1999), and without it, utilization of services is much more challenging.

The help-seeking tendencies of African-Americans, as a whole, have long been a source of confusion to the field of counseling. Although the positive effects of counseling are well known and documented, the fact remains that a disproportionate amount of African-Americans do not choose to utilize psychological services in comparison to their White counterparts (Temkin-Greener & Clark, 1988). When considering why African-Americans chose to or refuse to seek professional help for emotional or psychological struggles, attitudes toward counselor preference have a major impact on whether a person will chose to go into therapy (Thompson & Cimbolic, 1978). In a study conducted by Thompson and Cimbolic, it was found that African-Americans preferred to see clinicians who were of the same racial or ethnic background as themselves. Participants were hesitant to enroll in any type psychological services if they would have to be seen by a White clinician (Thompson & Cimbolic, 1978). Taking into consideration the statistically
small number of African-American therapists, an apparent deficit can be seen in the number of available Black therapists and the number of Blacks who are in need of services.

Another possible explanation for African-Americans being reluctant to seek psychological care is the historical cultural mistrust that exists towards Whites (Terrell & Terrell, 1981). Terrell and Terrell (1981) argue that due to the long-standing race-related mistreatment of Blacks by Whites, Blacks may have developed a general mistrust and suspicion about Whites as whole. In this instance, cultural mistrust can be defined as the extent to which Blacks mistrust Whites. Research on the mistrust of Blacks toward White therapists has looked at many different issues such as premature termination of therapy, low or negative perceptions of therapeutic outcomes, and issues around the presumed lack of creditability of White therapists to be of any lasting and meaningful help (Nickerson, Helms, & Terrell, 1994).

Although the issue of mistrust is a serious problem, there is little research that links mistrust to the initial hesitation of Blacks to seek therapeutic assistance (Nickerson et al., 1994). Despite this reality, White therapists make up the majority of the counseling staff in mental health clinics and cultural mistrust may present itself as a barrier between Black clients and White therapist before the two ever come face to face. Specifically, cultural mistrust may cultivate negative attitudes in African-Americans about going into therapy with a White counselor, so potential Black clients may be less willing to visit mental health clinics. So overall, it seems reasonable to speculate that African-
Americans’ hesitation about help-seeking might be related to their mistrust of White counselors (Whiteley, Mahaffey, & Greer, 1987).

Issues surrounding the perception of the mentally ill also increase the hesitation of African-Americans to seeking counseling (Hall & Tucker, 1985). Being mentally ill carried and still carries many negative stigmas that most Blacks do not feel comfortable being associated with. In order to avoid these stigmas, many African-Americans refuse to go into treatment for fear of being known as mentally ill in their communities and families (Crane & Spielberger, 1981). In a study conducted by Crane and Spielberger (1981), it was found that Blacks, in comparison to Whites, considered mental patients inferior to normal people. Additionally, African-American subjects maintained less kind paternalistic attitudes toward those with mental illness than did Whites. If the perceptions of stigmatization hold true for African-Americans, than it can be reasoned that this would serve as yet another rationale for avoiding entering into therapy altogether (Nickerson et al., 1994).

**African-American/Blacks, Mental Health, and Spirituality**

Studies on the coping methods utilized by African-Americans specified a spectrum of strategies, yet the studies pulled marked preferences to the forefront (Broman, 1996). According to Neighbors and Jackson (1996), three strategies were heavily endorsed by this population. The first method was to face the problem head on/do something about it. Eighty-seven percent of the sample endorsed this method of coping (Snowden, 2001). This method, along with a tendency to minimize any perceptions of threats (Johnson & Crawley, 1996), has become known as “John Henryism,” which is
defined as a belief that hurdles can be overcome through heroic endeavoring (Adams, Aubert, & Clark, 1999).

Another coping mechanism that was heavily endorsed was turning to significant others in the community, especially family, friends, neighbors, voluntary associations, and religious figures. This attitude accurately reflects mutual commitment and echoes a helping tradition in African-American communities (Snowden, 2001). Despite this fact, Snowden (1998) put forth that African-Americans were less likely than their White counterparts to turn to family, friends, and religious supports for assistance. Snowden (1998) also reported that African-Americans did not seek out informal assistance in place of formal mental health assistance more than Whites. The informal assistance was used as a complement to the formal mental health services (Snowden, 2001).

Other coping strategies result from a place of religiosity in African-Americans (Snowden, 2001). Eighty-five percent of the respondents identified as fairly religious or very religious (Taylor & Chatters, 1991). Of the religious activities implored by African-Americans as a coping strategy, prayer was found to be one of the most frequent (Broman, 1996). According to Taylor and Chatters (1991), 78% of African-Americans reported that they prayed on nearly a daily basis. Overall, African-Americans may favor indirect support for their mental health difficulties, including but not limited to general encouragement, companionship, and social and spiritual advice (Taylor & Chatters, 1991).

There are a variety of ways that spirituality is utilized by African-Americans to receive healing from psychological, spiritual, and sometimes physical pain. One method
that is heavily utilized is prayer. Prayer is commonly used by the churched as well as the unchurched African-American on a daily basis. This is a result of the act of prayer being passed down generationally. Prayer can come in the form of intercessory prayer, corporate prayer, and individual prayer. There is a belief that for individuals who submit themselves to God publicly and are prayed over by an anointed minister, their prayers will be answered (Cook & Wiley, 2000).

Biblical scriptures also offer levels of comfort and can renew hope. Commonly quoted scriptures are passed down through generations to an extent that even those who have never picked up and read a Bible are likely to be able to quote some scriptures that have been offered repeatedly for comfort (i.e., Psalms 23:1: “The Lord is my shepherd and I shall not want”), which affirms the knowledge that because God is their guide, all of their needs will be provided.

**Slavery’s impact on spirituality and religiosity in African-American/Blacks.**

The church has been the cornerstone of the African-American community since Africans were forcibly brought to American during the West African slave trade over 400 years ago (Franklin, 2007). It was through the church that slaves were able to unite and come together to sing praises to God and to pray for their lives to dramatically change. Although many White preachers attempted to use the Bible as a means to promote slavery, the inferiority of Blacks, and racism, God went above and beyond their tainted use of the sacred text and allowed the slaves to glean from it the love that God has for all of His children, not just those with white skin (Welton, 2005).
During slavery, one of the few opportunities that allowed slaves to gather in groups was to listen to the preached Word and participate in church services. Slave owners, for the most part, supported the idea of their slaves becoming Christians because the doctoring, which was being preached, was White Supremacy (Welton, 2005). White preachers spewed the propaganda that Blacks were inferior to Whites and that God wrote in the Bible that it was not only permissible to have slaves, but that the slaves should always obey their masters (Blassingame, 1979). The scripture that was often quoted and stood upon by these preachers is Ephesians 6:5-9. With careful study of this passage, it is clear that Paul was not writing about slavery, as we knew it during the Trans-Atlantic slave trade. Although the slave owners did encourage the slaves to embrace Christian values, such sacred relationships as marriage were denied to slaves as a way to reinforce the idea that they were savages and indeed less than human (Blassingame, 1979).

Despite the tainted information that came from the pulpit to the ears and spirits of those enslaved, God made it possible for His enslaved people to get into relationship with Him and begin to learn how to read and understand the Bible on their own. This was at a great risk because it was illegal for a slave to learn how to read or to teach someone else how to read. In going against this idea, slaves were able to learn about the power of God, and the compassion and love that God had toward them, despite all of the lies that they were being fed all in the name of the Lord every Sunday. The slaves would attend the worship services that their masters made available to them, but then they would steal away and have church services of their own where they would be able to sing of the glory
of God and really connect with Him on an intimate level and reap the benefits of such a meaningful relationship (Blassingame, 1979).

Post slavery, Blacks were still forced to attend worship with their White counterparts. At times they were forced to sit in a particular section (i.e., the balcony), or were not able to use the church facilities until after the White parishioners were done for the day (June, 2008). This arrangement was found to be less than satisfying. The Black parishioners found that these White churches, although they accepted Black membership, did not speak to their personal needs or the needs of their communities.

So instead of accepting a worship experience that did not speak to their personal and community-based needs, they took action and brought about change by taking matters into their own hands and formed, incorporated, and operated churches that spoke to the specific needs of the Black community. No longer could Black churchgoers rely on the less than consistent support of the White churches that they attended. During this time period seven different Black denominations were formed. Those churches were African Methodist Episcopal (A.M.E.); African Methodist Episcopal Zion (A.M.E.Z.); Christian Methodist Episcopal (C.M.E.); National Baptist Convention, USA, Inc.; National Baptist Convention of America, Unincorporated; Progressive National Baptist Convention (PNBC); and Church of God in Christ (COGIC) (June, 2008). Although African-Americans attend a variety of churches, these seven denominations are historically Black in membership and will be the focused groups for this study.

**African-American or Black church experience.** In talking about the Black church experience, it is important to understand the aspects of fearing and loving God as
being key to understanding religion and spirituality. The aspect of fearing God comes from understanding the theology behind the Christian faith. Deuteronomy 10:12 states: “And now, O Israel, what does the Lord your God ask of you but to fear the Lord your God, to walk in all His ways, to love Him, to serve the Lord your God with all your heart and with all your soul.” This idea of fearing God demonstrates a keen respect and reverence of God and His lordship of all His believers. This scripture also speaks to the spirituality or relationship that is important to develop when understanding the Black church experience. Alongside of being feared, it is God’s desire that His people love Him and seek out a covenant (a type of contract) relationship with Him. The combination of these two principles helps to explain two of the foundational aspects of spirituality and religiosity in the Black church (Taylor, Chatters, & Levin, 2004).

The psychology of racism and prejudice runs deep throughout people and their genealogies and is not an institution that can be easily torn down (Chin, 2004). Since the introduction of Blacks to America, worship services have taken place separate from one another. Church, during slavery, was a means for White masters to reinforce the belief system that slaves were slaves because God wanted them to be, and not only did God want them to be slaves, He also wanted them to be good slaves and not create any problems or issues on the plantation (Chin, 2004).

There is a real and palpable distrust that exists between Whites and Blacks as a result of slavery. This is understandable considering the magnitude of the destruction and degradation of a culture that took place (Chin, 2004). Yet despite the fact that research
shows that religion is the cornerstone to the forgiveness of past racial hurt, neither side seems to be willing to engage in the forgiveness process (Erguner-Tekinalp, 2007).

**African-American/Black clergy.** In the African-American church there is a long list of titles and names that are used to delineate the roles and positions of the parishioners. Some of those names or titles are pastor, preacher, minister, clergy, laity, deacon, apostle, teacher, evangelist, prophet, prophetess, bishop, elder, psalmist, healer, reverend, sister, brother, mother, father, and saint (June, 2008). With there being such an exhaustive list of names and titles, in the Black church it is only natural that a level of confusion will result in what roles each of these individuals would play in the workings of the ministry.

The titles of preacher and pastor are oftentimes used interchangeably; however, biblically speaking, these two terms have vastly different definitions (June, 2008). According to Strong (1996), the term *pastor* comes from the Greek word *poimen*, which means shepherd. In the New Testament of the Holy Bible, the primary word for preacher is *kerusso*, which means to proclaim, herald as a public crier, or to publish (Strong, 1996).

With the definition of the word *pastor* being shepherd (Strong, 1996), it would make sense that shepherding the flock or the church would be the primary focus of the pastor. This unfortunately is not the case. In the Black community and “Black Church,” preaching is oftentimes celebrated above pastoring. Preaching has come to be one of most desirable and reinforced qualities. It is believed that this overemphasis on preaching has
oftentimes led many pastors to neglect their role as shepherd and overlook the leadership aspect of their role (Hamilton, 1972).

The term *minister* is also used interchangeably with pastor and preacher, yet again, biblically speaking, the term *minister* does not carry with it the same meaning as either pastor or preacher. A dilemma that has resulted from this reality is the term *minister* being used to exclusively for pastors and “preachers” (June, 2008). The term *minister* comes from the Greek word *diakonos*, which means an attendant or a waiter at tables (Strong, 1996). According to Feucht (1981), in a chapter titled “Wanted: A Functional Ministry” of the book *Everyone a Minster*,

All of God’s people belong to the New Testament “ministerium.” The word “minister” is usually equated with “clergy.” It is not so in the Bible. In scripture it is closely linked to the Greek word *diakonia*. This may be translated “service” or “ministry.” And it is by no means restricted to what a pastor does in a church building. (p. 83)

The biblical definition moves this particular title from being an exclusive group of individuals, in the church, to including the congregation as a whole. The narrow definition that is oftentimes ascribed to by churches can prove detrimental to the effectiveness of the church. In order to be biblically accurate and to produce maximum church effectiveness, a shift must be made in the belief that only certain individuals are ministers. Every Christian believer is a minister in the biblical definition of the word (June, 2008).

The words *clergy* and *laity* are not biblical in origin. Instead, these words evolved as a result of attempting to make a distinction between the pulpit and the pew. As the church as an institution became more hierarchal in nature, the terms *clergy* and *laity* came
into vogue. Researchers have stated that the words *clergy* and *laity* oftentimes are used to refer to the personnel of the church. A layman is considered the opposite of a clergyman. *Clergyman* would, under most circumstances, refer to the minister of a parish. The existing use of the word goes back to the appointments of priest by bishops and originated from post-apostolic life of the church (Feucht, 1981).

In the Bible there are fivefold gifted individuals who are listed in Ephesians 4:11. Those five individuals are apostle, teacher, evangelist, prophet, and the aforementioned pastor. These five individuals were given to the church

for the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ: Till we all come in the unity of the faith, and of the knowledge of the Son of God, unto a perfect man, unto the measure of the stature of the fullness of Christ: That we henceforth be no more children tossed to and fro, and carried about with every wind of doctrine, by sleight of men, and cunning craftiness, whereby they lie in wait to deceive. (Ephesians 4:12-14)

Although there are many similarities among these five titles, each has its own biblical meaning. The word *apostle* comes from the Greek word *apostolos*, which means an ambassador of the gospel, a messenger, or one that is sent. A *teacher*, which comes from the Greek word *didaskalos*, means instructor. The word *evangelist* comes from the Greek word *euaggelistes*, which means a preacher of the gospel. Lastly, the word *prophet* comes from the Greek word *prophetes*, which means a foreteller, an inspired speaker (Strong, 1996).

*Bishop* and *elder* are two more common terms that are commonly used in the Black church. Bishop comes from the Greek word *episkopos*, which means a superintendent, a Christian officer in general charge of the church, and overseer. An *elder*, which comes from the Greek word *presbuteros*, means older. According to June
one of the most acceptable distinctions between bishop and elder is put forth by Scofield (1998) when he states:

Elder (Gk. presbuteros) and bishop (Gk. episkopos = overseer) designates the same office (Acts 20:17) the former referring to the man, and the latter to a function of the office. The eldership in the apostolic churches was usually plural; there is no instance of only one elder in a local church. The functions of the elders are to rule (1 Tim. 3:4-5, 5:17); to teach (1 Tim. 5:17); to guard the body of revealed truth from perversion and error (Titus 1:19); and to oversee the church as a shepherd of his flock (John 21:16; Acts 20:28, Hebrew 13:17; 1 Peter 5:2). Elders are made or set in the churches by the Holy Spirit (Acts 20:28), but great stress is laid in the New Testament upon their appointment (Acts 14:23; Titus 1:5). In Titus and 1 Timothy the qualifications of an elder become part of the Scriptures for the guidance of the churches themselves in such appointments (1 Timothy 3:1-7). (p. 1524)

The title of reverend is yet another term commonly used in the church. In the Bible there is only one use of the word reverend in the Scriptures in the majority of English translations of the Bible, and that is in Psalm 111:9. This verse states: “He sent redemption unto his people: he hath commanded his covenant forever: holy and reverend is his name.” According to June (2008), in scriptural context, reverend is used in reference to God, not humans.

Despite the variety and extra-biblical use of these terms, Black pastors historically and continue to in many cases serve as preacher, poet, exhorter, teacher, “social worker,” “psychologist,” businessperson, politician, orator, civil rights leader, and community organizer (June, 2008). Black preachers have served in a variety of roles, such as pacifiers, passive resisters, and vigilantes. Each of these types has had and continues to have an extensive following in the Black community. These leaders share a commonality in that they have all been leaders of their people answering the need for comfort,
instruction, encouragement, and guidance. Even during slavery, various preachers filled, in their own meaningful way, those same needs (Hamilton, 1972).

Black pastor/preachers have historically had to serve in a multitude of positions in the Black community. Many times this was a result of the pastor being one of the most influential and articulate members of Black church society, and frequently the most educated member of the Black community. In turn, the community and congregation demanded and at minimum expected the pastors/preachers to be available to assist with their various needs (June, 2008).

In fulfilling these multiple roles historically, the Black pastor was and still remains a “counselor” to individuals and families who are facing difficulties with family, marital issues, and personal difficulties. The pastor has also traditionally helped individuals and families cope with death and issues of grief. Many times the sermons heard on Sunday mornings and the teachings throughout the week that deal with issues such as racism and oppression can end up offering hope in the midst of trials and tribulations through the taught and preached Word of God (June, 2008).

In America, 39% of people who have a serious personal problem solicit assistance from a member of the clergy (Veroff, Douvan, & Kulka, 1981). This surpasses the rates for help-seeking from psychiatrists, psychologist, doctors, marriage counselors, or social workers. Members of the clergy are consulted for a myriad of psychological issues. Many of those issues are consistent with their ministerial training (i.e., comforting people during periods of bereavement and advising those with physical illness). However, there
are ever-increasing instances when clergy are solicited to deal with serious mental health issues (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000).

There are multiple advantages for people to utilize clergy for personal problems. For those individuals who are of a lower socio-economic status, clergy are much more appealing than professional counselors. Whereas professional counselors set fees and involve health insurance paperwork, claims, and payments, clergy do not charge for their services (Taylor et al., 2000). This is a strong drawing point for people in need, considering the reported issues of treatment expenses being a barrier for treatment (Veroff et al., 1981). Another advantage to utilizing clergy is that the delivery of service can take on a less traditional approach. Whereas with a professional counselor clients would have to go to the counselor’s office, clergy make personal visits to those in need (i.e., visiting the sick in the hospital or those who are homebound) (Taylor et al., 2000).

This researcher is driven to study the help-seeking habits of African-American clergy for a variety of reasons. Multiple clergy members have provided hope and reassurance to the researcher as she has dealt with life trials and tribulations, loss, oppression, and financial lack. These men and women of God have served as beacons of hope and help for many, but do not appear to have a preexisting network established to garner the same types of help, hope, and motivation that they provide for the church on an everyday basis. This lack of self-care pushed the researcher to consider how African-American clergy cope and deal with the same issues that they help so many others deal with.
Help-Seeking Tendencies of African-American Clergy

In the available literature on help-seeking in the African-American community, there is an apparent deficit of information on the habits of clergy members. It was stated in the President’s New Freedom Commission (2002) that “The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often undeserving or inappropriately serving them” (p. 2). Having this issue become a concern at a federal level speaks to the apparent need to do more in research and practice in order to best serve the people.

The current literature on help-seeking and African-American clergy focuses on how clergy member help others to deal with their problems, not how they seek out or access help for themselves. This speaks to the deficiency in the literature and the need to do more research on this population to better understand how mental health professionals can better serve this population.

Chapter Summary

The help-seeking habits of African-Americans have garnered more attention and research. Though this population has reported higher positive attitudes toward seeking mental health services than Whites, they utilize these services less than Whites. Moreover, once entering therapy, African-Americans report lower positive attitudes about seeking out mental health services (Snowden, 2001). It is reported that people of color, in comparison to Whites, use counseling services at a lower rate, exhibit reluctance in engaging in the therapeutic process, have high counseling dropout rates, often prefer
counselors of the same race, are frequently misdiagnosed, are in therapy for shorter periods of time, have short hospital stays, have higher levels of contact with paraprofessional staff, experience more stress, are disadvantaged by traditional psychological assessments, seek out help for administrative issues, and use informal help sources in the community such as the church (June, 2008).

The utilization of the church as a place of healing often involves members of the clergy. Clergy members in the Black church often serve in a variety of roles for members of the Black community, such as counselor, politician, poet, and preacher (Hamilton, 1972). In fulfilling all of these roles, the literature does not speak to how and where African-American clergy access services for their mental health needs. These caregivers of the community seem to lack a place of refuge when they are faced with personal or public dilemmas.

Due to this fact, this research aimed to conduct a phenomenological study on the attitudes, views, and barriers to help-seeking in African-American clergy. Through this study more knowledge was gained on how African-American clergy access care, and implications for training of psychologist and potential treatments were developed.
CHAPTER III
RESEARCH METHODOLOGY

Psychology can be defined as a science of the mind or of mental states and processes (Meyer, 1998) or a study of the mind and behavior (APA, 2011) and is also a field that is dominated by science and those things that are deemed concrete and measurable. Many writers struggle to find one general definition for religion (King, 2005).

For this study, religion will be operationalized as a system of beliefs and practices through which a group of people wrestles with the definitive problems of human life (Yinger, 1970). Whereas psychology focuses on science and the objective and measurable, religion focuses on things that operate outside of reality and are oftentimes very subjective and difficult to measure.

The field of psychology and the church are both institutions that have made great strides in dealing with the human condition with the hopes of facilitating change in those who ascribe to its tenets. Unfortunately, the field of psychology has struggled with embracing spirituality as a means of assisting with change in therapy (Richards & Bergin, 2005). There is a current trend in the field of psychology where more emphasis is being placed on the importance of incorporating spirituality, not only in therapy but in the training of therapist in order to cultivate true multicultural competence (Richards & Bergin, 2000).
Christians as a whole underutilize therapy. It is not clear why this is, but psychologist and clergy alike believe that fundamentalist and “born-again” Christians are resistant to counseling referrals, especially if it cannot be guaranteed that the counselor will be Christian (Keating & Fretz, 1990). Considering the importance of incorporating spirituality into the therapeutic experience and how much churchgoers struggle with utilizing psychological services, this researcher began to wonder what are the help-seeking attitudes, views, and behaviors of clergy.

There is a paucity of research that examines the help-seeking behavior of clergy and particularly that of African-American clergy (Draving, 1991). This research attempted to address the scarcity of research in this area by examining the lived experiences of African-American clergy utilizing the qualitative paradigm. The use of a qualitative paradigm allowed the participants to shape the research in a manner that was not possible with quantitative paradigms. With quantitative methodologies, the richness of the culture and the people would be extremely difficult to capture with the use of data consisting of numbers as opposed to qualitative data that used words and descriptions, a tool that quantitative methods do not have the capacity to accomplish. This study utilized a phenomenological methodology to better understand the lived experiences of African-American clergy in order to better understand how to address and remove the existing barriers that keep this population from seeking mental health counseling.

Qualitative Paradigm

It has been said that qualitative research helps researchers to find “a more natural contextual and holistic understanding of human beings in society” (Todd, Nerlich, &
McKeown, 2004). Qualitative research is a powerful form of research. It situates the research in the heart of the issues at hand and is able to give voice to participants in a manner that quantitative paradigms cannot (Creswell, 2007). Qualitative research has been describes as

  a situated activity that locates the observer in the world. It consists of a set of interpretive material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings, and memos to the self. (Denzin & Lincoln, 2005, p. 3)

This form of research allows the researcher to assist in identifying a vast range of understandings, meanings, and values that individuals attribute to their daily lived experiences (Corbin & Strauss, 1998).

**Qualitative Method**

Qualitative-based research is a positioned activity that places the inquirer or researcher in the world. This research method includes a set of interpretive material practices that make the world visible. The practices in question facilitate changing the world and turn the world into a series of artifacts (i.e., interviews, field notes, conversations, photographs, etc.) (Denzin & Lincoln, 2005). Consequently, qualitative researchers are most likely to approach their studies with a certain paradigm or worldview, a basic set of beliefs or assumptions that guide their inquiries (Creswell, 2002). The basis of assumptions and worldviews may include the use of a theoretical lens. As a result, qualitative research methods usually begin with a myriad of assumptions in order to better capture the research problem and investigate the meaning that individuals and groups attribute to a social or human issue. Research moves to
studying the problem from a developing qualitative approach to inquiry. From there, the researcher moves to the collection of data in a naturalistic setting and proceeds to data analysis that is inductive and contains the voice of the participants. This process can be understood to include eight key components: (1) the researcher must be a key instrument, (2) multiple sources of data must be used, (3) data analysis must be inductive in nature, (4) the participants’ meaning of the problem must be kept in focus, (5) the design must be emergent, (6) the use of a theoretical lens may help keep the study in better focus, (7) inquiry should be interpretive in nature, and (8) the overall research should be holistic in its account (Creswell, 2007).

**Phenomenology**

Edmund Husserl developed the phenomenological research method in the early twentieth century as a qualitative research methodology (Giorgi & Giorgi, 2003). Phenomenology was developed in response to the traditional scientific method. In the traditional scientific method the focus is placed on measuring observable, concrete events. Husserl argued that the traditional scientific method could not adequately or appropriately capture the abstractness of a phenomenon (Powers & Knapp, 1995). With phenomenology, the researcher is “discovery oriented” and seeks to answer the following questions: What is this everyday experience like? What is its meaning? How is it experienced? (van Manen, 1990). A phenomenologist focuses in on what all of the subjects have in common as it concerns the lived experience (i.e., spirituality is universal or a shared experience). The prime objective of a phenomenological study is to reduce individual experience with a phenomenon to a description of a universal essence.
(Creswell, 2007). Actually, van Manen (1990) describes phenomenology as a “grasp of the very nature of the thing” (p. 177).

There are four approaches to phenomenology research. Those four approaches are traditional, experimental, hermeneutical, and empirical, also referred to as transcendental (Klein & Westcott, 1994). Although each of these approaches serves a purpose and assists researchers in gaining a deeper understanding of different types of phenomena, there is a primary difference between the approaches. That difference is the source of the data and how they are obtained (Hein & Austin, 2001). For this study, the empirical (also known as transcendental) approach to phenomenology was utilized. Empirical phenomenology involves identifying a phenomenon to study, bracketing out the inquirer’s experiences, and collecting data from several people who have experienced the phenomenon in question (Creswell, 2007). The researcher identifies and pulls out significant statements to develop themes that describe the phenomena under investigation. This approach was specifically chosen for this study due to the aforementioned and for the clear guidelines and systematic steps in the data analysis procedures. Hence, the aim of this research was to fully understand the barriers to help-seeking in African-American clergy. Phenomenology is befitting for this examination provided that the main purpose of this type of research is to “determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it” (Moustakas, 1994, p. 13).
Application of Phenomenology to the Overall Research Question

Phenomenology is the chosen methodology when attempting to understand the essence of an experience (Creswell, 2007). This methodology aligns with the goal of attempting to understand the lived experience of African-American clergy and help-seeking. At present, there are no published studies that detail the lived experience of African-American clergy as they navigate the help-seeking process. The following open-ended interview questions were constructed to answer the overall research question, *Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking.*

1. What is like for you when you need help with difficult life issues?
2. Where do you turn when you need help with difficult life issues?
3. What type of life issues or struggles would motivate you to seek help? How severe would those issues have to be?
4. What are your perceptions of spiritual leader seeking professional mental health services? What factors shape this (these) perceptions?
5. What are your views toward or how do you see things as related to self-care, help-seeking, and mental health?
6. What are your attitudes toward or how do you act upon self-care, help-seeking, and mental health?
7. How comfortable are you with seeking mental health services and are there any barriers you feel you may face in seeking mental health services?
8. How do your personal characteristics affect your comfort level and ability to seek mental health services?

9. How does your faith and your belief in God’s power according to Ephesians 3:20 (His ability to do exceedingly above all you can ask or think according to the power that works in you) affect your willingness to seek mental health services?

10. Are there any spiritual matters, like spiritual warfare, that may play a role in how you understand mental health issues?

11. How could mental health professionals best serve you therapeutically, if you were to seek mental health services?

12. Are there any other aspects about mental health, African-American clergy, and their views, attitudes, and barriers to help-seeking that haven’t been explored by the researcher you would like to add?

Specific procedures, consistent with the philosophy of phenomenology, were chosen for this study to give richness, depth, and insight into the phenomenon under investigation. In essence, phenomenology best fits the research aim of exploring and understanding African-American clergy views, attitudes, and barriers about mental health.

Participants

For this study, individuals were purposefully sampled on basis of their ability to inform an understanding of the research problem and the central phenomenon in the study (Creswell, 2007). According to Dukes (1984), 3 to 10 participants is an adequate sample size for a phenomenological study. In this study, eight African-American clergy
were interviewed. This researcher sought out participants who were either male or female and were at least 18 years of age. Participants also had to self-identify as African-American and were ordained members of the clergy holding the appropriate title and responsibility of their identified title (i.e., be a religious official or functionary who is prepared, trained, authorized, and ordained to perform religious services and attend to other religious duties). The participants identified as one of the seven traditionally African-American denominations or as non-denominational. Those seven denominations were: African Methodist Episcopal (A.M.E.); African Methodist Episcopal Zion (A.M.E.Z.); Christian Methodist Episcopal (C.M.E.); National Baptist Convention, USA, Inc.; National Baptist Convention of America, Unincorporated; Progressive National Baptist Convention (PNBC); and Church of God in Christ (COGIC).

Table 1 provides demographic information about each of the eight participants in this study.

**Participant Recruitment**

In order to recruit participants, Internet postings were utilized on the social networking website Facebook. The proposed study also utilized gatekeepers in order to gain access to subjects. According to Creswell (2007), gatekeepers are individuals that the researcher uses in order to gain access to a group or cultural site. Prior to gaining access, the researcher must receive these individuals’ trust and approval (Hammersley & Atkins, 1995). The use of gatekeepers was paramount to this study. Due to the close knit culture of African-American clergy and the underlying mistrust of psychology, gatekeepers were able to ease the preexisting tension between the field of psychology and
Table 1

Description of Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Title</th>
<th>Gender</th>
<th>Denomination</th>
<th>Marital Status</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bobbie</td>
<td>Pastor</td>
<td>Female</td>
<td>African Methodist Episcopal</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>GG</td>
<td>Reverend</td>
<td>Female</td>
<td>Baptist</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Holiday</td>
<td>Pastor</td>
<td>Male</td>
<td>Baptist</td>
<td>Divorced</td>
<td>Yes</td>
</tr>
<tr>
<td>Kyle</td>
<td>Pastor</td>
<td>Male</td>
<td>Baptist</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Michael</td>
<td>Pastor</td>
<td>Male</td>
<td>Baptist</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Mo</td>
<td>Prophet, Reverend, &amp; First Lady</td>
<td>Female</td>
<td>Non Denominational</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Pseudo</td>
<td>Pastor</td>
<td>Male</td>
<td>Non Denominational</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Raphael</td>
<td>Elder</td>
<td>Male</td>
<td>Non Denominational</td>
<td>Married</td>
<td>Yes</td>
</tr>
</tbody>
</table>

the church, providing the researcher access she may not have been able to garner on her own. The gatekeepers in this study were individuals that the researcher had a trusting relationship with through professional or spiritual education and mentorship. The gatekeepers were clergy members or those who work in or have close ties to the ministry (church staff or members).

For all intents and purposes, the gatekeeper’s role was to simply locate, recruit, and distribute materials to individuals. Once the subjects received materials, they were free to contact the researcher with any questions or concerns they had before consenting to participate in the research study.

After consenting to participate, those participants selected for interviews were contacted via telephone or through their preferred social networking medium, to answer
any additional questions or concerns they had and to arrange a time to conduct the in-depth interview. None of the individuals interested in participation failed to meet the criteria for participation. All eight interested clergy members were selected to participate in the study. Once the researcher had two participants who met the criteria for the study, those individuals were interviewed. The researcher continued with selection based on criterion sampling until the N of 8 was reached.

Subjects who expressed an interest in participating in the study received a packet that contained a copy of the consent form (see Appendix A) and the background questionnaire (see Appendix C). These forms were delivered face to face to each potential participant. Upon receiving the packet, individuals were asked to sign the consent form prior to completing the background questionnaire, in the event they were interested in participating in the proposed study. The signed consent form and completed background questionnaire were collected at or before the initial interview.

**Informed Consent Process**

To gain access to participants, the researcher first sought permission from the Human Subjects Institutional Review Board (HSIRB). Once permission was granted, subjects were contacted either through face-to-face interactions, social media, via phone, or through gatekeepers to receive a packet detailing information (Appendix C). In order to maintain an ethical study, no individual served as a participant in the study until the consent form had been signed and received. Potential future participants were invited to contact the student investigator prior to signing the consent form with questions and/or
concerns that they had, and the student investigator responded promptly and appropriately.

Research Procedure

Data Collection: Individual Interviews and Follow-Up Interviews

For this research inquiry, the researcher conducted an in-depth interview with each participant. This in-depth interview consisted of open-ended interview questions. By utilizing open-ended questions, the researcher had the opportunity to consider the views, attitudes, barriers, and experiences that were related to the help-seeking behaviors of African-American clergy.

The transcripts from the interviews were analyzed for significant statements. The significant statements were grouped into larger units known as themes. Those themes were then analyzed. At that time, follow-up interviews were conducted with participants to determine if the findings that the researcher found were consistent as more data emerged. The follow-up interviews assisted in exploring the themes that developed from the stories shared by each participant during the initial interview phase.

Initial Data Collection: Background Questionnaires and In-depth Interviewing

Each participant was given an informed consent form and was instructed to complete the provided background questionnaire. The background questionnaire served as a means to elicit descriptive data about each of the participants and to ensure that each participant was best suited to assist the researcher in examining and explaining the
phenomenon in question. After the background questionnaire was completed, each of the eight participants was invited to participate in either a face-to-face or phone semi-structured in-depth interview. Using a nationally based sample made it impossible to conduct face-to-face interviews with all of the participants, so phone interviews were conducted for participants who lived more than a two-hour driving distance from where the researcher was located. Participants were notified on the consent form that if they lived more than a two-hour driving distance from the researcher, that they would be asked to participate in a phone interview.

All eight of the participants, whether face-to-face or over the phone, participated in a 45-90 minute semi-structured interview conducted by the researcher. All of the interviews were recorded using digital recording devices. The researcher purposefully asked open-ended questions related to the research topic to allow the participants to respond in their own words. The use of specific questions and probes were posed in a conversational manner to further explore the participants’ responses and descriptions of experiences related to the research question.

**Follow-Up Interview**

The follow-up interview for this study took place after the participants had completed their initial interview and the data associated with those interviews had been thoroughly analyzed. The follow-up interview served as an opportunity to look into whether the content drawn from the data was consistent with the lived experiences of the participants.
Each of the participants was given a list of the six themes that the researcher identified from the data. The participants were able to give feedback on whether the ascertained themes truly represented their lived experiences and captured their individual lived experiences. There was consensus across all eight participants that the six identified themes represented their lived experiences as African-American clergy members related to their views, attitudes, and barriers to help-seeking.

**Preparation of Transcripts**

All interviews were digitally recorded to allow for transcription. The researcher transcribed the interviews through the use of either research assistants or a trained transcriptionist. All of the research assistants and the trained transcriptionist were thoroughly trained by the researcher in proper confidentiality protocol to ensure the confidentiality of each of the participants. Each of the researcher assistants and the trained transcriptionist signed a confidentiality statement agreeing to keep the content of all the interview data confidential and to delete and destroy any and all electronic or paper copies of transcribed interviews. In addition, each of the transcriptions was audited by the researcher to ensure accuracy by using the digital recordings. The content of every interview was reviewed as another means of immersion in the data and checked for accuracy.

**Data Analysis**

For this study, the researcher used a modified form of the Stevick-Colaizzi-Keen method that was originally put forth by Mousakas (1994) and later modified by Creswell
This method consists of six steps. They are as follows: (1) begin with full description of the personal experiences of the participants concerning the phenomenon, (2) develop a list of significant statements, (3) group the significant statements into “meaning units” or themes, (4) write a textural description, (5) write a structural description, and (6) write a composite description of the phenomenon incorporating both the textural and structural descriptions (Creswell, 2007).

**Themes**

Themes are generated from identifying significant statements in the interview transcripts or other forms of data. These significant statements deal with how individuals are experiencing the phenomenon being studied. After this process has been completed, the significant statements are gathered in larger units of information, which are known as themes (Creswell, 2007).

For this study, themes were established through identifying the significant statements of each of the participants individually. Those significant statements were then grouped into meaning units or theme areas. The researcher then organized each of the theme areas into one of the three domains—views, attitudes, or barriers. Theme areas were used as salient themes for the study if at least five of the eight participants shared experiences related to the identified theme area.

**Bracketing**

Bracketing (epoche) is the process in which the inquirer sets aside his or her experiences, as much as possible, in order to take a non-biased look at the phenomenon in
question. This is a key step in conducting empirical (transcendental) phenomenological research. Transcendental is defined as that “in which everything is perceived freshly” (Creswell, 2007, p 60). The goal of bracketing is for the researcher to set aside his or her experiences to be in a position that is as non-biased as possible. This state is seldom ever truly reached (Moustakas, 1994). One way that this process is demonstrated by researchers who believe in it is the inclusion of a description of their own experience with the phenomenon and bracketing out their view prior to moving forward with the lived experiences of others (Creswell, 2007). For this study, the researcher completed the bracketing process by writing down her experiences with the phenomenon in question prior to beginning the interview process with the participants and hearing their lived experiences that dealt with the phenomenon at hand. What follows are the researcher’s personal responses to the questions posed to the participants.

1. **What is it like when you need help with difficult life issues?**

Sometimes I feel helpless. If it is not a problem that I faced before and seen or experienced how God can show up and show out in the situation, I find that my faith wavers at time. I know God can do anything but fail, but when I keep finding myself in really difficult situations, it’s hard to see the forest for the trees. I get bogged emotionally and have to surround myself with people who will speak word over me and to me even if my flesh doesn’t want to hear it. Without that resource I get so caught up in my flesh that it seems like God has to come into my situation to find me and remind me that He is God and that He is always in control no matter how out of control I feel.

2. **Where do you turn or what do you do when you need help with difficult life, personal, and or professional issues?**

When I am struggling with difficult life issues, the first thing I always attempt to do is pray. If I fail to do this, I tend to get extremely anxious and begin to worry excessively over what I can do, what I should have done, complaining, and wishing things were different. When I allow myself to go down the path of worrying, I struggle to reel myself back in and make good concrete decisions on
what I need to do next in order to actually solve my problems. I just begin to ruminate on all the things that are upsetting me.

I also talk to my husband about it. He is great at looking at a situation and figuring out what I can control and what I can’t control. In him doing that, it helps to relieve a lot of the burden of having to know what to do in that exact moment. And oftentimes he is more than willing to shoulder some, if not all, of that burden. He takes being my covering extremely seriously and I am blessed to have that as an option.

I also talk to my family or close friends who are like family. Being a therapist and a Christian, many of my friends are also therapists and/or Christians as well. So many times I “process” my feelings with them or ask, “What thus saith the Lord,” as it deals with my current circumstance.

If the problems are something that seems to linger and will not get better, something like being depressed, I would go to see a therapist and my primary care physician to get on some medication to help me deal with everything until my mood was more stable and life just didn’t feel so heavy anymore.

3. What type of life issues or struggles would motivate you to seek help? How severe would those issues have to be?

Issues with my marriage and mental well-being would be the reasons I would go out and get some help. Those are two things that I do not want to ever let fall by the wayside by not tending to them when they are in distress. But to be honest, things would have to be pretty severe for me to be bothered with going in. In most cases I would assume that I could pray my way out of the problem or that it was only a spiritual test that I had to last through and learn from. So things would have to be pretty bad.

If I saw that my son could benefit from services I would not hesitate to encourage him to go in and be tested or receive the necessary services to help him out. I find that I advocate for others to go to therapy, but as a therapist I oftentimes believe that I can help myself enough to get over an emotional rough patch and that I really don’t need someone else to help me to.

4. What are your perceptions of spiritual leaders seeking professional mental health services? What factors shape this (these) perceptions?

I think spiritual leaders should seek out professional mental health just like any other believer. God has placed therapists here to help heal the mind and emotions just as he placed medical doctors here to heal the body. I have such a deep respect for those who have been called to preach the Word and even more for those who
God has purposed to shepherd over His flock, here on Earth. Work like that has got to be taxing mentally, emotionally, and spiritually. Just like all believers need to be fed spiritually, I think that it is imperative that leaders also be fed. You cannot continue to sow into others, and never be on the receiving end of being replenished. Too many times people get so caught up in “playing” the role of leader that they forget to take care of themselves and their families. In doing this, they set themselves up for failure and in turn throw the door open wide for Satan to come in an attempt to steal, kill, and destroy all that God has for them.

What I believe primarily shapes this perception is that I wear both professional hats. I am a carry a state recognized license as a Temporary LimitedLicensed Psychologist, and a Certificate of License to preach the Gospel. I hold both of my licenses in high esteem and see them both as God’s way of equipping me to help the saints. I also have a heart for clergy and their families. After reading a manuscript of a phenomenal Bishop, who I greatly respected, admired, and looked up to, who struggled with anger and forgiveness, I begin to recognize that counseling for these men and women of God would look much different than those who sat in the pew every Sunday versus in the pulpit. It broke my heart that this man of God did not feel that he could access services in the community, but instead had to elect to fly a counselor halfway across the United States in order to see him. I just began to wonder and think about all of the men and women across the U.S. who could not afford to do something like that and how many must be suffering in silence. So when I had the pleasure of meeting and befriending a pastor of a small Black church who struggled with depression and literally had to depend fully on God to make a shift in the atmosphere, it broke my heart and I realized that God had charged me with orchestrating a shift in the atmosphere as it dealt with pastors and clergy members being able to safely access mental health services.

5. **What are your views toward or how do you see things as related to self-care, help-seeking, and mental health?**

**Self-care.** I believe that self-care is key. If a person fails to take care of themselves, then eventually they will no longer have anything left to give other people. You cannot continue to give and give of yourself and never replenish yourself. You won’t be any good to all of the people you hope and want to help if you are so broken down mentally, emotionally, spiritually, and physically that you are at a deficit.

**Help-seeking.** I value help-seeking and see the mental health field as another tool that God uses to orchestrate and bring healing to His people. I vehemently oppose the idea that seeking out mental health service is an expression of a lack of faith in God. The Bible says that the enemy comes but to steal, kill, and destroy, and it goes on to say we do not wrestle against flesh and blood, but against
principalities, against powers, against the rulers of the darkness of this age, against spiritual hosts of wickedness in the heavenly places. If we as believers know that we are under attack in so many violent and life altering ways, why we would reject sound help in girding up our minds against such things.

**Mental health.** As a mental health professional, I would hope that my view of the field is apparent. I have spent upwards of 12 years learning about and cultivating my skills as it deals with mental health and well-being. I believe that God has called me to bridge the gap between the Black church and the field of psychology. Good mental health impacts people on so many levels, especially in a spiritual domain. If I am depressed and I am experiencing a decrease in my serotonin levels, it will be difficult if not at times impossible for me to have the internal motivation to study my Bible, focus on scripture and preaching, and retain the lessons that the pastor is laying out. On an even baser level, if I am depressed my motivation to get out of bed and attend church, worship and praise God openly, and pray will be gravely affected. This is why the promotion of good self-care through the vehicle of mental health services is so important to me, because through good mental health I am better equipped to stand on the Word and be able to declare that no weapon formed against me shall prosper, that I am more than a conqueror, that I am the head and not the tail, the lender and not the borrower. Or that all things have to work together for my good because I love the Lord and I am called for His purpose. My mentally health affects my praise, my worship, my faith, and my obedience. Because with a clear mind I am able to have a clear heart which lines me up to walk out the scriptures as God has commanded me.

6. **What are your attitudes toward or how do you act upon self-care, help-seeking, and mental health?**

**Self-care.** I attempt to use multiple forms of self-care in my life. I spend time with my husband and my son doing different activities such as playing outside, flying kites, watch TV, build forts, and just laugh, sing and dance like no one is listening or watching. What I find to be powerful is prayer and meditation on scriptures. When I feel overwhelmed and lost, these two things offer me rest, reassurance, and peace. I also love to shop and spend time with my family. I also indulge in hour-long table massages when time and money allow for them. Pretty much anything that will allow me to laugh, smile, and relax is a great way for me to take care of myself.

**Help-seeking.** With help-seeking it truly depends on how serious or pressing the issue is at the time. If it is something that I do not believe I need a mental health professional for, then I turn to my husband, sister, family members, and close friends. But when I deem, or people who are close to me who I truly respect and trust say so, a problem to a more professional skill set or monitoring, I will seek out professional counseling. Although I have a deep respect and admiration for
my pastors. I tend not to look to them for this type of counsel. If I am honest with myself, it tends to be because I view them in a fatherly manner and it makes me uncomfortable to think about sharing some aspects of my life with them in this capacity.

**Mental health.** As I stated before, I will seek out mental health services if I believe that it is a problem that requires the special skill set that comes from being a mental health professional. For example, if I was feeling so low and depressed that it was truly impeding my ability to function, I would want to seek a psychologist with the hope of them being able to work with me as well as with a psychiatrist or a primary care physician so that the option of anti-depressants could be discussed and possibly carried out. A lay professional would not have this type of access to resources.

7. **How comfortable are you with seeking mental health services and are there any barriers you feel you may face in seeking mental health services?**

I feel comfortable seeking out mental health services from a Christian stand point. I find that I struggle more with being worried how my membership to the mental health profession will be viewed and affected by me seeking out services. Considering there are very few Black counselors, and even fewer who hold Ph.D.s, the “pool” of potential therapists is rather small for me if I want to see a Black therapist, who holds a Ph.D., and that I am not currently networking with or have hopes of networking with in the future.

I do think that there would be more hesitation on my part if I was a pastor versus a just a preacher, and if I did not work in this field. I would be lying if I did not say that there would some fear and hesitation on my part about it becoming public knowledge to my congregation that I was in marital counseling or that I was struggling with depression or anger. I think that fear would be a result of not knowing how people would react. I would find myself wondering if they doubted my calling, was I being disobedient so I was being punished by God, or if I was only talking about the power of God and not really able or willing to tap into and utilize it in my own life.

But as my life stands right now, if I need help with maintaining good mental health then I will seek it. I’m a firm believer in the passage that says, for My people parish for a lack of knowledge. So if therapy will help to equip me with knowledge and power, than sign me up.

8. **How do your personal characteristics affect your comfort level and ability to seek mental health services?**
Beyond working in the field of psychology, as a therapist, I really believe there aren’t any personal characteristics that impede my ability to seek out mental health services.

9. How does your faith and your belief in God’s power according to Ephesians 3:20 (His ability to do exceedingly above all you can ask or think according to the power that works in you) affect your willingness to seek mental health services?

I fully believe that God is able to do exceedingly abundantly all I can ask or think, but I also know that as a Christian and someone who has dedicated their life to serving God and being about His business that I will be under constant attack, be it mentally, emotionally, physically, financially, and so on. I have had my health come under attack and was diagnosed with endometriosis at the age of 24. I was in a committed relationship but not married, I desperately wanted to be a mother, and the “world” was telling me to go ahead and try and get pregnant, despite my marital status, because the longer I waited the worse my chances of ever getting pregnant. Instead of following after flesh and walking in disobedience, I prayed and I sought out medical help. After going through hormone therapy for three months, my conditioned worsened, I began to seek God on what He would have me do in this situation, and as God spoke I went into action. Now although the medical doctors could not help me, going to them alerted me to a place where I needed to focus on in my prayer life.

10. Are there any spiritual matters, like spiritual warfare, that may play a role in how you understand mental health issues?

I believe that the root of most mental health issues can be traced back to some form of spiritual warfare. Satan comes but to steal, kill, and destroy. What better place, than the mind, to unleash these attacks. People may be able to remove themselves from negative people, places, or situations but no man is able to escape the recesses of their own mind. The mind is so vulnerable to sin. I think that we have all been guilty, at one time or another, of excuseing sinful thoughts as harmless or a better option than physically manifesting the sin. The reality is that this is the opening that Satan is looking for in order to get sin to take root inside of us, so that we will eventually allow the sin to go from thought to action.

This is why I truly believe that spiritual warfare has such a monumental role in how mental health issues take root. Although some issues are genetic in history or are the result of chemical imbalances, having the mind constantly under attack by Satan makes it more difficult for us to see the forest for the trees or even be willing or able to seek out professional help to remove, minimize, or manage symptoms.
11. *How could mental health professionals best serve you therapeutically, if you were to seek mental health services?*

A mental health professional could best serve me by being open and willing to discuss spirituality, my values, and how my psychology or understanding of how I think or should think, act or should act, is all filtered through the Holy Bible. I would need to know that my battles of spiritual warfare would not be pathologized and deemed unimportant. Being in an environment where I would have to hide or minimize my spirituality would be off putting and keep me from returning. But if a therapist not only listened but valued and did not judge my spiritual gifts of actually hearing from and speaking to God, I would feel as though I was in a position to face my sin head on with an array of tools both from the bible and the field of psychology.

12. *Are there any other aspects about mental health, African-American clergy, and their views, attitudes, and barriers to help-seeking that haven’t been explored by the researcher you would like to add?*

Not at this time.

**Establishing Credibility of Qualitative Data**

**Research Auditor**

The research auditor serves as a mechanism for critiquing the study. He or she is able to assist in “keeping the inquiries honest” (Lincoln & Guba, 1985, p. 243). The research auditor can also serve as a source of new ideas or perspectives that help the researcher to see the bigger picture at hand (Lincoln & Guba, 1985). The research auditor for this study reviewed the initial interview transcripts for individual participants in the study. The research auditor utilized the data to identify the salient themes that were consistent across the participants. This served as a means to determine if the themes identified by the researcher were evident to an outside researcher. The research auditor
also provide valuable feedback that led to clearer interpretations of the data and in the end informed implications for the field/profession.

**Dependability**

For this study, a research auditor was utilized to ensure that the study was dependable. The research auditor was given full access to all background questionnaires, interview transcripts, raw data, and the researcher’s findings. This was done throughout the duration of the study to ensure that the researcher was strictly adhering to the prescribed procedures for a phenomenological research study.

**Transferability**

According to Merriam (1998), transferability or external validity “is concerned with the extent to which the findings of one study can be applied to other situations.” Transferability is also direct function of the similarity between two contexts. This similarity is known as fittingness. This can be defined as the level of “congruence between sending and receiving contexts” (Lincoln & Guba, 1985, p. 124). For this study, transferability was sought through selecting participants from a myriad of perspectives and experiences concerning help-seeking and African-American clergy. In order to demonstrate how this phenomenon is practical in application to this study and in other settings, the descriptions will be provided on how the study is situated in the literature, who the participants are, the chosen methodology, and the analysis of the data (Lincoln & Guba, 1985).
Triangulation

Triangulation improves the rigor of the analysis by evaluating the integrity of the interpretations that the researcher draws from more than one vantage point (Lincoln & Guba, 1985). According to Denzin (1989), triangulation involves using multiple data sources, multiple researchers, multiple theoretical perspectives, and/or multiple methods. With regard to triangulation, the researcher of this study sought out data from multiple sources (African-American clergy from one of the seven traditional or non-dominations) through multiple methods (semi-structured individual and follow-up interviews). By doing so, this provided a more detailed and balanced explanation of help-seeking patterns in African-American clergy. Furthermore, immersion in related literature aided the researcher in examining and interpreting the data. For example, contrasting emergent themes and patterns with existing literature helped the researcher make meaning of what was similar, what was different, and why, thereby increasing the understanding of the investigated phenomena.

Criterion Sampling

According to Creswell (2007), criterion sampling refers to sampling on the basis of a set of criteria that must be met in order to participate in the study. Creswell noted that criterion sampling was also useful in assisting with quality assurance. It was the hope of this researcher that by including only participants who met the predetermined criteria, that those individuals would be able to be credible informants about the phenomenon under investigation. For this study, the researcher chose only participants who met the
following criteria: male or female, were at least 18 years of age, self-identified as African-American, were ordained members of the clergy holding the appropriate title and responsibility of their identified title, and identified as one of the seven traditionally African-American denominations or as non-denominational. This information was gathered from the background questionnaire that each potential participant completed after providing the signed consent form.

**Member Checks**

Member checks require that the researcher present the findings and/or interpretations of the findings through descriptive triangulation, which is consistent between researcher and participant (Leech & Onwuegbuzie, 2007). Member checks are considered one of the most critical techniques for establishing credibility in qualitative research designs (Lincoln & Guba, 1985). Member checks were instituted in this study by allowing the participants to read the completed transcripts from the initial interview. This provided them with the opportunity to comment or correct any information that had been gathered.

**Immersion**

In phenomenology research studies, the immersion process is in place from the onset of the research through completion for the study. Immersion first begins when the researcher utilizes his or her worldviews and/or experiences to develop opinions about the phenomenon being studied. The immersion continues by the researcher becoming immersed in the related literature in order to explore the topic and gain a deeper
understanding as a whole. For example, the researcher’s experiences with African-American clergy who were dealing with issues of severe depression, stress, and anger and who did not feel that they were able to access mental health services due to the projected image that clergy are infallible and able to cope with any personal issues on their own, prompted the researcher to look for previous research on the help-seeking habits of African-American clergy. Finding the counseling field/profession had neither discussed nor implemented strategies for assisting this population with accessing the proper resources, the researcher was moved to do a study to address these issues. The researcher asked each participant about his or her views, opinions, and the barriers faced in utilizing mental health services. Exploring issues of help-seeking and issues that clergy members face helped the researcher to develop interview questions that were situated in the context of the literature and speak to the daily lived experiences of this population. It was the hope of the researcher that the voices of the participants were not lost and that their voice helped to shape the direction and content of the services that they need.

**The Subjective Worldview of the Researcher**

The researcher for this study was a married African-American heterosexual Christian woman who identified denominationally as Baptist. The researcher was raised in the church and is the granddaughter of an African-Methodist Episcopal preacher. The researcher best understands her identity through a spiritual and race-based lens. Although the researcher was not an ordained minister, she was a licensed minister and served as an interim pastor of a Baptist Church. Due to growing up in the church and her work in the church and in the field of psychology, the researcher had come into contact with multiple
African-American pastors who had struggled with issues of help-seeking as it related to mental health issues. Hearing the struggles of these pastors and feeling the pressure of being a leader in the African-American church, the researcher began to wonder if more pastors and members of the clergy struggled with the idea of having to portray themselves in a fashion that did not allow for mental health and emotional struggles.

The researcher has always had a deep interest in issues of spirituality and human behavior. Growing up in the church had always influenced how the researcher understood life struggles and how to best cope with them. The researcher believed that God was able to bring her through any trial and struggle. The researcher also believed that God had provided help for trials and tribulations not only by speaking to the spiritual part of man, but also by providing trained professionals who could help people cope with life struggles. The researcher had been in pursuit of understanding how the church and the psychological community could best work together to heal the whole person.

The researcher’s dedication to gaining a true understanding of how religion and psychology could work together influenced her to seek out a master’s degree program that focused on the incorporation of these two disciplines. The research chose to enroll in a master’s degree program in clinical psychology with a divinity focus. The researcher was trained to do therapy with the DSM-IV (American Psychiatric Association, 1994) in one hand and a Bible in the other, with the focus always being that each of her clients was a whole person and a child of God. Integration was always the goal and mission of her degree program.
While completing her master’s degree, the researcher met and worked with African-American pastors in the community and found that many of them faced life struggles that they felt they had to deal with on their own. These pastors did not feel it wise nor safe to seek out mental health services for fear of how it would be perceived by their congregations, and they were not confident that secular counselors would truly understand them and their belief that God could intercede on their behalf to help guide them through their problems and, in the end, bring them through to the other side.

Although the researcher was a devout Christian and very involved in leadership in the African-American church, she does not face the same types of barriers to care that clergy members face. Considering that the researcher was a member of the professional psychology community, the fact that she would seek out mental health services was not viewed as taboo, and the researcher does not have to be concerned with the stigmas that can oftentimes be associated with help-seeking, whereas African-American clergy members would not be afforded the same grace and understanding if they were to seek out mental health services. The clergy members are much more susceptible to being unfairly judged, to have their faith in God questioned, and, in turn, to decide not to seek out mental health services. The researcher gained a new appreciation for the emotional struggles and feelings of loneliness associated with being a pastor once she was thrust into the role of interim pastor after the sudden and unexpected passing of her father in the ministry, who was also the pastor of her home church. It was not until the researcher was placed in the role of interim pastor that she began to truly understand the mental and emotional weight of operating as a clergy member in leadership.
Chapter Summary

In summary, Chapter III provided an overview of qualitative research with a focus on the phenomenology approach. This chapter also included the qualitative paradigm and method. It also detailed the participants for this study and the sampling methods that were utilized to recruit those participants. In addition, this chapter presented procedures for data collection and data analysis, procedures of establishing credibility, and rigor. The role of the researcher and the worldview of the researcher were also included.
CHAPTER IV
RESULTS

“Ministry, not God. Ministry will destroy your marriage if you let it.”

This chapter presents the essence of the lived experiences of African-American clergy and their views, attitudes, and barriers toward help-seeking. The present study focuses on the lived experiences of African-American clergy as it deals with their thoughts about help-seeking, how they choose to seek help, and the barriers that they face when they desire to seek help. The collective core of the participants’ experiences concerning help-seeking has been examined to uncover common themes in participants’ individual narratives. These themes were established by analyzing each of the clergy member’s narratives through the use of an empirical phenomenological analysis structure.

Throughout the chapter, quotations will be offered as evidence of the common themes. These quotations are not meant to serve as exhaustive examples of the influential factors that were shared during the interviews. Instead, the goal of the quotations is intended to give the reader a flavor for the thoughts the clergy had about their own lived experiences around help-seeking and some of the actual experiences that motivated or made it difficult for them to seek out professional help. The quotations that identify the thoughts and ideas of the participant serve as textural description of their lived experiences. The quotations that detail actions that were taken or how different behaviors
were manifested in their lives serve as a structural description of their lived experiences. The collective narrative summary was constructed to highlight the essence of their needs as consumers from therapist and the field of psychology.

The following sections are organized around the six themes that emerged in the participants’ narratives using a phenomenological methodology research design. Those themes are: (1) the humanness of clergy, (2) mental health stressors and experiences, (3) wearing the mask of health, (4) taking everything to God first, (5) issues of confidentiality, and (6) personal expectations for therapists. These six themes fit into one of three domains: views on help-seeking, attitudes toward help-seeking, and barriers to help-seeking. Table 2 depicts the domains and their associated themes.

Table 2

Domains and Themes

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<tr>
<th>Domain</th>
<th>Theme</th>
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<tr>
<td>Views</td>
<td>The Humanness of Clergy</td>
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<td>In All Things Seek God First</td>
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<tr>
<td>Attitudes</td>
<td>Mental Health Stressors and Experiences Related to Being Clergy Members</td>
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<td>Wearing the Mask of Health</td>
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<td>Personal Expectations for Therapists</td>
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Domains

Views

**The humanness of clergy.** Each of the clergy members spoke to the point that they, just like other Christians and people, were human. There was a keen concern that often they are perceived as somehow super human or above the stresses and troubles of life. This was an issue that bothered clergy members who identified as pastors. As spiritual leaders, they shared a constant juxtaposition of serving as strong examples of how to lean and depend on God through difficult times, and presenting themselves as joyful and in control. Yet in many cases, the lives of these men and women of God appeared to be painful and no longer protected or shielded by the power of God.

During his interview, Holiday spoke openly about his struggle as a member of the clergy. He found that, as a leader in the African-American community, he felt placed on a pedestal and that it was a very uncomfortable position to be in. There was an inherent loneliness that came with the title of pastor that was not often talked about, but was not surprising.

And it’s a small pedestal with very little room to move ‘cause you move too far to the left or the right, the front or the back, off you tumble to be trampled. Not to be picked up but to be trampled. So it breaks my … like, literally breaks my heart, just the … the weight of the work and the little grace that you receive from it and it’s like … ‘cause you don’t get to turn off being a pastor. You don’t turn off your compassion for your people. You don’t … that stuff doesn’t turn off.

He also shared the emotional and physical loneliness that he experienced during his divorce from his wife, and how those whom he had stood by during their divorces turned their backs on him during his.
And I went through my divorce and I tell you, that was painful because the folk I stood by, they went through their divorces and I went to court with them, you know, was there for them, you know, prayed them through it, didn’t judge them, then when I went through my divorce, it was a different kind of situation. Because I couldn’t tell them that she emptied out my account three times, you know. I couldn’t tell them that, you know, another preacher was involved. But yet they left me … When I went … yeah, when I needed people. I went to my … they were not understanding, you know? “You the pastor! … How dare you?

Pseudo gave an example about when he and his wife were going through difficulties in their marriage and how people whom they counted as friends and spiritual family turned their backs on them and ended up leaving the church he pastored. Like we should be broken but, you know, we tell this church, like, we hurt like you hurt, you know, there are times things have gotten so deep that it flesh got in the way or flesh rolled up and I told them, you know, we had a transition a few months ago and I told them, “Ya’ll forgetting one vital thing as your pastor. I’m a husband, father, son, grandson, I am a school employee, I’m a United States Army soldier, and I’m a pastor, and everything else that falls in between, but all you see is a pastor.” I said, “Ya’ll don’t understand when we hurt, but we have to suck it up and be strong for ya’ll. That if we going through it, and there was a time where me and [my wife] was going through.” I said, “But when we going through, all of a sudden, you want to leave the church. Because now ya’ll are saying, ‘We ain’t sign up for this,’ versus saying, ‘What can we do?’” …we just actually had someone in here that actual just finished their master’s to be a therapist, but if anything, if you may have seen the signs … no, you may not have wanted to cross that level, but you still could have been like, pastor, matter fact you could have came up and said, I told them I said, “There should be times, if you know your pastors, and they were all leaders, (that you ask) ‘What is going on?’” Yeah, I’ll probably look at you like, what? But it’s not about that. What’s going on, because ______ ain’t going through because ya’ll still going to their offices, right now ________ and ________ are going through something and that’s where we need to get at and seek that help. You know, and, yes, the Bible comes first, but at the same time God will give you a revelation that you need therapy. Revelation that you need insight, the doctor is not going to just tell you “Well, you’ll be ok,” no, after we get this cast off there needs to be healing, the restoration comes. Which now is the therapy and after the healing comes the restoration.

As a female pastor, Bobbie is faced with unique struggles of operating in authority in the church in a male-dominated role where she is to be the leader or
shepherd, while still being forced to be honest with herself that she does not always have the answers. Bobbie shared,

Because I’m a pastor, I’m supposed to have the answer for everything, you would think, and it’s what you desire, but by the same token, I have to realize I’m human. I’m human and I’m subject to mistakes. I’m subject to needing advice and I do one of two things. The first thing I do is go to God, my Father … and I’ll pray.

When Kyle spoke about the humanness of clergy, he approached it from a self-care standpoint. As a pastor of a thriving ministry, he has learned that he has to take care of himself in order to operate in the fullness that God has created him to shepherd. He has come to realize that he cannot operate at his best if he forgets to minister to his physical man.

There again, I’ve grown to the point where I did that. It is necessary to pull back away from everything for a period of time to reflect, read, uh, refocus, reenergize, recharge to go back I call it and that’s where there is more need for that it helps you come back with a full mind you are able to deal with things more effectively, uh, and efficiently that helps.

In regard to seeking out professional help, Kyle admitted that his views on mental health have shifted and grown. He is very cognizant that his view of mental health was impacted by his upbringing as a Christian, African-American male in the South.

(My opinion) … changed over time. Right now I think it’s because of my experiences in the ministry. I’ve grown to the point where I know there nothing wrong with it. It helps with what it’s supposed to do there’s not anything wrong with you or wrong with me if I ask you to help me with something I’m struggling with and I don’t know how to help … Before I grew to that I thought that everybody that had needed psychological help that that was some sort of a bad thing. You’re crazy or there’s something wrong with you. You shied away from that. It’s not something you wanted people to know … that you’re seeing a counselor … Psychological help … I think that my rearing, my upbringing, my culture, if you will, particularly African-American I was kind of taught that it was taboo.
Mo speaks to the idea that, as not just clergy members but leaders in a ministry, she oftentimes looked to fill multiple roles—oftentimes mother, confidant, prophetess, intercessor, and spiritual guide. She compares the demands to being asked to be a superhero, while still only human.

A lot of people that, you know, may be a lay member, you know, or in a congregation, things of that nature, I really don’t think they understand the weight that comes with being a leader. It’s one or two of you versus anywhere from 15 to 20,000 of them. And all of them want that personal, one-on-one to feel as if they have that attention. And unless you are Superman’s little brother or sister, that is very difficult at times.

We’re humans too. People forget that leaders are humans, okay? We get attitude. We have headaches. We’ve got problems. You cut me, I bleed, you know? So it gets very challenging a lot of times, you know, and then the “public eye” of pastors saying, “Okay, well, you know what? I’m having a mental breakdown. I think I need to go see a psychiatrist, a counselor.” Then all of a sudden, the faith becomes challenged, you know? People are like “Well, aren’t you the pastor? Aren’t you going to sit it out for God?” So it becomes very challenging and it’s like one of the things, you know. If you do, you know somebody will be saying it, if you don’t, somebody will be saying it. So you have to be confident in who you are and know that God is using you and, excuse me, but for a lack of a better word, until they know my pain they can kick rocks.

GG was adamant that, even as a called member of the clergy, she still had to struggle against being made of flesh. She stressed the point that a calling did not remove the obstacles that come along with being made of flesh. She viewed her calling as a reminder to always seek to get back into her “spiritual box,” which was a place where she was able to be in tune with God, hear from God, and walk out her life in a Godly fashion. GG stated,

If I can get back to my divine space that He created me in … if I get in there and stay in that spot, I’m cool. But Lord, when you cross that line, you know … that’s when we have to … That’s where the struggle is. We are flesh. When you cut me I bleed, you know, if you hit me it hurts. You’re dealing with the real reality of life, you know, but the things that you preach and the things that you teach … it’s like,
you know you can’t, you don’t live in the spiritual because we’re really spiritual beings trapped in this tent called the flesh, So it’s trying to make sure that each day, even though you’re in the flesh, allowing the spirit man to overcome the flesh all the time first and foremost in every circumstance and situation. But the reality is it hits the flesh first.

When faced with the issue of the humanness of clergy members, although an elder in the church versus a pastor, Raphael expressed great empathy and concern for the well-being of pastors and those in leadership positions. Raphael stated, “Pastor or spiritual person that needs help … let’s give it. They are human too.” Raphael also was able to speak to the value of going through his own mental health struggles and how his transparency about how human he was served as ministry to others who were dealing with their own mental health battles. He said, “The more I get it into the open, the more, hey, somebody else can be like “Wow! He dealt with that? Then there’s hope for me!”

As the oldest participant in the study, Michael offered a unique perspective on his sense of humanness as it relates to clergy. Michael presents a perspective that highlights that fact that God still allows clergy members to have trials and tribulations despite the calling that they have on their lives. He shared,

What it is … a lot times you don’t understand it because you feel like you shouldn’t be going through this. And you know as a preacher, a lot of things you deal with ... (you might think I) shouldn’t have to go through this. The Lord doesn’t give us a break on those types of things.

Michael is also unique due to physical limitations that he deals with on a daily basis. Michael has sickle cell anemia and is also blind. He lost sight nearly three years ago. Although he was told that his sight would be gone only for two months, it has been nearly three years and he has not stopped preaching, teaching, and serving as the senior pastor of his church. Michael understood that, even as a preacher and a pastor, his
physical circumstances left him susceptible to depression. So he made a conscious effort to avoid sitting around waiting on depression to show up. Michael stated,

Ya know ... I was reading in Jeremiah, a few months ago before my eyes went ... if we look at the fact that there’s nothing too hard for the Lord ... Jeremiah 3:32 ... There’s nothing too hard for God and if we believe it ... then we wait on the Lord. A lot of time we’re going through with it ... like I said ... I’ve been blind for nearly three years, and when they did the surgery they said it’s going to be about two months. And for me two months was too long. You know, now it’s going on three years, so there’s a point, you know, when you can feel discouraged. That’s why I move around a lot because if I don’t move around a lot I could become depressed.

Each of the eight participants in this study provided examples of their humanness and how difficult it can be to be viewed as somehow being above or immune to human reactions, emotions, and experiences. This common theme speaks to the need for clergy members to have an emotionally safe place to experience their emotions without judgment or unrealistic expectations.

**Attitudes**

**In all things seek God first.** A strong sense of dependence on the power and sovereignty of God was felt when speaking with each of the participants. Each of the participants understood and took peace in knowing that ultimately God is in control of every facet of their lives. This complete dependence and faith in God was a rooting point to many of them that helped maintain a sense of positive mental health. Each of these men and women of God stressed the importance of going to God before they did anything else. This may have been accomplished through prayer, reading the Holy Bible, and or mediation and self-reflection. No matter what method was implored, receiving guidance and comfort from God was the goal.
Michael was asked directly what he does when faced with difficult life struggles. In his response, he references the importance of God and also his acceptance that even as a pastor he is still subject to trials and tribulations. He responded,

When I need help, I usually go to the Lord. I try and get some direction ... I just put it in the hands of the Lord and just go on through it, you know? It's something ... something comes to everybody, you know. I could be selfish with it and say, well, I shouldn't have to go through this. I'm a Shepherd. But it's something that comes through life, you know?

When Holiday was asked about what he does when faced with difficult life issues, he described turning to God through prayer. Holiday’s ability to go to God and be able to trust Him fully, because he is loved, was evident. It became evident throughout Holiday’s interview that God serves as his confidant and friend many times when earthly friends are nowhere to be found.

When I need help with difficult life issues. Basically, I just pray. I do a lot of praying. Talking with the Lord, because I know He understands ... Jesus told us “Always pray.” And I think He wants us to come to Him more than we go to others. When I have difficult life issues, I turn to God

Bobbie spoke about God as the ultimate guide. God served a role as not only a savior who loves her, but a Lord who will guide and direct her path, if she is willing to listen to Him and trust His vision for her life.

I’m human and I’m subject to mistakes. I’m subject to needing advice and I do one of two things. The first thing I do is go to God, my Father. And ask Him for direction and He always steers me in the right direction ... always ... I’ll pray first. But I guess my thing is in prayer, you’re seeking God. So I’m going to let you do the sequences of that. To me, that’s an automatic thing but I guess everybody doesn’t flow in that direction automatically.

In speaking about seeking God first, Kyle detailed it as an opportunity to put his faith and his trust in God into action. He presented his stance as a true embodiment of the
reality that faith is an action word and that he could not sit by idly and not use what God had equipped him with.

When I need help with difficult life issues ... what’s it like ... Wow. It’s really like ... with me it’s like an opportunity to really exercise what I know or object to know something. It’s more of an execution of the words of God. Since I know intuitively my answers are there and then I will tap into the Word and then I will listen from other people from other things to hear the response.

Pseudo presented an analogy about seeking God for answers, comparing it to looking for clothes that you know you own but yet struggle to find. In affirming that he seeks God first, He shared that the answer may not always come when or from the place that he expected it to come and that he has to always watch as well as pray.

You know where to get the answer (God). Your spirits say, “Yes, I can praise and seek God. I know who I can call.” But sometimes that voice may not be there. And when you just can’t find it ... You know it’s like when you’re at home and you have your clothes, but you don’t know where to find what you want. You know what you want to wear. You know what’s in there. But you can’t locate it. Or when you’re out shopping. You know who to talk to if you need a new pair of shoes, a new pair of socks, or whatever. Yet you can never find what you want when you need it to get the result that you want when you need it. So sometimes it’s frustrating, you know? And that’s when you just have to seek God and trust him and have him lead and guide you to the right answer, and sometimes God will give it to you in word, or knowledge, or sometimes it can be a text or phone call, or simple as a Facebook status to get the answer that you need.

GG’s approach to seeking God first was more meditative and required her to speak into her spirit what she already knew to be true about the nature of God. Trials and tribulations served not as moments for panic for this participant. Instead they served as tangible reminders for her to return to the safety of God’s power versus attempting to deal with her issues in the weakness of her flesh.

My faith kicks in and it’s like, “Okay, God, you’re looking after this. This is yours. I’m putting it in your hands. And I need you to help guide me and deal with the issue. Show me what I need to do. If there’s somebody I need to talk to,
just put them, put them in my path. Have a talk with them.” I just allow God to open the doors. And just show me where I need to go. What I need to do.

Seven of the eight participants directly expressed seeking God first when presented with difficult life circumstances. The one participant who did not report that she sought God first did share that prayer and meditation are important tools that she utilizes when dealing with difficult life issues. The importance of her relationship with God was still evident in her response to trials in her life.

**Mental health stressors related to being clergy members.** As a clergy member, many of the participants expressed that there are certain stressors and experiences that come with the title of clergy. The areas of life that were affected the most varied in intensity and frequency. Participants who shared concerns about stressors and experiences presented a reality that they are oftentimes misunderstood, and the gravity of the work that they do is not fully comprehended by the people they serve.

For Kyle, the varied mental health stressors and experiences related to being a member of the clergy centered around the myriad of emotions that he experienced and was forced to deal with on a daily basis. He spoke openly about the emotional ups and downs that he had to help others deal with all the while having to balance his own emotional state so that he would be able to be emotionally present and appropriate depending on the needs of the people or family he was ministering to.

…during the pastor’s anniversary and different times I have been trying to get the congregation to understand. Because I can literally bless a house in one part of the day, and then maybe have to help someone deal with losing a house in the next. Then bless a baby, during a part of the day. Then have to bury someone else’s baby that same day. And perform a marriage ceremony and then counsel somebody about their divorce in the same day. So it can go from a family reunion in one part of the day to then refereeing a family dispute in the next part.
Members joining and others leaving at the same time. So you are talking about a multitude of emotions and how quickly one has to adjust. Because there’s a certain set of emotion I got to be for this person that marriage is ending and another for the one that is just getting married. You just had a baby—that’s a set of emotions. Another person loses one—now that is another set of emotions.

And I’ve decided that there will be some members that understand and some that never will, and it is up to that clergy person to make sure that he or she is able to do what they need to do when they need to do it because the people just keep coming, because you don’t know what I mean not having support now. Because you don’t know what meeting I had before you came in. But when you come in, your meeting is the most important thing. But you don’t know about the last 5 to 6 hours and you don’t really care about that, right now. And so I might be carrying that last meeting in the back of my mind but I have to be present in this meeting; now it’s a whole other set of emotions. Particular thing early on when I didn’t understand the gravity of the ministry all of a sudden I’d have one meeting, the next was tough. Then the next thing is tougher than that one. And I would say to myself “It can’t get no worse than that.” Then it would get worse than that one. So now you go home and it’s like I’m physically and mentally drained. That’s why you just got to be quiet you don’t say nothing to nobody. You just sit down and look at Andy Griffith. Yeah, I mean it’s the weight of the people. It’s just there. You can’t help but feel it when you really want to help the people.

Mo spoke passionately about the weight of the ministry and boundaries are easily crossed and disregarded when one is in a position of leadership. She also shared how the issues of mental stressors related to working in the ministry is a problem that plagues ministries and leaders of all sizes and level of exposure. It is truly a reality that all clergy members have to face and find a health way to deal with.

A lot of times, leaders are misunderstood, boundaries are crossed and so it becomes quite difficult. It becomes overwhelming, especially … one thing we have encountered, being a small ministry, is that, you know, seeing somebody get upset in the ministry and stuff like that. You know, we can deal with it, but we have children and your kids sometimes hear things that you don’t hear. And so it tends to spill over into the family life and it could cause, you know, stress.

I’ve seen a lot … as a matter of fact, I forgot who did the research I was looking at. A lot of pastors when their health fail, it is normally from stress. The stress, the weight of it, you know? And it’s not from God or the Word; it comes from unfortunately, you know, sometimes the burdens of the people, you know, when
they want you to fix it … they want a quick fix to their problem. They want you to have the magic wand and it doesn’t work that way.

They never crucify Mo. It’s always my title. Even if Mo did it, it’s always her title and that’s where the stress comes in, because I’m good enough to prophesy a house and cars and land and promotions and all this other kind of stuff to you, but then when I have to tell you the issue that God shows me and to help you be a better person, you groan and say, “You can’t tell me what to do” and “You’re controlling” and “You ain’t my mama,” you know? I put it to people this way; you better make sure you’re called to preach because if you doing this on your own …

And, you know, it’s a shame that … take, for instance … I have to preach what God tells me to preach, but when my children are grown, I can’t be responsible for what they do. I’m going to tell them right just like I tell the congregation. But here’s the thing; I could sit here and preach about teenage pregnancy, blah-blah-blah, but let my child get pregnant? You’d best believe the church is going to be packed with a whole bunch of “amens” and “now what?” or “how can you talk to me?”

Just being in ministry … I was reading Bishop I think it was ___ or either ___. Well, he says that the burdens of what the people say, just, you know, the raising up against it, backstabbing, you know? One Bishop showed up at church one day to preach and said … his secretary said to him, “Bishop, you can’t go out there like that” and he was like “I got my Word.” She says “Bishop, no! You can’t go out there like that!” and so he looking all like “What do you mean I can’t go out there? I got my Word.” She said “Bishop, look in the mirror.” He was so distraught, he showed up in his pajamas to church. Bishop ____ , living in a psychiatric ward. There are a lot of high profile clergy who have had to deal with these types of struggles. It’s a sad thing when we allow people to put us in a mental prison.

As the senior pastor of two different churches and oftentimes sought-after preacher for multiple day revivals all over the world, Holiday finds himself tired of being “in front of others.” He shared a deep need to be alone and be able to just “be,” which stands in stark contrast to the demand to be “on” most of the time and in front of large crowds of people.

And many of us don’t know how to say no and that’s what leads to a lot of problems. For example, like being up here. Pastor ____ is my employer so I feel
obligated to go eat with him—lunch, dinner. I feel obligated because he brought
me here, you know? And you don’t want look like you don’t want to go, because
you’ll be viewed as you’re not being sociable. Folks will wonder, are you stuck
up? When the truth of the matter is I’m not here to eat. You know, I’m not here to
… I’m here to preach, you know, and I feel like … I stayed out late because we
went out to eat last night. You know, I didn’t get back until, around 12:00 a.m.,
you know? And, you know, then, like, lunch, you know, I just told him this one
today because, you know, he had a police meeting and there’s a lunch and he
wanted to know … He called up and said, “Hey, Reverend, you want to come out
here to the lunch? It’s going to be about an hour” and I don’t know … it’s a lot.

Can I just be regular? I mean, Judas had to kiss Jesus to point Him out because He
was dressed like everybody else. Why you have to go kiss Him? Jesus was just …
Jesus is found over 600 times in the New Testament but only six times … no, he’s
found many time just as Jesus, but only six times Jesus Christ. So people that
knew him just knew him as Jesus.

And we … in a sense, a lot of us preachers are people-pleasers. Because they have
expectations of us that we try to live up to, not just God’s but … They are
professional people in our church who dress professional every day. They’re
looking for a professional reverend, a professional. And all the while, we just are
as tired of wearing that mask as anyone else.

Pseudo presented an interesting issue concerning the anointing of God and not
seeing things manifest in the manner that God has shown him. Pseudo is a senior pastor
and prophet and is also married to a prophetess. God has shown him and his wife great
and wonderful things that He is going to do through them in the kingdom. For this
participant there is a frustration and a pain that is associated with not seeing things come
forth in the natural that he knows God has decreed and declared in the spiritual.

He (Jesus) wept and the thing about it is that’s the shortest verse in the Bible. But
in the shortest verse it doesn’t say how long he wept. Weeping may endure for the
night. Wept is weeping. But it said Jesus wept. It never said he wept from the time
he left to the time he got there, he could have been weeping when he said
“Lazarus, come forth.”

They will tell you I’m a big baby in church, I will cry in a minute, not because of
anything, and sometimes it’s refreshing. And you cry from stuff in your
childhood, but like I said it’s refreshing it’s cleansing. I had put a picture on
Facebook, and some people say it’s so powerful, we had service one day and something just moved in such a powerful way that I couldn’t do nothing but cry, cry, cry. I was a punk, you now, I cried till I couldn’t cry no more. I’m like, whatever, you can’t whoop me. So what, I’m crying.

No, I say psychologized that’s the new one, we need that too and you say now you know what it feels like. And it’s two or three different facets when you’re sitting looking out when looking in. You can receive and you can hear from a subject matter expert concerning what they have to say on your life, you can look at them and see their passion and you can also look at them and say “uh un you got it all messed up.” So there’s the good, bad, the different, and the ugly. And we need that. We need that and I think also psychologically when members leave, you look for members, who’ve been there for six or seven years. I’m like man we been here for seven years looking at the road and all those that came. Over 125 to a 135 have come, but on Sunday we have 25-30 people. Some left and some moved. I tell God the only one who left legally was my mother because she died; everyone else, it’s like …you begin to wonder and you think.

Then you got to watch how you feed the sheep and that’s why you got to seek therapy. Ok, look, I’m doing what God tells me to do, I’m doing the mission but how come the ministry is not growing because that, I will say, that has stayed with my mind. And I told my mind, I’m like this is, I think I told them this on Sunday. Bring somebody else new because I wonder are ya’ll just coming just to be coming or because it’s a small church. You don’t have to deal with a bigger church, because you know me personally. You know my wife and it’s just comfortable here and I don’t want to be comfortable here I want you to have the Holy Ghost preached in such a way that you are uncomfortable. Being a pastor, I’m preaching to your spirit and at the same time I’m hitting your spirit to help cleanse you out. You might be upset, you might be frustrated, but when you leave you will be like, “Ooh, that’s good.” Because now something has been taken away or has been cut off of you. Then you come back. That’s one thing you can write down, having to have the psychological when you don’t see things manifest the way that God shows you. And you’re like, “Ok, God, this is what you’ve showed me. When is it going to happen? I’m tired of hearing all these prophecies over my life. And I don’t see it happening. I’m tired of hearing people say how anointed, how rich you are, but I don’t feel like it. Ok, God, what is it? I don’t want folks just telling me something I am or am not. What’s really going on?” That’s the message from me. Especially … not saying it in any vain way, but especially when you know you’re anointed. When you know there is power in you. Of course, you give it all back to God and you’re like, ‘What’s really going on God? You told me blah, blah, blah, you showed me. Ok, God. Was that true and now it’s like …” That’s what I hate.
Michael shared how as a member of the clergy it is difficult to find people to really listen and be there for him. There was a mental health stressor that he faced as a member of the clergy. He spoke about how many times people have all type of excuses on why they don’t have the time or energy to engage clergy members on a more intimate level. Even in processing that reality, Michael compared his struggle to that of the prophet Elijah. He noted that if Elijah, as a prophet, had to stand alone at times as the God man, then he had to reason that God would at times call for him to have to stand alone, also on this Christian journey.

You can always try to get some help from somewhere. But a lot of people look down on you for that. They think, “They (clergy) are supposed to be saved.” But it would be good to have saved people to help me. If you’re going through a problem, it’s hard for you to get people to even pray with you. You say, “I need you to pray with me.” But they are tied up. And sure can’t get folks to fast with you. You say, “I need you to fast with me.” And all of a sudden, now everybody’s a diabetic. It’s become a problem, you know. So it leaves you all by yourself. It becomes discouraging. In the scripture, in the Bible it was dealing with Elijah, I don’t remember back where. But Elijah became so discouraged and disgusted he felt he was by himself. And he even told the Lord, “Lord, I’m all by myself” and the Lord told him, “No, it’s 5,000 that the devil didn’t get to it.” But he felt that he was by himself and he was even contemplating on suicide, I don’t read that part, ya know, about the suicide. But some people they even think about suicide. He felt like he had nobody to go to. And it’s a situation where sometimes you need people. Ninety percent of the time people just aren’t doing right. What you saying is by doing it. And then you feel ... I’m out here and nobody is living right. In Isaiah 53, Isaiah asked the Lord, “Lord, has anybody heard the report?” I mean ain’t nobody out here doing it. And you begin to wonder is it a waste of time? So all of that can push you into seeking some more help.

Bobbie shared a very personal experience with having a parishioner commit suicide. For her there was an internal spiritual struggle of what she could have done different, or were there signs that she should have been looking for or seen in this man that could have prevented his untimely death. There was a definite weight of having to
come to terms with being the shepherd over someone who decided to take his own life
and that even in death he was dismissed and ignored by many.

A perfect example … I think one of the challenges for us as pastors is to
recognize that need (mental health struggles) within yourself or within others and
then how do you deal with it? How do you help them once it’s been identified?
One of the most … and this is just a personal experience so I don’t know how
you’re going to deal with this, but a young man who’s in the ministry, and I’m
going to share this with you, but went on and got his college degree and was
gainfully employed and newly happily married, beautiful family, and had a son in
college. The man was arrested for criminal sexual conduct. I was devastated.

I was devastated and, of course, you ask God, “How could this be?” and then …
and then the bottom line, you know, I’ll just fast forward, is that, you know, all of
the … the due process was followed, hearing in court and all that kinds of stuff,
and he was on house arrest pending trial. And before the trial … now, understand.
This is a young man that I’ve known since he was six years old and when I was
State Youth Director, I was his director. Understand, that this young man was the
first armor bearer for the Bishop in the State of Michigan and he was the armor
bearer for every bishop in the State of Michigan through his 40s.

Okay? I say all that to say two days before the trial, he committed suicide in his
home. Forty-two years old. And this is just me. I don’t know about the other
clergy. The question that I asked myself was, “God, where did I miss the signs
and the symptoms? What could I have done to just let him know that I was there
for him while he was going through his own major storm?” I wasn’t there. I felt
like I wasn’t there, but I was there, at his funeral. There were only five or six
other folks at the funeral.

There are a myriad of mental health stressors that are faced by clergy members on
a daily basis. Six of the eight participants shared examples from their lived experiences
that have affected them and their roles as clergy members. Each of the four pastors that
were included in this study reported some form of mental health stressor related to being
a clergy member, which could speak to the added stress of being over the church and its
leadership.
**Wearing the mask of health.** Although each of the participants expressed concerns about not being viewed as a human who has hurts and pains, most of them admitted that their callings and titles did not allow them to open display their hurts and troubles. There was an inherent pressure of at least appearing healthy until emotionally safe people could be confided in or until the situation could be viewed as a testimony of what had been overcome versus what the participant was currently going through.

For Kyle, wearing the mask of health revolved around his inability to be open and forthcoming, in the past, when it came to having life difficulties. Whereas in the past he was able to go to individuals who were not pastors, with his problems, he has found that it takes a pastor to understand a pastor.

For me it is somewhat different in that my resource group is not as large now because I’m a pastor. Because before becoming a pastor, I could go to individuals that were not pastors, that I could talk to about the difficult things. But since becoming a pastor, that group has decreased in size.

It didn’t leave a void, but once again, I would have to go back to pre-pastor. It made me become more focused and I think it takes understanding the increase in the level (of ministry). As for the pastor position there, is not a lot of people that can understand the position unless you been there and experienced it.

Pseudo spoke to the reality of the fear that comes along with having parishioners have a low view of you. There is a real concern about how one is perceived as the shepherd of the house. Yet Pseudo concluded this line of question with a firm affirmation that he is not going to let the public’s opinion of him cause him to have a heart attack. He has made the conscious choice to choose health over opinion.

A lot of us are afraid to seek help because of what people may think. We are scared of what their opinion is going to be. So when you are delivered from people, you have to do what you have to do to sustain. To live. Not to be alive, but to live.
You know, those are some of the things where we need to get that mental health. We ask, “Well, how can this happen? I know I’m anointed.” Well, it happened because you began to think in your mind that you were so powerful that you’re above the law. Verses keeping your spirit above, and then your mind up under your spirit, and then having your prophetic eye over the sermon. We need it, we need it, we need it. You know it’s important. You know _, he was transparent with it. He came out and said, “Yes, I was in mental hospital. And I admit.” I think he admitted himself in mental health hospital because he said he thought he was going crazy. You are dealing with men. And you don’t know who to trust. And I think that’s why, I’m not letting these jokers give me a heart attack.

When sharing about wearing the mask of health, Holiday presented two different powerful accounts. The first dealt primarily with being taught and trained, by his immediate family and his culture, to be a private person. He firmly ascribed to the old saying of, “What happens in the house, stays in the house.” He also shared about the personal demons he has had to fight and overcome as being a survivor of sexual molestation when he was a child and how it has impacted him as a man and as a pastor.

Because we were taught to be private by our grandmothers and mothers. We started doing it with my grandmother when she had cancer. She didn’t tell anyone she was sick. Because she didn’t want the people … she didn’t want anyone to feel sorry for her … She wanted you to stay high spirited. She didn’t want to mess up your day with her problems. And so we were taught, you know … and my father’s dealing with heart issues now. He doesn’t want anybody to know about it. He’s been a pastor for 30 … 37 years, you know? And so, you know, we were taught that (being private) by watching them. And the Bible says confess your faults unto another, you know? But that’s sometimes hard to do, when people tell your faults to others, you know? And I’m being honest. We’re tired. We get tired of being in front of crowds to where you get to those points, I just want to be alone. I don’t like parties. I don’t like social gatherings, housewarmings. I don’t like … because I’m in front of people all the time.

“The Lord helped me to share that” because, you know, I’ve been hurt sexually. I was molested, you know? And it was by another man. Then too, I was trying to validate my manhood over here and I was wrestling with my manhood up to the point it was so bad, I couldn’t even sit in the pulpit. I’m talking about the Lord freed me from this and I been preaching and pastoring now 22 years. He freed me from this about five years ago. So I had that acknowledge. I couldn’t even sit in
the pulpit. Find another preacher, preaching ‘cause of his backside, while sitting
I’m behind him facing his backside. And so I don’t want people to think I’m
looking at his butt. So as many times as I could, I would sit down in my audience
to … Because I didn’t want nobody saying that I was gay, homosexual-looking,
you know? And … you know what I’m saying? I’m not.

And then you look out into the audience, somebody smiling at you and you
wonder “Do they see? Are they … do they see what I’m wrestling with or what
I’m feeling?” you know? Did my mask … yeah. I started wearing glasses ‘cause
that way people couldn’t see my eyes in the pulpit. People didn’t know I wore
glasses, you know, and my wife didn’t even know at that time and I asked, “Can
you see my eyes from back here?” And I would sit back from … I’m like “Can
you see my eyes from right there?” “Not really.” “Okay.” She didn’t know why I
asked. And she would ask, “Why?” I said “Just curious.” You know, I couldn’t
talk to her. Mm hm, wrestling with. Because of something that happened … I was
eight or nine, you know? I’m not that way but it was just the fact I was … I didn’t
want folks to think I was that … Yes, it is. Every now and again, even up there in
the pulpit, I still deal with it, some of it. The Devil still tries to … But today I can
sit in the pulpit, no glasses on, you know, because of the Lord, you know, and still
… you still wrestle with stuff, you know? But the Lord has set me free, you
know? And … you know. Yeah. But when I see the one that molested me and I’m
a need prayer, “Lord. Lord, help me.”

Mo described herself as a private person who operated as a loner throughout her
life. Being an elect lady, ordained reverend, and a prophetess who is married to a pastor
and prophet who is as extroverted as she is introverted has forced her to rely more on
God so that she could proudly embrace her gift and be okay with not always feeling
expected by the very people who God has sent her to minister and help. She described
this as a journey and was able to speak to how her struggles compare to those of the
prophet Jeremiah.

Well, God told me that I was like Jeremiah, literally. He said, “You will have that
same fate for you will preach and you will teach down to the inner core of people.
You will be the crying prophet. You cry for the people but they’re going to reject
you.” So to tell you … to answer your question, I am now just within the last two
years at a place where I’m okay. I’m okay with it. God told me this. I’m the only
girl. He said, “You ain’t have no friends then.” He said, “So it shouldn’t matter to
you now.” I said, “You know what, God? I’ve always been a loner.” You know, I
have my family and I do have, you know, two ladies that I … you know, like my sisters, you know? They tell me when I’m wrong, we cry about it and, you know, we get mad and then they … we talk, “What you doing?” … Honesty, true friendship, right? You know, being a prophet and things of that nature, if you’re going to stay true to who God is, you can’t have a whole bunch of people hanging around you, you know? It’s a fine line and a lot of people use that and judge me according to that, as being mean and, you know, I’ve heard things from I’m a Jezebel to … you know. And at first, it used to hurt, you know, because I’m like “But y’all … you never get to know me”… But now, you know, I say, when they say that, “Am I a good Jezebel?” Am I a good one, you know? Not just … well, I’ve got that comfort level but God had to heal my heart. He told me, “I’m going to give you skin of Teflon so that when the bullets hit, that they’ll bounce off.” And so I’m just … I’m at that point now to where I can see my enemies and those that spitefully use me and say, “Hey, baby, how you doing?” And keep on walking and mean it, you know? But it wasn’t always like that. There was a time where I would, and I would literally go on the other side of the aisle because I didn’t want to breakout … breakdown crying because those … there’s, you know, the abuse and the rejection. But now, I walk in my dominion and my authority and the power that God has given me.

When Michael talked about wearing the mask of health, he attributed most of his reluctance to seeking help to being a man. He explained how as a man he did not want to be viewed as weak. This concern would inhibit him from seeking help at the first sign of trouble. Instead, he would attempt to wait things out to see if they would get better on their own, and in the end if they did not, he would get help. Seeking help was not his first thought or action.

Well, I don’t know, I think maybe it’s a macho thing, being a man. You know, men cry, but a lot of people think that men aren’t supposed to cry, they’re supposed to be rugged. So we wait until the last minute. You know, we hurt ourselves. We don’t go to the doctor until it’s gotten infected. We go at the last minute. I don’t know if it’s “macho” or the idea of being a man, or whatever, you know. It’s just one of them things. We wait until the last minute. It’s a going thing, I guess, we’re men. You seek out help too fast, people tend to think you’re weak. It’s not weak. We just wait until the last minute. I was at the doctor office the other day, and they were saying that black men don’t go and get their blood pressure checked too often. It’s like a last minute thing. They wait until their pressure gets so high they have a stroke or something, when they could be going and getting help. They feel, “there’s nothing wrong with me.” But I think the
whole thing when it comes to a man seeking help, I think he doesn’t want his wife to think he’s weak.

The reality that shepherds or senior pastors are in crisis and are “bleeding profusely” was a strong statement and visual that Bobbie shared. As a senior pastor herself she understood the stress and problems that come along with the assignment of shepherd and that when one functions in that role, they are oftentimes not given the room or the courtesy to be human and experience human hurts and disappointments. So in the absence of that room or permission, masks of health are put into place to hide the many wounds that these clergy members experienced.

Well, you know, the one thing that … I came to the conclusion and this is just me from that experience, is that there are many shepherds that are bleeding profusely and they’re bleeding all over the congregation and brothers and sisters in the cloth … of the cloth don’t see the “woundedness” within the individual because they have … they have perfected themselves at suppressing the hurt, the need. This is just one of the things that I have come to the realization of. It’s been going on for so long. They have perfected themselves at suppressing the need for help within.

Wearing the mask of health was a lessoned that GG also viewed as practical and sound advice that she garnered through lived experiences and through the wisdom of her grandmother. She spoke to the reality that people tend not to keep secrets and that it is a gamble to share your hurts with others. Although she may have been the one originally hurt, her family and those who care about her may not be able to let go and forgive after she received peace about a situation.

I’ve always been one ….that never really talked a lot about my personal business. Never been one to put my personal business in the street. Because I’m an observer. I love to watch and I love to observe. And when you have other people …when you have got friends … Everybody … what I’ve noticed, everybody’s has friend. So, you I say to a friend, “We cool, we cool, right? Now I’m going to tell you something but don’t you dare tell nobody else.” And then they you to another person and say, “I’m going to tell you this but don’t you tell nobody.” And he
said, “Don’t tell nobody.” And so now, okay. I have to be able to trust you because you’re my friend. But now before you know it’s down 15 people. And everyone trusted the other person. But someone keeps talking. So I saw that circle as a teenager and how people did. And I wondered why God let me see that at a young age. I was like, “Ya’ll are not going to know none of my business.” And so I’ve always been like that. So things that have gone on in my life or whatever, I’ve pretty much been able to deal with them in a very, very closed circuit. I always got this feeling even before it was said in Vegas ...what said in the house stays in the house ... It’s crowd control. So that’s kind of the way that I operate. Very few people really know anything that we deal with, struggle anything like that. And my grandmother taught me, or told me a lot of things that never really sunk in until I became an adult. And even when she was going through dealing with her with Alzheimer’s ... something would always come back that grandma said. Grandma I hear ya, Grandma’s gone but grandma’s still talking ... about keeping your business to yourself. She’d say “Girls, I can tell you” before we were even married and she said, “Ya know one of these days,” she said, “It’s gonna be best if you keep stuff to yourself. Get too many people involved, you got issues.” And um, I remember one time we were sitting there talking and she said....*sigh* she was telling me about talking about somebody and said the biggest mistake she made was bringing her family into her business, in her married business. And I said, “Grandma.” And she said, “Nah, now they not together and everybody’s mad.” It’s the irony that I didn’t see that then because I was being sensitive about, ya know ... But then when I got married and I was tripping up, about to call my momma because I was mad at my husband and Grandma started talking I was like okay so when we make up my momma still is going to be mad because I’m her baby. Shut your mouth.

Each of the eight participants shared experiences of wearing the mask of health.

The participants all had this common experience that spoke to them having to disguise or hide what they were feeling and experiencing from others, especially those who were not members of clergy. The wearing of these masks appears to add to the loneliness and feeling of being disconnected from others that many of the clergy members expressed.

**Barriers**

**Issues of confidentiality.** Confidentiality or safety was a concern that was evident throughout many of the participants’ narratives. The need to be heard and to receive
empathy was not lost on this collection of clergy. What was imperative for that to take place was confidence that what they disclosed would not go any further than that moment. Some of the participants were able to identify set individuals or groups of people they sought out when they needed to discuss something personal or private. A major concern was that people present themselves as confidential but in the end prove to share the ups and downs of others with the participants. This left some participants wondering if their shortcomings or difficulties were being discussed with others.

Issues of confidentiality for Kyle centered on trusting that those who were a part of the fraternity of being a clergy member, understood and valued confidentiality. In that shared valued he expressed that oftentimes other clergy members create a safe place to speak freely about the struggles that come along with the title and that they would be able to empathize in a manner that most could not, due to also being clergy members. “For me it is usually another person in the clergy or, uh, yeah, my father’s in ministry, I’ve got brothers in the ministry, and so I usually go to someone that has similar experiences or I believe may have dealt what I’m dealing with.”

Bobbie appreciated having a member who was a trained mental health professional at her church whom she deemed a safe and confidential person to talk to. And though she did not see him in a formal clinical setting, knowing that he is duty bound to carry and keep the secret of others assisted her in feeling safe to talk about issues that she did not feel comfortable sharing with others.

There is … and this only happened within the last two years that one has agreed to … actually, he’s come into the life of our church family. He has a doctorate in spiritual clinical psychology. And so he is just a reservoir of spiritual information. And has just been wonderful. He’s been retired and so he has given much to the
house, not only to myself but anyone connected to the house. And for me, it … it is so very important that I can go to him in confidence and literally speak to him as to things that I’m sensing in the spirit about something that’s going on and involving a, b, c, or d. And the … the blessing for me is that I can receive confirmation without … without him revealing confidentiality.

Confidentiality was paramount to Michael and his ability to feel safe in seeking out any form of mental health services. For this participant, being able to receive services where his identity and the fact that he was seeking out services could be kept confidential from the community was essential. His concern about the perception of men seeking help and clergy seeking help seemed to impact his dedication to receiving truly confidential services.

I wouldn’t be comfortable with it. I would have to sneak around and look and see who is looking. I could do it, but I would be out of the car, looking around to see who’s looking. It’s like when you walk in and buy a Lotto ticket and hope that no one sees you …you look around to see who’s looking. If I was going into mental health facility, I’d look around, and check in my rear view mirror and see, make sure nobody I know was around. If I saw somebody I knew, I would pretend like I had come to check on somebody. I wouldn’t feel comfortable with it even though I know I needed it, you know. That would be a situation where I would be uncomfortable … it would be so that every time the wind blew, I’d be looking around to see who’s looking. Even though it was something I needed.

The way you look at it, everybody thinks that you’re a pastor, you ought to be stronger than that. People don’t realize that even though a man’s the leader, you go through situations. You’re like everybody else. You know, we’re not exempt because we are in leadership positions. We’re going to go through the same things an ordinary person goes through. I was talking to a young man while back and he was chasing women. I tried to show him from the Scripture that he shouldn’t do it. And he said, “You being a preacher, you don’t have those kind of desires.” And I laughed. We have the same problems. We have to deal with it, you know. The Lord’s not going to look at us as if you’re a spiritual leader or whatever, you don’t have the same desires. We have the same things, and we have to deal with them. People look at us and say, “Oh no, they shouldn’t have them, they shouldn’t be going through that.” You know, it happens. In the same way, you look at a preacher getting a divorce, and they say, “Oh no, he shouldn’t be getting a divorce.” We have the same types of desires but we have to be able to deal with them. It makes you uncomfortable because people don’t understand. It can get so
bad, that you don’t know which way to turn. It’s like the song, “His Eye’s on the Sparrow”; you got a lot of eyes on you. People are watching, and we tend to wait until things get real bad.

Confidentiality is something that Holiday values and has had to use a great deal of discernment to experience. He shared how in most instances he talks to God about his problems, not just because God is God, but because He is also confidential. He shared how even the clergy members he thought he could trust did not always prove to be the most confidential individuals.

When I need help with difficult life issues. Basically, I just pray. I do a lot of praying. Talking with the Lord, because I know He understands … And He’s confidential.

Yeah, you know, people are not too good with keeping stuff. And a lot of times you get around and people you think are your friends but you hear them talk about other folk and other folks’ problems, even their members’ problems. And you wonder, “Okay, when I tell you mine, are you going to tell mine?” And the fact that you talking about other folks’ situations in your church, to me … makes me think that you’re talking about my situations too.

Confidentiality and safety was an important issue for five of the eight participants.

Although only four examples from the clergy were presented, in the issues of confidentiality section, GG’s experience around the importance of safety and confidentiality is evident in two other theme areas (wearing the mask of health and personal expectations for therapist). Confidentiality presented as an elusive yet needed component to the clergy members being able to seek help from others when dealing with difficult life situation.

**Personal expectations of therapists.** This theme helped to shed light on what specific characteristics or environmental factors needed to be in place for the participants’ willingness to seek out mental health services. Needs ranged from the therapists’ ability
to be confidential, to whether or not they were Christians, to the location of their practices. What was not expressed by any of the participants was the need for them to be African-American.

In examining the personal expectations for therapists, the common theme amongst the participants was that the therapist is a Christian. It was presented as a paramount component to their vision of a truly therapeutic and applicable help-seeking environment. These men and women of God respected and saw the value of good mental health care, but in the end care that did not include their God did not seem like good care in the least bit.

Michael’s expectations for a therapist centered on confidentiality and therapy where God was a major focus. When asked what a therapist could do to best serve him he shared the following statement.

Well … I don’t really know … it’s something that I try and stay away from. If I needed it, I’d try to find somewhere there ain’t nobody around. They could best serve in that way.

I got a couple friends that work in that. And they both are Christian, but sometimes bad things—even with the Christian—Sometimes even Christian counselors might not tell the folks they’re helping the Christian way, but tell them the “ways of the world.” You’re seeking help, and we believe that we’re supposed to wait on the Lord to deliver—we’re not supposed to “do.” You’ll find sometimes that the people you go to, they’re looking for a solution. And we don’t have a solution a lot of times if it’s stuff you got to go through, you know. But when you go to them, you’re looking for somebody to give you a quick solution, or how to get out of it. You got to be prepared sometimes for a long run … When you go through it, you want a quick fix. And there might not be a “quick fix.” You might be in it for a while. At the same time, while you’re going through it, the person you’re going to, you need somebody to keep reminding you the Lord can get you out of it.

I think one thing that helped me deal with my eyes, even though those eyes ain’t mental, but the doctor I go to he always tells me, “It’s all in the hands of the
Lord.” He went out and bought me a set of tapes on the Bible, and even brought it to the house. He took his own time, and brought them to the house too. He let me know that the Lord is still in charge. Even when I go, he says God is still healing. I need them kind of people even if they were mental. I need somebody to keep encouraging me that the Lord is still in charge. … When it’s all over, you got to do this, and you got to do this … you’re not going to be well. I got to pass on that encouragement that the Lord is still in charge when I go to him. I don’t want somebody to tear it down, and say, “Well, you’re just doomed.” I want them to keep encouraging me.

GG’s vision for how a therapist could best serve her centered on God and the safety that comes with confidentiality. There was an expressed need to feel safe in therapy while also being led by God to the ultimate answers for her problems. So when asked what a therapist could do to best serve her, she shared the following statement.

First of all being able to talk. Being able to talk out and speak out and again I got to go back to the safety. You know being able to feel that I’m in a safe environment. To be able to say what I’m really feeling. Not being judgmental, critical but you’re there for my best interest at heart. To help get me back where I should be. I think that that would be how they would best be all to ... I feel really comfortable You know and sharing and I think that ... why? Because I feel safe. Because I feel safe. So I think that that’s how they could best be able to help me. And by being available, to be able to talk to, to talk about confidential things and you know they’re not going to go anywhere. And to provide the resources and the guidance that I would need to be able to get myself back in that ... get back whole, get back whole ... I don’t think I’d ever go to a counselor that was not Christian.

Upon being asked what a therapist could do to best serve him, Kyle shared the following statement.

I am very selective who I go to. I’ll test you out as far as your God view and your spiritual view and where you are as far as lining up with the Word. And I think that that’s where my fear response would come in for me. Because I don’t believe … I think there’s a difference … I think there’s a huge difference in Godly counseling and just counseling. Particularly as far as the church and our concern because there are certain things that have to be secure as far as the Word is concerned and I would draw the line because there are certain things that certain counselors say that are not Christian or spiritually inclined and that goes against the Word of God. That can’t happen.
I think what you’re doing helps tremendously because the mental health professional can’t be isolated from the clergy profession. So there has to be an understanding of Christ, the church. With that understanding it’s easier for that person to help because there are some things … there are some dynamics in the Bible that if you are not spiritual it messes you up. I don’t care how you are trained. So if that person is not the kind attuned so they can hear from God also, that’s a problem. It is going to hinder how they can help. So I think it is the seeking to understand and seeking to understand the culture of church life the spiritual life and be a part of that, and experiencing that. And that’s the way I think they could be of a greater help and really to share, because a lot of professional people have not made a connection between God and their profession and it helps me when the person when the mental health professional and any other professional realize that this can benefit by Christ and it’s connected to the body of Christ, but isolation isn’t.

The importance of a biblical point of view was imperative for Holiday. He made the comparison of lawyers using past legal cases to justify what they hoped to accomplish in new cases. He believed that the Bible served as a collection of cases that Jesus won and that anyone poised to help him needed to be able to refer to and stand on those previous victories.

I need a Biblical point of view. I need … everything in life, I need to tie it in, you know? Just like a court. You know, you go to court and the attorney tells the judge “Brown versus Horn 1978,” you know, “Russo versus Dennison 1990.” He’s given the judge some other cases similar to that case. So it tells the judge “Before you make a decision, look at these other cases that’s similar to your case. And then make your decision.” You know, similar to this case then make your decision. So that’s where the Christians are. You know, the Bible gives us some other cases for our trials, because it’s a trial. And we’re only witness to Him. And so when we have some other cases, the Bible then helps us with our case, with our trial that we dealing with.

When Mo was asked what a therapist could do to best serve her, she shared an interesting perspective. Along with being a Christian, Mo valued a therapist actually enjoying their chosen profession. She did not want to work with someone, on things so
personal, who did not enjoy what he or she did for a living. It was imperative that the therapist was passionate about his or her work. She shared the following statement.

I would prefer it my therapist be a Christian I would prefer … because one thing with me being a prophet is you can’t play with me now. So you better know what you’re talking about. And I don’t want you sit up there sugarcoating nothing with me and using all these, you know, big medical terms because I’m going to be like “Okay. So what that mean?” You know, I’m going to Google it while you’re sitting there, you know?

I think, you know, just seeing someone, a therapist, so many people talking. I think the worst thing for me would be one that is doing it just for a paycheck and don’t have the passion for the people. Someone who just want to write you a bunch of prescriptions and keep you doped up so I don’t have to deal with you. Bad, bad side … bad bedside manners, you know? So that would be … I think that would be probably most irritating to me about it.

Because I’ll ask you, “Do you like your job?” Because if you don’t like your job then you can’t talk to me. “Are you passionate about your job? Why are you a psychiatrist?” You know, so …

Six of the eight participants provided specific expectations for therapist whom they would want to work with. The most common expectations were working with a therapist who identified as a Christian and receiving therapy in a safe and confidential environment. These are realistic expectations that speak to the need for more communication between the church and the field of psychology.

**Summary**

The participants in this study discussed and shared a multitude of experiences and issues that they face on a regular basis when dealing with difficult life issues and how they understand and implement help-seeking. There was at least one common theme under each of the three domains (views, attitudes, and barriers) for this study. These
shared lived experiences or themes help to broaden the understanding of views, attitudes, and barriers to help-seeking faced by African-American clergy.
CHAPTER V

DISCUSSION

The findings of this study contribute to the understanding of the lived experiences of African-American clergy and their views, attitude, and barriers to help-seeking. This chapter summarizes and expands on the results that were distinguished in Chapter IV, discusses the findings in comparison to existing help-seeking behaviors of African-American clergy in the literature review, examines the strengths and limitations of the study, and, finally, offers directions for further research based upon the data that have come forth.

Summary of Findings

Through this phenomenological designed study, the lived experiences or unique phenomena of the help-seeking views, attitudes, and barriers to treatment for African-American clergy was established. This study found that across all participants the necessity of safe and confidential mental health care is a need that is oftentimes overlooked in the lives of clergy. Mental health was not viewed or discussed as a negative part of life that should be avoided at all cost. Instead, mental care was valued and supported, although accessing actual care was more difficult for a myriad of reasons and rationales. The men and women alike in this study served as hurting leaders who oftentimes were not given the opportunity or social permissions to have mental or
emotional difficulties. This lack of acceptance of their need for mental health care did not keep them from seeking out care, but made it more difficult.

This study identified three core domains (views, attitudes, and barriers) of concern when attempting to understand the help-seeking phenomenon associated with African-American clergy. From these three core domains, six themes were generated as the central phenomenon facing African-American clergy who desired to seek help. Each of the themes were associated with one domain area. Those themes were the humanness of clergy, seeking God first, mental health stressors and experiences related to being clergy members, wearing the mask of heath, issues of confidentiality, and personal expectations of therapists. Through these six themes, the lived experiences of African-American clergy and their views, attitudes, and barriers to help-seeking were explained.

Views

The humanness of clergy. Men and women who are called into the clergy face the daunting task of preaching and teaching the gospel of Jesus Christ. In being called into the ministry, they are first faced with the decision of chasing after their calling and purpose, or ignoring it and choose a different path in life. In making the decision to walk in the purpose and calling of the ministry, they are also making a decision, whether conscious or unconscious, to live a life that will be scrutinized and judged by the very people they are called to preach to and to teach.

In this study, the participants shared how they are oftentimes viewed as being “super human” or above sin and fault. This was an unrealistic characterization of those who were licensed and ordained to preach. Being a clergy member did not exempt
participants from mental illness, divorce, physical disability, sexual desire, pornography addictions, betrayal, or heart ache. Yet, time and time again, clergy members were treated as if they did not face these types of issues simply on the basis of being preachers. When instances of their struggling in life came to light or became common knowledge, many of them lost friends, had parishioners leave the ministries they were leading, or found themselves feeling utterly alone in coping with their problems. In essence, the participants were oftentimes put high upon a very small pedestal, that if they moved too far to the front, back, or sides, they would find themselves falling from the graces of those they served or having to deal with the realities of life on their own.

**Attitudes**

**Seeking God first.** Being men and women of God who have dedicated their lives to His service, prayer and guidance from God was oftentimes the first line of defense in any issues that were faced by clergy members. John 14:6a says, “Jesus said to him, ‘I am the way, the truth, and the life’” (NKJV Holy Bible). Keeping this scripture in mind, God was understood to be the answer to all of life’s questions and concerns. Many of the participants viewed referring to God first as a logical first step when faced with any problem, be it personal or professional. These men and women had lived lives that demanded that they put all of their trust in God first and foremost if they were going to overcome the traps and snares that were often set for them or in front of them. God had proven Himself to be a listening ear and a guide that would never leave or forsake them. One participant added that God was also confidential, that he did not have to worry about
if what he discussed would go any further than the whispered prayers between servant and master.

Seeking God for guidance oftentimes came before speaking to spouses or other close confidants. God was viewed as the ultimate guide. One participant viewed seeking God first as an opportunity to put to his faith to work. He knew that he was equipped with the Word of God and that he had the ability to walk in God-given authority, but that he had to exercise that authority by seeking God and being obedient to what the Word of God commands.

These men and women governed their professional and personal life choices by what God had instructed them to do. They operated from a place a faith that demanded that they allow God to guide them on their life’s journeys. To ignore God was to set themselves up for disaster. They were forthcoming in admitting that going to God first was much easier than always doing what God told them to do, especially when His instructions did not line up or present themselves in the manner that they expected them to. An example of this was given by Bobbie. She shared,

There is a real need and it’s been a need for a while, but I did not feel comfortable going outside the four walls or going outside the denomination to seek fulfillment and seek answers to the need. And then when the Holy Spirit told me, “You’re an admirer of this pastor. You know him, you worked with him 15 years. Why not? The answer to your concern lies within him.” And it was like, “Oh, my God, this is a no brainer. You’re right, Lord. Thank you very much.”

In this instance, denominational differences made Bobbie hesitant to seek out help for an issue that had been plaguing the ministry she was pastoring. Yet when she sought God and heeded His instruction, the solution for her problem was made evident to her
and she was able to bless her church not only by seeking God, but by following His instructions.

**Mental health stressors and experiences related to being clergy members.**

Being a member of the clergy was described as an extremely stressful occupation. The joke was made that it (the pulpit) was not called a “pit” for nothing. The men and women in this study could not stress enough the emotional, mental, and physical weight and burden that comes along with being a member of the clergy. Being a full-time clergy member was not a job for the faint of heart.

Those who operated in the role of not only a member of the clergy, but also the senior pastor of the church, presented as more susceptible to mental health stressors. These men and women were not only in charge of the church, but oftentimes the ones responsible for tending to the needs of the parishioners and community members. Pastors identified the rollercoaster of emotions that they could experience in an average day. They could start their day counseling a couple contemplating divorce, perform a funeral, dedicate a baby back to God, lead pre-marital counseling sessions, and then have to go home and deal with the realities facing them and their loved one.

Two participants expressed a deep passion and concern about how the stress and experiences they have to deal with affect their children. These participants understood that, although they had been called and had accepted their call as members of the clergy, their children were oftentimes scrutinized, judged, and held to a different standard than other youth in their churches. This was a point of hurt and frustration for both of these participants. They both loved and appreciated what and how God used them to minster to
the hearts and lives of many, but their hearts broke at the undue pain that their children had to suffer because of that very same calling. There was a distinct awareness that, although they had been called into the ministry, their children still needed parents and needed the grace that comes along with that.

**Wearing the mask of health.** As leaders of the church, the men and women of this study found themselves in a position where all eyes were on them. As it was stated earlier, there was a distinct pressure from the world to be “super human” and to not be affected by stress and life struggles in the same manner as those who were not members of the clergy. Although the participants desired to be viewed as human, there was also a pressure to maintain an image of being healthy and “fine.” This need made it difficult for participants to be able to seek help for fear that they would be found out and seen as somehow broken or not as holy.

This sample of people seemed acutely aware of how they were being perceived by others. There appeared to be a code of conduct or unspoken rules that dictated that clergy members could share their stresses and loneliness only with other clergy. For pastors, it was even more restrictive in that they could share their emotional pain only with other pastors. One participant spoke about how a particular pastor in the same community where his church was located sponsored a monthly brunch for senior pastors in the area to give them all an opportunity to connect, fellowship, and get sound advice and good Godly counsel from others who were senior pastors.

Other participants expressed a concern that even those who were a part of the fraternity of clergy members could not always be trusted with information. They shared
hearing other pastors talking about the pastor who was not currently there, at the moment, and it forced him to consider the reality that when he was not present, his life and struggles were the topic of discussion. For this participant, this has created an intense sense of loneliness and distrust of people being able to hold and keep painful information about his life and the life of others.

**Barriers**

**Issues of confidentiality.** Confidentiality was talked about in terms of safety. Being able to speak to someone and know that without a shadow of a doubt that the information was not going to go any further than the people engaged in conversation was paramount. As leaders, not only in the church, but in the community, it was valued to be able to have somewhere or someone safe and confidential to speak with. Many of the participants talked about trusting their fathers or mothers in the ministry (the men or women who trained, licensed, and or ordained them as clergy) to be confidential individuals whom they could trust implicitly. It could be compared to the trust that a child has with his or her parent. This was an understanding that stated, without words, that these men and women would be cared for and respected because they were loved and valued.

Concerns about confidentiality could at times make it difficult for them to seek help in their own communities for fear that they would be seen by their parishioners and judged to be inadequate as a pastor. One participant valued being able to go to therapy in a place where he would not be seen by many people, because of the premium that he put on privacy.
**Personal expectations of therapists.** Throughout this study it was made clear that mental health treatment was something that was important and a needed part of good self-care if clergy were to operate in a healthy manner when faced with issues of mental distress that required professional care. In talking about what qualities were most desirable, the quality that was most mentioned was having a Christian counselor. This was approached from multiple perspectives. One participant compared the need for the therapist to be well versed in the Bible with a lawyer who should be well versed in previous court cases that were similar to the case currently being argued. The two oldest participants commented on the need to know that the advice or guidance that they were receiving would be biblical in nature and representative of God’s will versus man’s will for living.

Although this study worked exclusively with those who personally identified as African-American, none of the participants mentioned a need for their counselor to be of the same ethnic or racial background as themselves. Previous literature (Casas, 1984; Dahlquist & Fay, 1983; Nickerson et al., 1994) suggests that African-Americans prefer an African-American therapist and that having a racially similar therapist improves outcomes and lowers the attrition rate. In contrast, more recent literature (Maramba & Nagayama Hall, 2002; Presnell, Harris, & Scrogin, 2012; Shin, Chow, Clifton, Camacho-Gonsalves, Levy, Allen, & Leff, 2005) proposes there is little evidence of differences in outcome and process for African-Americans clients who were matched with African-American therapists.
Interestingly, one of the participants preferred that his therapist not be African-American due to issues of confidentiality. He talked about how as a fellow African-American, the therapist would be more likely to know or interact with the same circles of people that he came into contact with. By having these shared acquaintances and sometimes friends, this participant expressed a concern that confidentiality was more susceptible to being breached. In contrast, he did not view a Caucasian therapist as having nearly the potential to know the same people or be around the same people. So if the therapist broke confidentiality, then he would never know about it and it would not affect his ability to be effective in his church or community.

**Comparison with Existing Literature**

**Help-Seeking Tendencies of African-American Clergy**

The help-seeking behaviors of African-American clergy have yet to be studied adequately. Past research done on this population focused primarily on how clergy assist others in getting the help and assistance they need for personal and professional problems. Two quantitative designed dissertation studies have been completed that looked at help-seeking and African-American clergy. One study focused solely on African-American pastors and their views towards counseling, and the other study looked at the psychological factors related to the help-seeking attitudes of African-American clergy and their families.
Humphrey-Patterson (1993) set out to study the help-seeking attitudes of African-American pastors toward counseling. This study did not examine clergy as a whole but only those who were identified as pastors. This study sought to examine the following:

(1) to explore the help-seeking attitudes and behaviors of African-American pastors towards counseling; (2) to determine if there were significant differences between the help-seeking attitudes African-American pastors have for themselves and parishioners relative to counseling; and (3) to determine the effect of several demographic variables such as age, education level, financial dependence, and previous counseling experience on the help-seeking attitudes of African-American pastors. (Humphrey-Patterson, 1993)

The researcher found no significant results but noted that multiple trends emerged in the expected direction. Close examination of cell means led her to believe that refinement of the instruments may lead to significant results with some of the hypotheses.

The second dissertation study examined the psychological factors, social network orientation, self-stigma, and self-concealment, which are related to African-American clergy and their family’s help-seeking attitudes. That study found that two hypotheses of the eight that were examined were supported and one hypothesis was partially supported. The researcher’s findings indicated two important relationships: “1) the more African-American clergy and church leaders perceived self-stigma, the more likely they also had negative help-seeking attitudes (hypothesis 3B), and 2) the more positive the social network orientation, the more likely help-seeking attitudes were positive (hypothesis 2B)” (Shipp, 2011).

These two quantitative studies were not able to capture the depth and breadth of the individual lived experiences of each participant in the same manner of a qualitative study. These studies do help support the reality that more research is needed if the distinct
views, attitudes, and barriers to treatment faced by African-American clergy are to be flushed out, understood, and addressed if adequate care is to be established for this population.

**Strengths and Limitations of the Study**

A primary strength of this study was the research design. The help-seeking views, attitudes, and barriers to treatment for African-American clergy was an area that had not received much attention in the research field. This lack of information influenced the decision to use an empirical phenomenological methodology framework to better understand the lived experiences of this population as it deals with help-seeking. This form of qualitative research allowed for rich data to be collected through an initial interview and a brief follow-up interview, where participants were able to view their individual statements that would be included in the final data presentation and to ensure that their voice was heard. By conducting in-depth interviews, the researcher was able to build rapport with each of the participants. This rapport was conducive to creating an environment of respect and safety that led to deeply personal and revealing information being shared on the part of the participants.

Additional strengths of this study included: (1) bracketing of researcher experiences as a clergy member and an interim pastor; (2) manageable sample size, which allowed for greater depth and broader scope of data retrieval; (3) fairly even distribution of pastors and other clergy members (5 pastors and 3 non pastors), which allowed for varying perspectives based on the level of responsibility for the overall functioning of a church; (4) fairly even distribution of age range of participants (early 40s
to mid 70s); (5) semi-structured interview protocol to minimize researcher bias and allow for participants to explore their experiences as they saw fit; and (6) a comprehensive analysis.

The primary limitations of this study focused on the characteristics of the sample. A major portion of the sample identified as Baptists. There were three non-denominational participants and one African Methodist Episcopal participant. Five of the seven traditionally African-American denominations were not represented in this study. All of the participants in this study, except for one, were from the Midwest.

**Implications for Education and Training**

There is a strong likelihood that during the course of clinical treatment, be it assessment or talk therapy, multiple questions of issues regarding religion or spirituality will arise (Schafer, Handal, Brawer, & Ubinger, 2011). Venues to receive formal training to develop competency in addressing issues of religion and spirituality, in a clinical setting, have increased but remain disproportionately rare (Hathaway, 2013). This is concerning considering that 91% of Americans believe in God, or a universal spirit, and 58% feel that religion is very important to their lives (Gallup Poll, 2011). This high percentage conveys the importance that religion and spirituality have on the lives of many of the individuals who are seen clinically and further stresses the need for clinical training programs to equip their trainees with skills that allow clinicians to work in this particular area with confidence and competence (Schafer et al., 2011). Hathaway (2013) said, “The pathways to acquire such spiritual practice competencies remain disjointed, with only a few structures to systematically instill targeted knowledge, skills, and
attitudes.” This means that those clinicians who desire to gain formal training in the integration of spirituality with their formal clinical training will have few programs, APA-accredited and non APA-accredited alike, to choose from. This also means that there is a decided lack of APA-accredited pre-doctoral internship sites that provide spiritual competency training after coursework has been successfully completed.

In recent years, the American Psychological Association recognized the importance of spirituality by including religion under cultural and individual diversity in its written standards for graduate school accreditation (APA, 1992). Although religion and spirituality were added to the accreditation standards under cultural and individual diversity, there has been a decided lack of change in the training and exposure of issues of spirituality and religion in graduate programs.

Brawer et al. (2002) completed a study that investigated the extent of education and training in APA-accredited clinical psychology programs as it related to issues of religion and spirituality. In this study, directors of training in APA-accredited clinical programs were surveyed. They were asked to submit information regarding the extent to which topics of religion and spirituality were covered in the following manners: courses dedicated to the topic, if the topic was a part of a course, its presence in clinical supervision, or in research. They also looked at systematic coverage, which was operationally defined as the coverage of religion/spirituality as it occurred in three specific areas: coursework, clinical supervision, and research (Brawer et al., 2002).

The researchers reported that only 17% of the programs that participated in the study incorporated topics of religion and spirituality systematically into their training
programs. Sixteen percent of the respondents reported that their programs neglected to cover the topics of religion and spirituality. Additionally, the researchers reported that religion and spirituality was addressed in some manner with a large proportion of the reporting participants. This took place most frequently in clinical supervision (77%) or as a portion of a course that was not solely devoted to religion or spirituality (61%). Of those who responded, 30% indicated that a faculty member had published in the area of religion/spirituality, and 22% of programs reported having a faculty member with a major interest in religion/spirituality. Also, 43% of the participating programs reported having a student with a major interest in this area. Lastly, 20% of the training directors indicated that students had approached faculty requesting a course on religion/spiritual issues (Brawer et al., 2002).

A follow-up investigation of Brawer et al.’s study was conducted to examine if changes had occurred in the coverage of religion and spirituality in graduate programs, through coursework, in research, in supervision, and other systematic coverage of this particular content area. The researchers in this study stated, “Based on increased student interest and APA’s inclusion of religion/spirituality under guidelines of individual diversity in its standards for accreditation, an increase in courses in this area could be expected” (Schafer et al., 2011, p. 233).

These researchers found that there was a reported increase in the coverage of religion and spirituality through dedicated courses, inclusion as a part of other courses, research, and supervision. However, they did not find a reported increase in systematic
coverage, but a significant amount of programs reported at least some coverage of religion and spirituality in their training of students.

The lack of training provided in graduate programs highlights the concerns of the participants of this study. Each of the participants in this study stated that they had the expectation that their therapist be a Christian or at the very least be sensitive to issues of Christianity and spirituality. When programs fail to provide adequate training for young clinicians, they are unknowingly or knowingly sending the message that spirituality is not important and has no impact on mental health.

Faculty members must also push themselves to incorporate issues of religion and spirituality into the supervision experience. Whereas a developing clinician may not recognize how issues of religion and spirituality may be affecting a client’s willingness to open up emotionally or challenge themselves to change, a seasoned clinician may be able to point out how embracing spiritual or religious practices such as prayer, meditation, or reading sacred texts could move a client into a position for change. These are the types of conversations that have to take place in order for these issues to move from taboo to commonplace.

Programs that do not present themselves as open and welcoming to issues of spirituality may cause students who do have a passion for this area to avoid discussing religion and spirituality with clients, avoid participating in or leading research projects in this area, and, in the end, may negatively impact clients by not understanding them in their full cultural context.
For the participants in the current study, their identification as a Christian was central to how they understood themselves, their problems, solutions to their problems, and their purpose for living. Not having such an important facet of one’s identity included in therapy and treatment would be a disservice to the client and to the field of psychology at large. Training programs must move away from ignoring or underrepresenting issues of spirituality and religion when training their students. Issues of religion and spirituality should be talked about, researched, and expounded upon with as much vigor and vitality as issues of race, socioeconomic status, sexual orientation, and gender, to name a few. Training programs and clinicians alike cannot ignore the increasing need and concerns of clients to talk about, discuss, and question issues of spirituality during treatment. To continue to do so would be to deny adequate therapeutic treatment.

**Future Research**

The current study aimed to better understand the views, attitudes, and barriers to help-seeking for African-American clergy. Operating from a qualitative methodological framework, this study was able to explore the lived experiences of African-American clergy on a deeper and more intimate level. This research would benefit from a larger study that samples more participants, encompasses all seven of the traditional African-American denominations, and is on a national level. By expanding this study, results would be generalized to the African-American clergy population at large. This larger study would potentially allow for more themes under the views domain to be flushed out and explored, which would further impact how clinicians understand and work with
African-American clergy. A larger study would also allow for further exploration of issues of confidentiality in terms of confidentiality from the community and within the clinical relationship. Finally, a larger study would also potentially carve a well-rounded depiction of preferred characteristics of clinicians who work with this population.

From a larger study, the development of a model through a qualitative grounded theory framework could be developed. As African-American clergy are better understood in their cultural context, a model that addresses them and understands them in that context could prove too monumental. African-American clergy have to deal with the realities of being African-Americans in America and clergy members in their communities. This unique intersection requires sensitivity to ethnic and spiritual cultural issues. A model that is able to juxtapose both of these key identity factors for this population would be a model that has the power to address stigma and make mental treatment more accessible and welcoming to African-American clergy.

Another direction for future research would be exploring help-seeking tendencies of African-American clergy for issues related to the financial health and membership growth and retention of their respective churches. It was reported that in the United States, 3,500 to 4,000 churches close their doors each year, and that churches lose an estimated 2,765,000 people each year to nominalism and secularism (see Barna Group, 2011). It was also reported that usual Sunday church attendance has dropped from 1,606,00 in 1968 to 881,000 in 2005 (Church Society, 2009). Also, only 43.1% of Americans attend religious services every week. (Newport, 2010). The proportion of the population that can be classified as Christian declined from 86% in 1990 to 77% in 2001
(Kosmin & Keysar, 2009). These statistics have to weigh heavy on the hearts and minds of clergy nationwide and even more so on pastors. A study that looks at whether and how the mental health profession could help manage such a spiritual crisis of this magnitude would empower the church and clinicians to work together to face this alarming issue.

A study that examines the impact of good mental health care and wellness on the parts of African-American clergy and how that influences the mental health and emotional wellness of their families, especially their children, would be powerful. Multiple participants in this study shared concerns about how their calling into the ministry as a pastor had affected their children and the children of those they know who were also clergy members. There was a keen awareness that the stress that they experienced negatively affected their children. Further examination of this issue may shed light on the dedication to care for others and may positively impact clergy members to seek help if they believe that it would impact their children in a positive manner.

**Conclusion**

African-American clergy have served a pivotal role in the African-American community for countless years. They have served as leaders, counselors, political advocates, civil rights activists, and preachers of the gospel (June, 2008). These men and women selflessly serve others and direct them to the appropriate services in order to increase the health and stability of those they serve. Research, to date, has not adequately studied this population’s help-seeking tendencies, needs, and concerns. This research has demonstrated that African-American clergy have a unique lived experience as it deals with views, attitudes, and barriers to help-seeking that needs to be further explored and
addressed if the field of psychology hopes to provide quality and relevant care to all those who need such care and seek it out. It has been the goal of this research to provide help for the helpers by giving voice to the multitudes of hurting leaders.
REFERENCES


Appendix A

Informed Consent
Informed Consent

Western Michigan University
Department of Counseling Education and Counseling Psychology
Dissertation Study Under the Advisement of Dr. Lonnie E. Duncan

Student Investigator
Bernice S. Patterson, M.A.
5887 Larkwood Ct. Apt. 1B
Kalamazoo, MI 49048
615-429-1409
bernice.s.clark@wmich.edu

Principal Investigator
Lonnie E. Duncan, Ph.D.
Western Michigan University
Kalamazoo, MI 49008
269-387-5152
lonnie.duncan@wmich.edu

Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking

The following information is being provided for you to determine if you wish to participate in the study. In addition, you are free to decide not to participate in this research or to withdraw at any time without affecting your relationship with the researchers, or Western Michigan University. This project will serve as Bernice Patterson’s dissertation.

Purpose:

According to Clapper (1987) studies have shown that the basic emotional needs of clergy members and others who chose that profession understand and acknowledge that emotional feeling and expression are basic to theology and Christian belief. Yet many lay people and clergy members alike frequently struggle with expressing their own emotions. The help-seeking habits of clergy as a whole is described as being a difficult process that is full of hesitation on the part of the clergy member (Draving, 1991). Therefore the purpose of this study is to gain a more extensive understanding of African-American clergy and their help-seeking behavior. This is apparent due to research, up until this point, neglecting to closely examine the unique conditions that those in this population face when attempting to seek help. The help-seeking tendencies of African-Americans have been looked at from the perspective of those in the majority culture and those who come from an African-American perspective. This has helped to give a more accurate voice to this population.

Some research has been conducted on clergy members, but to date there is not adequate research being conducted on African-American clergy and their unique experience. Considering the strong cultural bonds that are intertwined throughout African-American communities it is key that those influences be taken into account when attempting to understanding clergy members who identify as African-American.
Participation:

Participation in this study involves completion of a background questionnaire, participation in an in-depth individual interview, and the participation in a brief follow-up interview. After you have provided consent by signing this form, completed the background questionnaire, and the researcher has received both materials, those participants selected to participate will be contacted by e-mail or telephone, according to their preference, to answer any additional questions or concern they may have and to arrange a time conduct the in-depth interview. Individuals who either do not meet criteria for participation or who are not selected to participate will be informed of their exclusion through either electronic or postal mail. It is anticipated that participants will be recruited for approximately four months and individual interviews will take place over a period of six months. Using a nationally based sample makes it impossible to conduct all interviews face-to-face. Thus, participants who live more than a two hour driving distance from where the student investigator is located will be asked to participate in a phone interview.

Confidentiality:

In order to ensure the confidentiality of the participants only the primary and secondary researchers will know the true identities of each of the subjects. Each of the subjects will be given a pseudonym to disguise their true identity. All confidential paperwork will be stored in a locked file cabinet that only the primary and secondary researcher will have access to. The researcher will be sure to describe the sample in detail in the beginning of the study and information pertaining to a particular subject will not have any identifying information attached to it. All direct quotes that will be used will be shown to that subject prior to them being included in the study to ensure that the subject is comfortable with the wording and to give them an opportunity to modify the statement to provide them with sufficient anonymity.

Each of the participants in the study will given pseudonyms (for example Participant #1) to prevent identification in reports or results. The key to the match of pseudonyms and the participant’s real names will be kept at the student investigator’s home in a locked file cabinet. Participants’ real names will only be kept while the data is being collected throughout the study and will be separated from any of the data collected. Likewise, recorded data will be kept in a locked filed cabinet and transcripts will also be kept separate in a locked file cabinet. University regulations also require that the principle investigator keep copies of the participant list separate from transcribed data at his office in a locked file cabinet. The audio recordings of the interviews will be erased from the voice recorder after the transcripts are completed and checked for accuracy. Federal regulations require that data be maintained in a locked file cabinet in the principal investigator’s office or in the University Archive for at least three years after the study closes.

Risk & Costs of Participating:

Due to help-seeking being a very personal topic of discussion, it may be even more difficult for clergy members to openly and freely speak about their views, attitudes,
and barriers dealing with help-seeking. This may be in part to the prominent role many of these men and women have in the African-American community and the community as a whole. Participation in this study will cost each of the participants a minimum of one hour of their time, which may be difficult for some clergy members to find in their schedules.

You are encouraged to keep a copy of this consent document, for it indicates your consent to participate in this dissertation study. If you have any questions or concerns, please contact the student investigator Bernice S. Patterson at bernice.s.clark@wmich.edu, or Lonnie E. Duncan at lonnie.duncan@wmich.edu. You may also contact the Chair of the Western Michigan University Human Subjects Institutional (HSIRB) at (269) 387-8293 or the Vice President of Research at (269) 387-8298 if questions or concerns come about during the course of the study. This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate in this study if the stamped date is older than one year or if the date has been omitted.

Thank you for your time, your input is valuable. Your signature below indicates that you have read and/or had explained to you the purpose and requirements of the study and that you agree to participate.

_____________________________________________________        ______________
Signature of Participant                                      Date

Printed Name:___________________________________________________________

Home Address:__________________________________________________________

Home Phone:__________________________     Cell Phone:_______________________

Email:_________________________________________________________________
Appendix B

Hard Copy of Invitation to Participate
Hard Copy of Invitation to Participate
Invitation to Participate in a Qualitative Research Study

You are being invited to participate in a dissertation research study entitled,

“Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking”

As a Christian African-American woman I have a heart for the demanding nature of the calling to the ministry. The purpose of this dissertation is more than simply answering a mere research question. I am in pursuit of gaining a true understanding of the help-seeking behaviors, self-care behaviors, or responses to periods of need in clergy members. By expanding the understanding of the choices, attitudes, and experiences of African-American clergy, as it deals with these issues, the field of psychology will be in a better position to understand and in turn provide services to this unique population.

Who is Needed: 10 adults who:

1. Self-identify as African-American
2. Are ordained member of the clergy holding the appropriate title and responsibilities of their identified title (i.e. be - a religious official or functionary, who is prepared, trained, authorized, and ordained to perform religious services and attend to other religious duties). 
3. Identify as any of the following:
   - African Methodist Episcopal (A.M.E.)
   - African Methodist Episcopal Zion (A.M.E.Z.)
   - Christian Methodist Episcopal (C.M.E.)
   - National Baptist Convention, USA, Inc.
   - National Baptist Convention of America, Unincorporated
   - Progressive National Baptist Convention (PNBC)
   - Church of God in Christ (COGIC)
   - Non-Denominational

Participation involves completing a 10-20 minute background questionnaire, one individual in-depth interview that will last 60 to 90 minutes and may take place over the phone (for those who live more than a 2 hour driving distance from where the student investigator is located) or face-to-face, as well as participation in a follow up interview.

Individuals who express interest in learning more about the study will receive a packet that contains the consent form, the background questionnaire. If you are interested in considering participation, please respond via e-mail providing your e-mail and mailing address where you would like to receive the packet of information. Once you receive the research packet in the mail, please review the consent form for more information. If after reading the consent form, you decide you would like to participate, please sign it before
completing the background questionnaire. The consent form is requesting your consent to complete the background questionnaire, to participate in the in-depth individual interview, and for participation in the follow-up interview. For those who elect to participate, please return the consent form and background questionnaire to the researcher of the study. A stamped self-addressed envelope will be provided to return materials through the postal mail.

If you have any questions/concerns, please do not hesitate to contact: Bernice S. Patterson bernice.s.clark@wmich.edu (Student Investigator).

Western Michigan University

Thank-you for your time and consideration, it is greatly appreciated.
Appendix C

Copy of the Email Invitation to Participate
Copy of the Email Invitation to Participate

Dear Potential Participant,

I am an African-American counseling psychology doctoral student at Western Michigan University who is very much interested in understanding African-American clergy and their help-seeking behaviors, self-care behaviors, or how they respond to periods of need. Under the supervision of Lonnie Duncan, Ph.D., I am seeking African-American clergy to participate in my HSIRB approved dissertation study. The following invitation below is provided to give you more information about the research. I have also attached an electronic version of the consent document in case you would like to review it at this time. If you have any questions, please do not hesitate to contact Bernice Patterson at bernice.s.clark@wmich.edu. Your time and consideration are greatly appreciated.

Sincerely,

Bernice S. Patterson, MA
Doctoral Candidate Counseling Psychology
Western Michigan University
Invitation to Participate in a Qualitative Research Study

You are being invited to participate in a dissertation research study entitled,

“Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking”

As a Christian African-American woman I have a heart for the demanding nature of the calling to the ministry of the clergy. The purpose of this dissertation is more than simply answering a mere research question. I am in pursuit of gaining a true understanding of the help-seeking behaviors, self-care behaviors, or responses to periods of need in clergy members. By expanding the understanding of the choices, attitudes, and experiences of African-American clergy the field of psychology will be in a better position to understand and in turn provide services to this unique population.

Who is Needed: 10 adults who:

1. Self-identify as African-American
2. Are ordained member of the clergy holding the appropriate title and responsibilities of their identified title (i.e. be - a religious official or functionary, who is prepared, trained, authorized, and ordained to perform religious services and attend to other religious duties).
3. Identify as any of the following:
   - African Methodist Episcopal (A.M.E.)
   - African Methodist Episcopal Zion (A.M.E.Z.)
   - Christian Methodist Episcopal (C.M.E.)
   - National Baptist Convention, USA, Inc.
   - National Baptist Convention of America, Unincorporated
   - Progressive National Baptist Convention (PNBC)
   - Church of God in Christ (COGIC)
   - Non-Denominational

Participation involves completing a 10-20 minute background questionnaire, one individual in-depth interview that will last 60 to 90 minutes and may take place over the phone (for those who live more than a 2 hour driving distance from where the student investigator is located) or face-to-face, as well as participation in a follow up interview.

Individuals who express interest in learning more about the study will receive a packet that contains the consent form, the background questionnaire. If you are interested in considering participation, please respond via e-mail providing your e-mail and mailing address where you would like to receive the packet of information. Once you receive the research packet in the mail, please review the consent form for more information. If after reading the consent form, you decide you would like to participate, please sign it before
completing the background questionnaire. The consent form is requesting your consent to complete the background questionnaire, to participate in the in-depth individual interview, and for participation in the follow-up interview. For those who elect to participate, please return the consent form and background questionnaire to the researcher of the study. A stamped self-addressed envelope will be provided to return materials through the postal mail.

If you have any questions/concerns, please do not hesitate to contact: Bernice S. Patterson
bernice.s.clark@wmich.edu (Student Investigator)
Western Michigan University

Thank-you for your time and consideration, it is greatly appreciated.
Appendix D

Social Networking Advertisement for Potential Participants
Social Networking Advertisement for Potential Participants

Let your voice be heard!

Could you be a potential participant in this HSIRB approved dissertation research study?

*Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking*

What is the purpose of this study?

The purpose of this study is to gain a more extensive understanding of African-American clergy and their help-seeking behavior.

Who is needed for this study?

- 10 adults who self-identify as an African-American/Black
- Ordained members of the clergy
- Be a member or affiliated with any of the following:
  - African Methodist Episcopal (A.M.E.)
  - African Methodist Episcopal Zion (A.M.E.Z.)
  - Christian Methodist Episcopal (C.M.E.)
  - National Baptist Convention, USA, Inc.
  - National Baptist Convention of America, Unincorporated
  - Progressive National Baptist Convention (PNBC)
  - Church of God in Christ (COGIC)
  - Non-Denominational Church

In order to **CONFIDENTIALLY** find out more about this study and possibly become a participant please **INBOX** me your contact information and your preferred means of communication and I will contact you with details and further information about the study. Thank you.
Appendix E

Script for Recruitment to Participate in In-Depth Interview
Script for Recruitment to Participate in In-Depth Interview

(This script is primarily based on the consent form. To be used over the phone or sent via e-mail, once researcher receives the signed consent form and completed background questionnaire).

Hello my name is Bernice Patterson. Thank you for your interest in participating in my dissertation study entitled “Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking.” “I am calling to remind you about the individual interview, the follow-up that comes after the individual interviews, and to schedule a time to meet or speak on the phone for the initial interview.”

As you may recall, the purpose of this study is to gain insight into how African-American clergy and their help-seeking behavior. The ultimate goal is to expand on existing help-seeking literature by using yours and other participants’ experiences and worldviews to shed light on the lived experiences of African-American clergy as it deals with help-seeking, self-care, or their responses to periods of needs.

The format of the individual interview is a conversational manner where you would respond to open-ended questions, describe your experiences, and include your thoughts and opinions concerning help-seeking, self-care, and responses to periods of need.

As stated on the consent form, potential participants who live more than 2-hour driving distance from where I am located are asked to participate in a phone individual interview. Once initial individual interviews have been conducted and analyzed, you and
other participants will be asked to participate in a follow-up interview. The open-ended questions that will guide the follow-up interview will be developed based on yours and other participants’ responses from the in-depth interviews.

All the information collected from you is confidential. Your name or any other identifying information will not be used in any analysis or in any reporting of the data.

Your participation in this research is completely voluntary. You may decide to not participate, to withdraw at any time during the interview, or to not answer certain questions without prejudice or penalty.

May I answer any questions you have?

Arrange a time and date to conduct the initial interview.

Thank the participant.
Appendix F

Script to Be Used By Gatekeepers in Recruitment of Participants
Script to Be Used By Gatekeepers in Recruitment of Participants

Dear Colleague/Friend,

You are being invited to participate in a research dissertation study entitled “Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking.” Knowing that the researcher is a Christian African-American woman who has a heart for the demanding nature of the calling to the ministry of the clergy, the purpose of this dissertation is more than completing a study to fulfill a Ph.D. requirement. She is in pursuit of gaining a true understanding of the help-seeking behaviors, self-care behaviors, or their responses to periods of need in clergy members. She hopes to expand the understanding of the choices, attitudes, and experiences of African-American clergy the field of psychology will be in a better position to understand and in turn provide services to this unique population.

Participation involves completing a 10-20 minute background questionnaire, one individual in-depth interview that will last 60 to 90 minutes and may take place over the phone (for those who live more than a 2 hour driving distance from where the student investigator is located) or face-to-face, as well as a follow-up interview.

If you are interested in learning more about the study, I can give you a packet that contains the consent form, the background questionnaire. If after reading the consent form, you decide you would like to participate, please sign it before completing the background questionnaire, to participate in the in-depth individual interview, and for participation in the on-line focus group discussions. For those who elect to participate, please return the consent form and background questionnaire to the researcher of the study. A stamped self-addressed envelope is provided to return materials through postal mail.

If you have questions, concerns, or would like to know more about the study than what is provided please contact Bernice Patterson, the student investigator, via e-mail at bernice.s.clark@wmich.edu.
Appendix G

Interview Protocol
Interview Protocol

Open-Ended Interview Questions

*Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking*

1. What is it like when you need help with difficult life issues?

2. Where do you turn or what do you do when you need help with difficult life, personal, and or professional issues?

3. What type of life issues or struggles would motivate you to seek help? How severe would those issues have to be?

4. What are your perceptions of spiritual leaders seeking professional mental health services? What factors shape this (these) perceptions?

5. What are your views toward or how do you see things as related to:
   - Self-care
   - Help-seeking
   - Mental health

6. What are your attitudes toward or how do you act upon
   - Self-care
   - Help-seeking
   - Mental health

7. How comfortable are you with seeking mental health services and are there any barriers you feel you may face in seeking mental health services?

8. How do your personal characteristics affect your comfort level and ability to seek mental health services?

9. How does your faith and your belief in God’s power according to Ephesians 3:20 (His ability to do exceedingly above all you can ask or think according to the power that works in you) affect your willingness to seek mental health services?

10. Are there any spiritual matters, like spiritual warfare, that may play a role in how you understand mental health issues?

11. How could mental health professionals best serve you therapeutically, if you were to seek mental health services?
12. Are there any other aspects about mental health, African-American clergy, and their views, attitudes, and barriers to help-seeking that haven’t been explored by the researcher you would like to add?
Appendix H

Demographic Data Questionnaire
Demographic Data Questionnaire

The title of this study is Hurting Leaders: The Lived Experiences of African-American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking. Please complete each of the following demographic items. Thank you for your participation.

1. Gender (Please check one)
   Male____ Female____

2. Age at last birthday________

3. Marital Status (Please check one)
   Married_____ Divorced_____ Widowed_____ Single____

4. Please check one
   Black or African American____
   Other________________________ (please specify, i.e. Black/ Hispanic, Black/White, etc.)

5. Highest educational level completed (Please check one)
   Grade School_____ High School_____ Some College_____ College Graduate_____ Graduate or Professional School_____

6. Please list all academic degrees and/or certificates held.
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
7. With what religious denomination are you primarily affiliated?

AME____ AMEZ____ CME____
Baptist____ COGIC____ Non-Denominational____
Other (Please specify)___________________________

8. As of 2011, how many years have you been ordained as a clergy member?

____ years

9. Have you ever been involved in a professional relationship with a licensed counselor/psychologist/psychiatrist/social worker for a personal problem?

Yes____
No____

10. Have you ever received counseling from a pastor or other clergy person for personal a problem?

Yes____
No____

During the past 4 weeks, how much of the time have you had any of the following problems with your work or regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Cut down the amount of time you spent on work or other activities</td>
<td></td>
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</tr>
<tr>
<td>12. Accomplished less than you would like</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Did work or activities less carefully than usual</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
14. During the past 4 weeks to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

15. How much bodily pain have you had during the past 4 weeks?

- None
- Very Mild
- Mild
- Moderate
- Severe
- Very Severe

16. During the past 4 weeks how did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks.

17. Did you feel full of life?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

18. Have you been very nervous?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

19. Have you felt so down in the dumps that nothing could cheer you up?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

20. Have you felt calm and peaceful?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

21. Did you have a lot of energy?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time
22. Have you felt downhearted and depressed?  

23. Did you feel worn out?  

24. Have you been happy?  

25. Did you feel tired?  

26. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
Appendix I

Human Subjects Institutional Review Board
Letter of Approval
Date: August 1, 2012

To: Lonnie Duncan, Principal Investigator
   Bernice Patterson, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number 12-07-15

This letter will serve as confirmation that your research project titled “Hurting Leaders: The Lived Experiences of African American Clergy and Their Views, Attitudes, and Barriers to Help-Seeking” has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note: This research may only be conducted exactly in the form it was approved. You must seek specific board approval for any changes in this project (e.g., you must request a post approval change to enroll subjects beyond the number stated in your application under “Number of subjects you want to complete the study”). Failure to obtain approval for changes will result in a protocol deviation. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

Reapproval of the project is required if it extends beyond the termination date stated below.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: August 1, 2013