A Phenomenological Study of Pentecostal Pastors:

Reducing the Stigma of Mental Health in African Americans

Tonnya Lorraine McClure

Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this phenomenological study was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ churches in Northwest Georgia. The theory guiding this study is phenomenology based on Edmund Husserl's theory as it explains the lived experiences of African American Pentecostal pastors and stigma within the African American community. The research questions for this study were: How do the perceived beliefs of African American pastors affect the way stigma and mental health illness are treated within the church?, How do Pentecostal beliefs affect help-seeking behavior for mental illness?, and How do African American pastors' views of their role of leadership affect or overshadow how mental illness is presented in the church? Data collection consisted of semistructured, open-ended interviews with eight participants. Interviews were recorded and transcribed by the researcher utilizing Zoom and word processing software. The systematic data analysis method of Huberman and Miles was utilized to organize the data, analyze the data for theme creation, and provide a written description of results. The themes identified for this study were: (a) challenges facing the church, (b) beliefs about mental illness and stigma in the church, (c) help-seeking behavior of Pentecostals, (d) leadership roles in the church, and (e) collaboration between pastor, church, and community. Pentecostal pastors can reduce the stigma of mental health in the African American community by addressing the whole man or woman in a holistic manner.

Keywords: Pentecostal, stigma, mental health, Church of God in Christ, African American pastors, Pentecostal pastors.

Dedication

I dedicate this dissertation to:

- The pastors, ministers, evangelists, and lay members who mentor and work tirelessly to help individuals with mental illness through the combination of faith and science;
- My loving and supportive family, I pray that you somehow find this manuscript helpful in your journey through life as you meet, befriend, interact with, and counsel individuals with mental issues; and
- My church family, may you continue to grow and develop a love for every individual who does not look or act like you.

Acknowledgments

First, I want to give all honor and thanks to Jesus Christ. It has been His grace and mercy that has kept me throughout this journey. I thank God that He gave me the desire to increase my knowledge so that I may help enrich the life of others. Jesus has been my guiding light of motivation while giving me strength to complete this dissertation.

A special thank you to my dissertation mentor, Dr. Scott Edgar. Your prayers, guidance, and motivation gave me the strength to persevere through challenging moments.

To my children, Broderick, Bryce, and Victoria, and my daughter-in-love JeMirra, who continuously encouraged me to not throw in the towel when times were tough. Thank you for loving me, encouraging me, and most importantly, believing in me, I love you unconditionally. To my parents, Sammy Sr. and Margaret, I honestly do not know where I would be without your love, guidance, wisdom, and support. Thank you for effortlessly supporting me in all my endeavors and for encouraging me to always do my best and to never give up. Your belief in me has given me the wings to fly high. I hope I've made you both proud! To my brothers, Reginald and Sammy Jr., the encouragement that you have given me is priceless. Thank you both for the constant reminders to keep pushing forward. Last but certainly not least, thank you to my sisters-in love, Jill and Chaka, my nephews and nieces, Sammy III, Paisley, Paige, Garret, and Grant; the smiles on your faces were enough to encourage me to set an example for you to follow. I want you all to know that you can do all things through Christ who strengthens you! I love all of you with all my heart!

Lastly, thank you to the participants who took time out of their schedules for an interview and open conversation. Your insight and wisdom enriched this study, and it has encouraged me to continue working to reach those who are in need. We must work the

works of him that sent us, while it is day: the night cometh, when no man can work (John 9:4, *King James Bible*, 1769/2022).

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List of Abbreviations

Charles Harrison (C. H.)

Church of God in Christ (COGIC)

Institutional Review Board (IRB)

World Health Organization (WHO)

Chapter One: Introduction

Overview

In the United States, mental illness affects one out of five adults. In 2020 the number of adult Americans that presented with any type of mental issue was 52.9 million, with 17.3% being Black or African American (National Institute of Mental Health, 2022). Research has shown that African Americans are often reluctant to seek treatment for mental illness due to the stigma associated with mental health in the African American community and the lack of trust for professional counselors (Friedman & Paradis, 2019). African Americans are more likely to seek counseling from the pastor of their church. Barriers to pastoral help include limited knowledge about mental illness and faith beliefs. Pentecostals believe in three types of healing, spiritual, inner, and discernment. They rely on the Holy Spirit for physical and psychological healing (Dein, 2020). The need exists for Pentecostal pastors to help reduce the stigma of mental illness in African Americans. This study will examine how Pentecostal pastors view mental illness and how they can present mental illness in a way that will reduce the stigma associated with it. The sections of Chapter One will include a background, situation to self, problem statement, purpose statement, significance of the study, research questions, definitions, and a summary.

Background

The African American culture has a history of stigma associated with mental illness. African Americans are more likely to have mental health issues than Whites but are less likely to seek treatment due to stigmatization and discrimination (Burse et al., 2021). Generations of African Americans believe that mental illness signifies a state of craziness or "not being right in the head." They also believe that mental illness should not be made public but kept quiet within the family household. In the United States, ethnic and racial minorities fear judgment,

discrimination, and stereotyping if they seek support for mental health issues (Crowe & Kim, 2020). The social structure of the Black community consists of extended family and the church. Support from the African American church includes spiritual support which helps relieve the mental and physical health struggles of congregates (Nguyen et al., 2016).

Pastors have great influence in the African American community. The pastor operates in the position of spiritual leader, mentor, counselor, and community organizer. The role of pastoral counselor is seen as a "critical position with respect to mental and physical wellbeing of congregants" (Jackson, 2015, p. 93). The pastor is more likely to understand the culture of the members within the church (Jackson, 2015). The African American pastor may also carry some perceived biases toward mental health, this research focus is to understand their personal experiences with mental illness.

There are many faith organizations that exist under the Pentecostal denomination, among those is the Church of God in Christ (COGIC). With 6.5 million members, the COGIC is the largest predominately Black denomination of Pentecostals (Church of God in Christ, 2012). COGIC Pentecostals believe in the Holy Spirit, speaking in tongues, baptism by water, miracles, and divine healing. Pentecostals view sickness as a lack of faith and as a demonic presence in one's life (Dein, 2020). Mental illness is likely seen by Pentecostals as a spiritual problem (Santos & Kalibatseva, 2019). However, they believe that healing can occur through the power of the Holy Spirit.

Studies about Pentecostal pastors helping to reduce the stigma of mental health issues in the African American community are not prevalent. Collaboration between the pastor, church, and community is needed to help eliminate the stigma of mental health. A partnership between the African American church community and social workers will help dispel stereotypes about

African Americans, minimize the stigma associated with receiving help, increase knowledge about the social structures in the African American community, increase resource awareness, and educate the church and community about mental health (Stansbury et al., 2012). Additionally, "Faith-based organisations [*sic*] within the Black and minority ethnic communities may help enlighten mental health professionals about various cultural idioms of distress, often religiously framed, or assist mentally ill patients and their families to overcome stigma and to engage with treatment and care" (Leavey et al., 2017, p. 102). The current research will include Pentecostal African American pastors' views of mental health, the impact of their views on their congregation, and how they can promote help-seeking behavior to individuals with mental illness.

Situation to Self

My motivation to conduct this study is my desire to reduce the shame and stigma that individuals experience when diagnosed with mental illness. As a member of a small COGIC in a rural town in Northwest Georgia, I was able to identify the need to reduce the stigma when co-members expressed the need for therapy pertaining to their mental health. Individuals are often frowned upon, labeled as weak, and told that their faith is weak when they seek help for mental issues. Such actions lead to mental health stigma. Culturally, African Americans are taught to not discuss problems outside of their household. Guided by the scripture which states, "Where no counsel is, the people fall: but in the multitude of counsellors there is safety" (*King James Bible*, 1769/2022, Proverbs 11:14), I am motivated to help dispel the idea that it is bad or shameful to discuss mental health issues or to seek help from outside of the home. Ontological philosophical assumption will be brought to this research. I believe that there are many negative views of mental illness in the African American church and I seek to understand the opinions that pastors

may hold about mental illness. The ontological philosophical assumption will allow me to develop themes as I report the perspectives and realities of the participants (Creswell & Poth, 2018). The paradigm (interpretive framework) of social constructivism will guide this study. Social constructivism will allow me to interpret the participants' views to understand how society has shaped their views of mental illness stigma. Acknowledgement of my own cultural and historical experiences while making sense of other's experiences (Creswell & Poth, 2018) will also occur while utilizing social constructivism.

Problem Statement

In the African American community, individuals often rely on faith when they are sick, jobless, financially challenged, or faced with difficult decisions. "The Black church has long been a source of support for African-American families and communities faced with day-to-day struggles, with the pastor being one of the most influential and easily recognized leaders and support systems" (Farris, 2006, p. 178). The problem is that pastors of African American Pentecostal churches do not know how to counsel individuals who present with mental health issues and African Americans are often reluctant to seek counseling due to stigma, traditions, and cultural beliefs passed down from previous generations. Adekson (2021) reported that in the African American community there is a stigma associated with mental illness.

Existing studies about the stigma African Americans associate with counseling does not directly address reforming the way the pastor teaches or speaks about mental illness. Pastors preach and teach that mental illness is an attack of the mind by the enemy and that individuals can overcome their mental illness through prayer. Consequently, a study performed by Farris (2006) revealed that African Americans will contact their pastors for help with mental illness before seeking professional help because they believe their illness is part of God's will for them.

This study also showed that solely relying on religious teachings is not effective for complete treatment of mental health issues. Furthermore, Farris (2006) indicated that the "level of education of pastors is an important predictor of level of knowledge of mental health issues" (p. 173). Thus, the need for pastors to be educated to reform their understanding and teaching about mental health issues.

This study addresses the gap of reforming the way Pentecostal African American pastors teach about mental illness. Recent research suggests that pastors acknowledge the need for more training and education surrounding mental health issues for themselves and their congregation (Stansbury & Schumacher, 2008). Training pastors how to counsel individuals who have mental illness is a pathway to reaching the African American community.

Purpose Statement

The purpose of this phenomenological study was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ (COGIC) churches in Northwest Georgia. At this stage in the research, stigma will be generally defined as "a 'mark' that signals to others that an individual possesses an attribute reducing him or her from 'whole and usual' to 'tainted and discounted'" (Pescosolido, 2013). Additionally, a pastor will be defined as "a minister appointed over a congregation" (Range & Young, 1991, p. 139). Edmund Husserl (born 1859 – died 1938), a mathematician turned philosopher who authored five books during his lifetime, defined phenomenology as "the science of the essence of consciousness" (Smith, 2013, p. 55), and things that are experienced or lived through. The theory guiding this study is phenomenology based on Edmund Husserl's theory as it explains the lived experiences of African American Pentecostal pastors and stigma within the African American community.

Significance of the Study

The significance of this study is to reveal to Pentecostal pastors that the pulpit and community collaboration can be utilized as a tool to promote counseling services for and within the African American community. Franklin and Fong (2011) indicated that the best way for pastors to help people who are hurting is to combine scripture and scientific methods. African American pastors have a strong influence on members of their congregations (Hays & Shepard Payne, 2020). Hence, if the pastor incorporates a positive message towards mental illness within his sermons, the congregation will most likely adopt the attitude and beliefs of the pastor. Pastors who are not educated or trained to support individuals with mental illness often refer to mental illness as a demonic presence in the individual's mind especially in the Pentecostal church. "Research shows that Protestant and non-denominational Christians are more likely to believe in historical views of mental health, such as the etiology of mental health issues being spiritually oriented" (Campbell, 2021, p. 2). Positive messages from pastors will help to reduce the stigma that African Americans have passed down from generation to generation about mental illness.

This study will not only potentially benefit the COGIC churches in Northwest Georgia but perhaps COGIC churches across the nation that recognize the need for mental health awareness and stigma reduction. The Pentecostal denomination is not the only denomination that this study should impact, as in Northwest Georgia, there is a strong network of local pastors from various denominations. These pastors share ministry ideas amongst themselves that help to enrich their congregations. The COGIC pastors will be able to share with fellow pastors their experience with this study, noting that the Black church can provide culturally appropriate mental health counseling to the African American community (Bolger & Prickett, 2021).

Additionally, the Coronavirus pandemic (COVID-19) has intensified the need for mental

health awareness and stigma elimination (Campbell, 2021). COVID-19 originated in China and rapidly spread across the globe creating a pandemic which led to sickness, social and mental challenges, stigma, and death (Shah et al., 2020). The significance of this study is further demonstrated through the outcome of the Coronavirus pandemic. As a result of the global pandemic, families have lost loved ones, jobs have been negatively impacted, methods of socialization have changed, and individuals have experienced depression, anxiety, and psychological distress (WHO, 2022). To cope with issues surrounding the pandemic, individuals who desire or could benefit from counseling may be reluctant to seek help due to stigma. Clergy help shape the attitude toward mental illness; therefore, partnerships between the community and all denominations of the church are needed to help dispel mental health stigma (Campbell, 2021).

Research Questions

This study will examine the following research questions to understand how Pentecostal pastors can utilize their sermons to help reduce mental illness stigma. The questions focus on the perceived beliefs of African American pastors, Pentecostal beliefs about mental illness, and African American pastors' views of their leadership role.

Research Question One

How do the perceived beliefs of African American pastors affect how stigma and mental health illnesses are treated within the church? Pastors have great influence over their members but "much remains to be known about pastors' beliefs and influence on the help-seeking behaviors of those in their care" (Avent et al., 2015, p. 34). Thus, "the pastor's perceptions and attitudes about mental health can have a major impact on services (both internal and external) that parishioners receive" (Brown & McCreary, 2014, p. 2). Hays and Shepard Payne (2020) stated that "it is important to understand the characteristics of clergy who are receptive to some

combination of spiritual counseling and professional mental health treatment so that more effective collaborations between clergy and therapists can be developed" (p. 10). Brown and McCreary (2014) also indicated that, "A pastor who is unwilling to seek out mental health services or has a stigma about mental health will be far less likely to refer parishioners and less likely to use psychological resources in the church setting" (p. 2). Consequently, Bolger and Prickett (2021) indicated that race, social class, and theology influence perceptions of stigma and mental health in African Americans and thus predicts how it is treated within the church. To understand how mental illness is treated in the church, it was important to capture the perceived beliefs about stigma and mental illness that African American pastors hold.

Research Question Two

How do Pentecostal beliefs affect help-seeking behavior for mental illness? The COGIC is "the second largest Pentecostal group in America" (Range & Young, 1991, p. 30). African Americans are committed to their religion, communities, and churches and tend to use religious practices instead of seeking help from mental health professionals (Avent Harris et al., 2021). Likewise, Pentecostals believe in Divine healing (Range & Young, 1991) for all sickness. Pentecostals desire life-changing encounters with God and are "unaccustomed to such encounters coming from intellectual pursuits" (Fettke & Dusing, 2016, p.167). According to Woodall (2016), the current healing ministries within Pentecostal churches need evaluation to show that there is a difference between healing and curing. However, COGIC doctrine states that "healing by faith in God has scriptural support and ordained authority" (Range & Young, 1991, p. 73). Hearing the Pentecostal pastor's personal experiences with mental health and beliefs about Divine healing provided an understanding of the behavior of Pentecostals when seeking help for mental illness.

Research Question Three

How do African American pastors' views of their leadership role affect or overshadow how mental illness is presented in the church? The Black church is a place of influence and prestige in the African American community and plays an integral role in supporting individuals in need of care (Campbell & Littleton, 2018). The pastor's leadership role goes beyond the church and extends throughout the community as an influential and powerful position (Avent Harris et al., 2021). Consequently, Black pastors may positively or negatively influence mental health awareness within the church (Williams & Cousin, 2021) based on their personal experiences. The Scripture indicates that the Lord justifies those he called (*King James Bible*, 1769/2022, Romans 8:30) thereby equipping the pastor with the skills required to lead a congregation. Pastors should lead with a servant attitude and avoid turning their leadership role into one that is self-seeking or self-serving (du Plessis & Nkambule, 2020). Capturing the essence of the pastors' view of their leadership role in parallel to their teaching and sermon presentation provided a critical understanding of how mental illness is presented within the church.

Definitions

Terms pertinent to this study are listed and defined as used within the context of this research.

1. *Counseling* – "A relationship between two or more persons in which one person (the counselor) seeks to advise, encourage and/or assist another person or persons (the counselee) to deal more effectively with the problems of life" (Tan, 2011, p. 2).
2. *Mental Illness* - "A mental, behavioral, or emotional disorder" (National Institute of Mental Health, 2022).

3. *Mental Illness Stigma* – "Negative attitudes (prejudice) and/or negative behaviors (discrimination) toward individuals with mental illness" (Krendl & Pescosolido, 2020, p. 150).
4. *Ontological philosophical assumption* – The direction of the study based on the "researcher's view of reality" (Creswell & Poth, 2018, p. 326).
5. *Pastoral Counselor* - A minister with training to counsel from a spiritual point of view (Tan, 2011).
6. *Pentecostal* – A denomination that believes in baptism of the Holy Spirit, speaking in tongues, the Trinity, healing, miracles, and prophecy (Espinosa, 2014).
7. *Social Constructivism* – An interpretive framework where "qualitative researchers seek understanding of the world in which they live and work" (Creswell & Poth, 2018, p. 327).

Summary

The African American pastor is influential in the COGIC Pentecostal church, yet there is a stigma of mental illness that still exists in the African American community. "Stigma is known to exist in the general population, among mental health professionals, and among those diagnosed; thus, it is a complex and far-reaching concept worthy of continued research until it is eradicated" (Crowe & Kim, 2020, p. 84). Pentecostals feel that mental illness can be cured through divine healing without the help of secular professionals. Literature gaps reveal that further research is needed to understand the Pentecostal view of mental health stigma in African Americans and how pastors can help reduce the stigma.

The purpose of this study is to explore was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ churches in Northwest Georgia. With the increase in mental health awareness in the last five years, the

findings of this study may contribute new insights from the Pentecostal perspective and the African American pastor perspective.

Chapter Two: Literature Review

Overview

Pastors of African American churches greatly influence their congregations and how they think about social and mental health issues (Hays & Shepard Payne, 2020). Within the Pentecostal church, mental health issues are often thought of as consequences of sin. The problem is that African Americans are reluctant to seek counseling due to the cultural stigma among the Africa American church and community. There is a need in the Pentecostal denomination for pastors to help reduce the stigma of mental illness. The culture of African Americans has an unspoken language that creates a stigma for individuals who seek counseling. The African American culture feels that issues should be kept within the home and not publicized for outsiders to see or hear (Kane & Green, 2009). Consequently, when mental health issues are presented to pastors, the pastors are not equipped to treat the individual and often need to refer the individual to outside resources. Pastoral counselors are obligated to provide the best care to individuals in need. Thus, the need arises for pastors to educate themselves about mental illness and collaborate with licensed counselors to combine resources to effectively treat individuals with mental health issues (Avent Harris et al., 2021). Reforming the way that pastors think and present their sermons or messages about mental health is essential to helping African Americans eliminate preconceived negative ideas and stigmas surrounding mental health.

Research conducted about African American churches reforming their teachings to help reduce the stigma associated with seeking counseling revealed that there is a need for training and education within the church to properly equip pastors and their ministerial staff to counsel individuals who present mental health issues (Stansbury & Schumacher, 2008). Pastors are willing to receive education and training but to avoid being overburdened they may recruit other

staff members to attend training.

African Americans have a stigma towards counseling and will avoid seeking professional help (Thomas, 2021). However, individuals are more likely to seek counseling from their pastor or local church, which supports the need for African American pastors to be educated about mental illness. Additional research revealed that African Americans' negative attitudes about seeking counseling can be dispelled if their pastor preaches or teaches about mental health and the resources that are available for treatment (Lefevor et al., 2021). This research upholds the idea that reforming pastors' sermons to include positive messages about mental health will help to reduce the stigma associated with mental illness in the African American community.

Previous studies in this area have not specifically examined the Pentecostal denomination COGIC. Evidence from a study by Kansiewicz and Smith (2021) indicates that research is needed to understand the attitudes about seeking help, mental illness views, and participating in professional counseling of evangelical Protestants. This study is significant because it has the potential to educate Pentecostal pastors and church counseling staff on how their positive projection of mental health issues will assist congregants with overcoming the stigma associated with seeking counseling and mental health.

The following topics will be included in this literature review, the theoretical framework, the review of literature including the COGIC and mental health, stigma and mental illness, the pastor as a leader, the pastor as an influencer, pastor, church, and community collaboration, Pentecostal pastoral education and training, Pentecostal and faith beliefs, gaps in the literature, and a summary of the literature reviewed.

Theoretical Framework

The use of theory-driven research ensures that counselors are using interventions that are grounded in scientific evidence. According to Heppner et al. (2016), "theories seek to establish general relations and conditional statements among events that help professionals to understand phenomena" (p. 12). Heppner et al. (2016) also stated that, "One of the most basic reasons for conducting research is to develop knowledge bases that in one way or another can help people by addressing pressing societal needs" (p. 108). As a study of the phenomenon of Pentecostal pastors reducing the stigma of mental health in African Americans, the theoretical framework of phenomenology based on the German mathematician Edmund Husserl and the theological framework of Pentecostalism based on Amos Yong is utilized.

Amos Yong is a Malaysian-American Pentecostal theologian who served as a pastor in the Assemblies of God Pentecostal group. He has edited and authored over 50 books and hundreds of articles related to Pentecostal theology. Yong (2011) cited that "science can be a helpful handmaid within a broader theological quest, perhaps even guided by the spirit" (p. 161), thereby indicating that the anthropological, biological, and social sciences could reveal sinful nature and lead to repentance. Hence, pastors may recognize the need for combined scientific understanding and spiritual healing. In addition, Stephenson (2012) noted that Yong's theology

> allows certain biblical texts to take interpretive authority over other texts and to become more formative in his theology than other texts, demonstrates awareness that hermeneutics encompasses far more than simply biblical interpretation, includes extensive engagement with abiding and contemporary philosophical issues, and [he] reflects on theological method most conscientiously and explicitly. (p. 108)

Yong's logic follows the tenet of Spirit–Word–Community and is moving in the direction of

incorporating religion and science thereby indicated that theology is fundamental, systematic, and practical. "Yong noted that scientific thought needs to be understood by Pentecostals so they can understand and argue for or against scientific assessments of their beliefs" (Mercer, 2013, p. 608).

Creswell and Poth (2018) indicated that a phenomenological study describes a phenomenon and the lived experiences of the participants (p. 75). Hermeneutical phenomenology is "a form of phenomenology in which research is oriented toward interpreting the texts or life and lived experiences" (Creswell & Poth, 2018, p. 314). The theological hermeneutic framework of Pentecostalism will be used to develop the relationship between faith and practicality.

Practical Implications

Franklin and Fong (2011) stated that "the word counsel in the Bible usually means to consult, advise, and to resolve problems or find solutions. God has many anointed helpers in the world, and he works through people to help other people" (p. 11). Pastoral counselors are obligated to help others in the best possible way that they can. The practical implication of this study is that Pentecostal theology, Scripture, and the Holy Spirit will guide the researcher to provide knowledge about reducing the barriers of stigma related to mental health that will benefit not only Pentecostal pastors and churches but the entire body of Christ. The ideal is that pastors will recognize the need for education and training and prepare themselves to effectively counsel and reduce mental health stigma. In the *King James Bible* (1769/2022), Proverbs 11:14 states, "Where no counsel is, the people fall: but in the multitude of counsellors there is safety." Therefore, with Biblical application and COGIC doctrine, the practical implication will provide inspiration for counselors to provide counsel in the best manner possible.

Related Literature

Church of God in Christ and Mental Health

The COGIC was formed out of the Holiness movement by Bishop Charles H. Mason in the 19th century (Clark & McAllister, 2022). The COGIC headquarters is in Memphis, Tennessee. COGIC is the largest African-American Pentecostal church in the United States, with an estimated 6.5 million members. It has congregations in Africa, Asia, South America, and Europe (Church of God in Christ, 2012). The church structure consists of seven sections: "the General Assembly, the General Board, the Board of Bishops, the General Council, the Women's Department, the Jurisdictional Assemblies, and the Local Churches" (Kurian, 2017, p. 317). COGIC is known for its charismatic worship style and evangelism. The name, "Church of God in Christ" was derived from I Thessalonians 2:14 (*King James Bible*, 1769/2022) which states, "For ye, brethren, became followers of the churches of God which in Judaea are in Christ Jesus." COGIC doctrine indicates that the "Church forms a spiritual unity of which Christ is the divine head" (Range & Young, 1991, p. 60) and is the agency of communicating to believers. The Statement of Faith outlines the following beliefs of COGIC:

- We believe the Bible is the only infallible written Word of God.
- We believe that there is only One God, eternally existent in three persons: God the Father, God the son, and God the Holy Spirit.
- We believe in the blessed Hope, which is the rapture of the Church of God, which is in Christ, at His return.
- We believe that the only means of being cleansed from sin is through repentance and faith in the precious Blood of Jesus Christ.
- We believe that regeneration by the Holy Ghost is absolutely essential for personal salvation.

- We believe that the redemptive work of Christ on the Cross provides healing for the human body in answer to believing prayer.
- We believe that the Baptism of the Holy Spirit, according to Acts 2:4, is given to believers who ask for Him.
- We believe in the sanctifying power of the Holy Spirit, by whose indwelling the Christian is enabled to live a holy and separated life in the present world. (Church of God in Christ, 2015)

The Official Manual of the COGIC was written in 1973 and at the time its authors had concerns about mental health and medical care which stated that COGIC "believe[s] in and support[s] the development and growth of individual and societal patterns that enable man to live in a comfortable state of emotional, behavioral, and social harmony with himself and the society in which he resides" (Range & Young, 1991, p. 125). COGIC supports community health resources for individuals and families and wholesome living. Educational, moral, spiritual, and economic growth is supported and encouraged by COGIC, with an expected result of the individual growing closer to God. "The church affirms divine healing but does not advocate it to the exclusion of medical supervision" (Kurian, 2017, p. 318). The beliefs of COGIC have not been revised since the publication of the Official Manual in 1973 which causes it to appear outdated. It is evident that even though modern ideals and techniques have evolved over the years, the manual is relevant for concern, care, and support of those with mental illness.

COGIC is aware of the need for administering social services through specialized ministries within the church. "Counseling is a skilled profession for which special training is required" (Range & Young, 1991, p. 127) and most clergymen are not equipped to provide counseling unless they have been trained. The role of the church is to serve people naturally and

spiritually in accordance with Matthew 25:43-46 stating,

> I was a stranger, and ye took me not in: naked, and ye clothed me not: sick, and in prison, and ye visited me not. Then shall they also answer him, saying, Lord, when saw we thee an hungred, or athirst, or a stranger, or naked, or sick, or in prison, and did not minister unto thee? Then shall he answer them, saying, Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me. And these shall go away into everlasting punishment: but the righteous into life eternal. (*King James Bible*, 1769/2022)

Christians are advised to minister and help those who have a visible need and those who are perceived to be in need. Mental illness may not present itself until it is triggered, nonetheless, COGIC pastors and church workers should be prepared to help those in need.

Stigma and Mental Illness

According to 2017 World Health Organization statistics, mental illness is the fourth leading cause of disability in the United States (Garner & Kunkel, 2020). Reports from the National Alliance on Mental Illness state that "Americans, regardless of age, race, or creed, are susceptible to developing a mental illness but fail to seek care from mental health services." (Fripp & Carlson, 2017, p. 80). The way stigma affects mental health treatment and the way stigma is felt may be associated with one's ethnicity and culture of origin (Surapaneni et al., 2022). Receiving counseling may carry stigma for African Americans which causes them to hide their mental health issues. Cultural mistrust is another reason why African Americans distrust and avoid seeking mental health treatment (Kane & Green, 2009). "In the African American community, the cultural and ethnic stigma concerning mental illness often discourages this ethnic group from seeking the help they need" (Garner & Kunkel, 2020, p. 568). Additionally, "The mental health system in the United States has a long history of disgraceful care of Black

patients" (Thomas, 2021, p. 708). Reducing the stigma of seeking mental health services by African Americans is necessary to increase seeking treatment for mental health issues (Burse et al., 2021).

The perspective of African Americans in the rural south may encompass that "most people don't know what mental illness looks like, how to recognize it, or how to identify warning signs of crises" and that "stigma remains one of the most important barriers to formal treatment and informal help-seeking" (Haynes et al., 2017, p. 576). Stigma influences attitude about mental health and "African Americans may avoid seeking treatment for mental health symptoms because it may be highly stigmatizing" (Fripp & Carlson, 2017, p. 89). Faith-based leaders' perceptions regarding provision of mental health services among their congregants and within the African American community show that stigma is a barrier to African Americans receiving help for mental illness (Burse et al., 2021). Abdullah and Brown (2020), in their qualitative study, examined the potential effects of type of disorder and use of diagnostic labels on mental illness stigma among African Americans and concluded that stigma associated with mental illness is not often studied in African Americans and diagnostic labeling affects being stigmatized. For example, being labeled as schizophrenic carriers a heavier stigma than being labeled with mental illness. Abdullah and Brown also noted that for Black Americans one of the leading barriers to receiving mental health care is mental illness stigma.

COGIC has churches worldwide and it is important to note that African Ghanaians also experience stigma and are often abused, locked up or confined, isolated, taunted, and abandoned by their families when diagnosed with mental illness (Mfoafo-M'Carthy & Grischow, 2022). According to Mfoafo-M'Carthy and Grischow, stigma occurs most in low socioeconomic areas. However, economic status is not the only indicator of stigma and help-seeking behavior. Stigma

and African American history affect seeking help more than insurance and money issues and, "the church is considered a less stigmatized place for African Americans to receive help" (Avent et al., 2015, p. 33). Unsurprisingly, Black immigrant women also fear being stigmatized as weak by their family or community if they seek help for mental illness (Bamgbose Pederson et al., 2022). The personal and social beliefs of Black women predict mistrust of counselors along with views that therapy is only for White people. "Mental illness stigma content of Black immigrants includes beliefs that people with mental illness are weak, lazy, or morally flawed, and that mental illness is a punishment from God or caused by possession by evil spirits" (Bamgbose Pederson et al., 2022, p. 308).

Friedman and Paradis (2019) presented a commentary that discussed the psychological help-seeking intention of Black Americans along with sharing their experiences of treating Black Americans with anxiety disorders and reported that "Even when [Black Americans] are aware of their psychological problems, there is a stigma in the community, and they may often view seeking psychological help as a lack of religious 'faith'" (p. 339). In the Black community, Black Americans fear being labeled as crazy, weak, or having a mental disorder if they seek counseling and are more likely to distrust traditional psychiatric settings but will rely on churches and other informal supports for counseling (Friedman & Paradis, 2019). Culturally, not only do African Americans label individuals who seek help for mental illness as crazy, some believe that a spiritual flaw is usually the cause of mental illness (Dempsey et al., 2016). Statements like: "'Our family doesn't air our dirty laundry.' 'I don't put my business out in the street.' 'What if they think I'm crazy?' 'As long as I've got King Jesus, I don't need nobody else!'" (Armstrong, 2016, p. 119) reflect the feelings that African Americans have toward seeking help for mental issues. Young African American men indicated that "In the Black community, I feel like we are

taught at a young age to keep everything held in … If you go to somebody and tell your business, you are not a man, or you are looked at differently" (Bauer et al., 2020, p. 283). "Research shows that Protestant and non-denominational Christians are more likely to believe in historical views of mental health, such as the etiology of mental health issues being spiritually oriented" (Campbell, 2021, p. 2), and mental illness stigma is often conveyed using code words for mental illness and language that are derogatory or shaming.

"Stigma is a 'mark' that signals to others that an individual possesses an attribute reducing him or her from 'whole and usual' to 'tainted and discounted'. This devaluation translates into seeing the stigmatized person as 'less than fully human' and may emanate from 'abominations of the body' (physical deformities), 'blemishes of individual character' (mental illness, addictions, government aid), and 'tribal identities' (race, gender, religion)" (Pescosolido, 2013, p. 3). Stigma stems from social relationships, and social relationships and cultural beliefs must change for the stigma to change. Even though the stigma of mental health is getting better, further research is needed for the connection of social problems to mental health stigma (Pescosolido, 2013). Stigma and mental illness are intertwined, seeing that "stigma is such a pressing issue in the field of mental health, it has been named a health crisis" (Crowe & Kim, 2020, p. 83). Stigma can result in a reluctance to seek professional help for mental health issues; self-stigma influences and impacts attitudes about seeking treatment for mental health issues, and counselors should perform assessments to determine if the client experiences self-stigma, public stigma, or both. In the United States, ethnic and racial minorities often neglect to seek help for mental health due to fear of being stereotyped or discriminated against (Crowe & Kim, 2020).

The African American church bears a responsibility for the welfare of its members. "African Americans face disparities in access to mental health services due to stigma associated

with mental illness, cultural mistrust of providers, and general preference of African Americans for more informal sources of support such family members and the church" (Campbell & Littleton, 2018, p. 337). Church members should acknowledge their mental health issues instead of blaming them on the devil or trying to pray them away (Campbell & Littleton, 2018). The doctrine of Jesus being a great counselor should be taught to church members thereby promoting that it is acceptable to receive professional help for mental issues. In the Black community the stigma surrounding mental health issues is prevalent, but church counselors can help members overcome the stigma by educating them about mental health. Churches have the potential to destigmatize individuals, provide psychoeducation, and help members find resources outside of the church (Coombs et al., 2022). Kane and Green (2009) stated that,

> While stigma and diagnostic bias may interfere with access to mental health services in the African American community, family, informal support, religion, and prayer are viewed by many with in the African American community as effective prevention and the best remedy to problems and problem situations. (p. 292)

Still, African Americans tend to deal with stigma silently because they were taught not to share their problems with others. However, among the documented stories of mental health stigma there are two stories that will be used as an example to support this study as a current pressing issue within society.

Lived Experiences of Mental Health Stigma

To understand the impact that stigma has on African Americans lives it is necessary to examine the lived experiences of individuals who have suffered due to stigma associated with mental health. According to the U.S. Department of Health and Human Services Office of Minority Mental Health (2021), the 2018 population of non-Hispanic Blacks with feelings of

sadness, hopelessness, worthlessness, or that everything is an effort, all or most of the time, among persons 18 years of age and over was 18.8% compared to 13.7% of non-Hispanic Whites. Clergy's attitudes about mental health issues are based on their lived experiences, their ability to be transparent about their issues, their experiences seeking help for their personal emotional problems, and their desire to learn more about mental health from both God and the secular professions (Hays & Shepard Payne, 2020).

Taylor Jackson (2020) shared her experience with mental health issues, stigma, and fear of seeking counseling as she transitioned to graduate school as a means by which to encourage others to seek counseling when they feel overwhelmed or stressed. Jackson indicated that the stigma associated with the strong Black woman ideal caused her to internalize her feelings rather than expressing how defeated she felt. She stated, "knowing that I could authentically speak about my challenges with mental health as a Black woman, and not be ridiculed or shamed, would have also helped tremendously" (p. 225).

Whitten (2020), an African American psychology professor, also shared her lived experience of mental health stigma. Whitten indicated that from childhood she experienced mood changes associated with depression but did not get help until she was 21 years old. Whitten stated, "The fact that I'm an African American woman means that I am often stigmatized and subjected to a different level and type of scrutiny and evaluation by students, colleagues, and the larger society" (p. 37). The stigma associated with mental health as experienced by African Americans is damaging, and until the stigma is reduced, African Americans will continue to suffer in silence.

Studies indicate that stigma exists when African Americans seek help for mental illness as evidenced by Mantovani et al. (2016). They cited victims of stigma in Africa as saying that

mental health is related to insanity and that as a victim of stigma, there are feelings of hurt, ostracization, isolation, and negative attitude towards self. In addition, individuals indicated that aspiration was loss due to stigma and discrimination by employers. Study participants stated that pastors are more likely to pray for someone with a mental illness rather than advising them to seek professional help.

The lived experiences of Jackson (2020), Whitten (2020), and African study participants support the idea that stigma existed and still exists in African Americans. The way that stigma is handled is based upon cultural beliefs, financial resources, and social judgment from others. Education and training for African Americans is needed to help reduce the stigma that is associated with mental illness. Thus, pastors should be readily available, trained, and equipped to help African Americans in need (Stansbury et al., 2012).

Pastor as a Leader

African American men do not see much difference in their masculinity roles compared to White Western masculinity but the leadership role as a positive role model, provider and protector is highly endorsed by African American men (Rogers et al., 2015). The leadership role for African Americans requires confidence and self-awareness. For years African American males have faced prejudice while overlooked by Whites for corporate leadership positions. In many institutions, subtle discriminations exist which hinders the progress of African Americans (Small, 2023). In many areas, African Americans needed to perform, study, and overcome challenges their White counterparts had not experienced. Within the Black church, such disparities of racism are not a factor because the leadership role is looked upon as a status of prestige and honor even though the pastor was “called” by God to preach the Word. Authority is recognized by church congregants when a pastor demonstrates that he has been called by God

and has the skills and training to perform his duties (Clements & Bush, 2022). Presenting the truth and exemplifying meekness creates a feeling of equality between the pastor and congregants (Clements & Bush, 2022). Respect is gained when a pastor represents his church, family, and community outside of the church. The Black church cultivates and provides support for Black leaders.

Leadership Styles

Leadership styles differ among African Americans as characteristics may be expressed as charismatic, calm, confident, engaged, influential, and driven. As leaders, pastors in the COGIC are persuasive and direct. In the Black community, Black leaders provide hope, a sense of pride, and "promise for a better future" (Cosby & Berry Edwards, 2021, p. 522). Pastors may liken their duties to that of being like a superhero, feeling as though they must be all things to all people (Samushonga, 2021). A biblical example of overidealizing one's role as a leader is seen through the life of Moses. It is not uncommon for pastors to get entangled with self, undertake more than they can handle and then, like Moses, question God about carrying the burdens of their congregation. Accordingly, "And Moses said unto the Lord, Wherefore hast thou afflicted thy servant? and wherefore have I not found favour in thy sight, that thou layest the burden of all this people upon me?" (*King James Bible*, 1769/2022, Numbers 11:11). Moses felt as if he had to take care of the people alone without any help. He cried out to God when he realized he could not do it on his own, "I am not able to bear all this people alone, because it is too heavy for me" (*King James Bible*, 1769/2022, Numbers 11:14). Highly publicized pastors often find themselves caught in the turmoil of difficulty when they esteem themselves higher than others or abuse their position as pastor. Therefore, spiritual formation of the Pentecostal leader is important according to Feller and Lombaard (2018). Spiritual formation requires the leader to cultivate character

which leads to a righteous leadership style that is developed in God's image (Feller & Lombaard, 2018).

The power that pastors possess may also lead them to feel that they are invincible. "While pastoral power is to be exercised for the common good (1 Cor. 12:7), it is also possible for persons in pastoral roles to use this power for self-interest" (Clements & Bush, 2022). Personal interests, thirst for fame and prosperity, and self-seeking attitudes seem to be prevalent among today's church leaders. The purpose of the church is to witness, save souls, and serve others. As indicated in Galatians 5:13 which states "For, brethren, ye have been called unto liberty; only *use* not liberty for an occasion to the flesh, but by love serve one another" (*King James Bible*, 1769/2022). Church leaders should seek to serve others and not become puffed up or prideful in their roles. They should demonstrate patience, love, promote unity, seek to be trusted, and exercise compassionate leadership (Nyiawung & Van Eck, 2013) based on Luke 6:36, stating to, "Be ye therefore merciful, as your Father also is merciful" (*King James Bible*, 1769/2022).

Martin Luther King Jr. is an example of a Pastor who exhibited compassionate leadership and served others outside of the church. He served as a civil rights leader during the civil rights movement and as pastor of the Ebenezer Baptist Church in Atlanta, Georgia. He also specialized in conflict management which is an equally important characteristic of an effective leader. Jesus managed conflict by showing compassion to those who betrayed and persecuted him. Jesus is the perfect example of a servant as noted in Luke 22:25-27 as

> Jesus said to them, The kings of the Gentiles lord it over them; and those who exercise authority over them call themselves Benefactors. But you are not to be like that. Instead, the greatest among you should be like the youngest, and the one who rules like the one who serves. For who is greater, the one who is at the table or the one who serves? Is it not

> the one who is at the table? But I am among you as one who serves. (*New International Version*, 2022)

Pastors are to be servants in the same manner as their members, set a vision for the church and work alongside the members to accomplish the vision.

Women in Leadership Roles

Men dominate the leadership role while women are still striving for leadership equality. "Female clergy are discriminated from occupying the highest positions within a religious organization and are disproportionally concentrated in jobs that have a lower status ranking" (Ferguson, 2015, p. 346). The Pew Research Center (2021) reported that in Black Protestant churches, women make up a small percentage of the leaders even though 86% of Black Americans say that women should be allowed to serve as a senior leader. The culture of the African American community "puts more value in the men's voice" (Pew Research Center, 2021) when it comes to women being the leader of a church. At the beginning of the Pentecostal movement in the early 19th century, women played in integral part in the ministry and were ordained by the Kansas Bible School founder, Charles Parham, to assist him in ministry. As Pentecostalism spread, women were involved in spreading the Word of God and leading people to be baptized with the Holy Ghost and speak in tongues. Women taught both men and women without restriction to lead. The gift of the Holy Spirit that Pentecostal women possessed was more important than being in an authoritative position. Pentecostal women should "preach the gospel, pray for the sick, give words of prophecy and words of knowledge; knowing that their authority and validation comes from the gifting of the Holy Spirit and not necessarily humans" (Langford, 2017, p. 72).

Women who were leaders during the early Pentecostal movement include Maria

Woodworth-Etter and Aimee McPherson. In the early 19th century, Woodworth-Etter and her husband traveled to spread the Gospel at revivals and camp meeting. She built a church in Indianapolis, Indiana, after 40 years of preaching in various churches (Payne, 2015). Aimee McPherson attended Woodworth-Etter's church and the two established a mentor/mentee relationship. Though they were assertive and authoritative in delivering their message, the leadership styles of these women were exemplary of God's love and compassion. Neither of the women attended seminary school; both were divorcees and single parents at some point in their lives. Woodworth-Etter and McPherson followed the guidance of the Holy Spirit to reach their followers. McPherson carried a feminine persona in how she dressed and how she ministered while Woodworth-Etter presented herself in more of a motherly manner. In addition, "several studies show that Pentecostalism gives women significant advantages, particularly bestowing moral autonomy in the family and challenging notions of masculinity and patriarchal hegemony" (Anderson, 2012, p. 111).

There are women in the Bible who were in leadership roles but were not officially considered to be pastors. The women in the Bible have supporting roles which are also exemplified in the church today. Scripture shows that women possess gifts such as deacons, apostles, evangelists, and supporters in the Bible. Miriam was a prophetess who held an important role in the book of Exodus (Exodus 15: 20-21). She exhibited courage at the age of five when she recommended her mother to nurse Moses after Pharaoh's daughter found him floating in the river. In addition, she led women in singing and dancing after they crossed the Red Sea fleeing from Pharaoh's army. Miriam served as a leader and prophetess before her death. Other women in the Bible who were leaders include Deborah, who was a judge and counselor (Judges 4 & 5), Huldah, who understood God's law and who God used to bear

testimony and deliver a message from him to the high priest and to the king (2 Kings 22:14–20), Rahab, who led her family to safety by using her gift of discernment when hiding Israelite spies from her own people (Joshua 2), Lydia, who was a businesswoman (Acts 16), Esther, who risked her life to save the life of her people (the Book of Esther), and Priscilla, who was a teacher (Acts 18:26).

The women in the Bible show that any woman can be led by God and can lead others with the help of God. Despite women being leaders in the Bible, the fact remains that in some denominations women are not considered for pastoral roles. Current 20th-century cultural and society influences do not adhere to denominational traditions and religion which leads individuals to attend gender inclusive churches that allow women to be pastors.

"COGIC women focus on their calling to do ministry and to serve within the church and the community" (Chism, 2016, p. 252) rather than focusing on standing in the pulpit as a preacher. In the COGIC, the women's department is the largest of the ministry's departments. Still, women are not officially ordained as elders, pastors, or bishops because COGIC does not ordain women as pastors. Women are allowed to teach the gospel to others, oversee the church when the pastor is absent without being labeled as Elder, Reverend, Bishop, or Pastor. Within COGIC, women are instructed to allow the man to lead. Yet, women are often the ones who are told to teach their young sons to be leaders indicating that women influence leadership by indirectly leading from the background (Casselberry, 2013).

Women within COGIC who desire leadership roles beyond teaching may seek leadership positions within other denominations. Consequently, Chism (2016) cited that, "though COGIC leaders established separate auxiliaries such as the Women's Department, some Black Pentecostal women who feel called to preach have left traditions like the COGIC and joined

denominations that allow them to preach freely and to exercise openly their call to ministry" (p. 249). According to the Association of Theological Schools, even though half of the students enrolled in seminaries are Black women, women are still overlooked for leadership positions within the church (Pew Research Center, 2021).

Biblical Requirements for Leaders

COGIC follows the Scriptures that outline the qualifications of bishops and overseers. The qualifications are presented in 1 Timothy 3: 1–7 which states,

> This is a true saying, if a man desire the office of a bishop, he desireth a good work. A bishop then must be blameless, the husband of one wife, vigilant, sober, of good behaviour, given to hospitality, apt to teach; Not given to wine, no striker, not greedy of filthy lucre; but patient, not a brawler, not covetous; One that ruleth well his own house, having his children in subjection with all gravity; (For if a man know not how to rule his own house, how shall he take care of the church of God?) Not a novice, lest being lifted up with pride he fall into the condemnation of the devil. Moreover he must have a good report of them which are without; lest he fall into reproach and the snare of the devil. (*King James Bible*, 1769/2022)

Pastor as an Influencer

Clergy play an essential role in addressing mental health issues in the Black community, according to a study that investigated the relationship between dimensions of religiosity and attitudes toward mental health treatment among Protestant Black church attendees in the northeastern United States (Davenport & McClintock, 2021). A 2017 report from the United States Department of Health and Human Services revealed that only a third of African Americans receive professional treatment when they are diagnosed with a mental illness,

indicating that African Americans are more inclined to seek help from their church than from doctors or psychiatrists (Davenport & McClintock, 2021). Hence the need for African American pastors to be cognizant of how they speak about mental illness.

Black pastors are seen as role models, leaders, and influencers in the Black church and community and the role of the Black pastor is important in the health outcomes of Black Americans (Williams & Cousin, 2021). African Americans take pride in their churches and pastors and follow their pastors without hesitation. What most African American members fail to realize is that the attitude of clergy concerning mental health issues stems from their lived experiences, their ability to be transparent about their issues, their experiences seeking help for their personal emotional problems, and their desire to learn more about mental health from both God and the secular professions (Hays & Shepard Payne, 2020). Therefore, if a pastor has positive experiences with mental health, he will report mental health in a positive manner. However, if the pastor has negative experiences with mental health he will talk about mental health in a negative manner (Lefevor et al., 2021).

Concerning counseling beliefs in the African American community, clergy are an integral part of mental health care as they help individuals with addiction, socio-emotional, and mental disorders since African Americans have "a history of being negatively stereotyped by the social sciences and therefore many of them approach members of the helping profession guardedly" (Stansbury et al., 2012, p. 962). Along those same lines, African American pastors' perceptions of their influence in their churches and communities reveal that pastors are the connector and help bridge the gap between the church and community by providing resources to the community outside the church. African American pastors play more of a role in the social and political areas in the community than White pastors, and the cornerstone of the African American culture is the

African American church (Harmon et al., 2018). For this study, the ideas of Stansbury et al. (2012) and Harmon et al. (2018) support the indication that pastors can influence the African American community from the pulpit. "Clergy who use their platform to expose congregants to mental health issues and resources might naturally improve attitudes about the subject by normalizing and destigmatizing the idea of help seeking" (Lefevor et al., 2021, p. 104).

Perceived and Implicit Bias

African American pastors may hold biases about mental health that they do not realize until confronted with the illness. Implicit biases are formed when stereotypes or attitudes about people exist without conscious awareness. Lived experiences, trauma, and cultural traditions contribute to implicit bias. Choudhry et al. (2016) stated that "Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions" (p. 2807). However, Vicens (2018) suggested that implicit bias is a form of sin and that sins are voluntary actions one chooses to engage in. The Bible indicates that we were conceived in sin and shaped in iniquity (Psalm 51:5). To liken implicit bias to sin would signify that pastor's implicit biases are learned and formed throughout life and can be overcome. The COGIC defines sin as "a volitional transgression against God and a lack of conformity to the will of God" (Range & Young, 1991, p. 56) but also states that man can be restored to a state of holiness by being born again (John 3:7). Therefore, if a pastor has implicit biases about mental health, they can be reversed through education and the renewal of their thought process. Confession, repentance, and amending life are methods that Vicens (2018) cited as strategies to overcome sin and implicit bias. The stigma associated with mental illness, the Pentecostal belief that mental illness stems from sin, and the cultural teaching

that personal issues are to be kept quiet are among the perceived and implicit biases that African American Pentecostal pastors must vanquish to effectively reach individuals with mental health issues.

In the 21st century, the teaching styles of pastors are shifting. Traditional ways of presenting the Word included the use of emotion (whooping and loud expression) but millennials are more interested in foundational teaching that can be applied to everyday life. (Pew Research Center, 2021). Pastors who incorporate teaching into their sermons, specifically issues of mental health and other health issues, will gain momentum with reducing the stigma among congregants. Theologians should practice theology from the social realities of the people in their community (Nyiawung & Van Eck, 2013).

Pastor, Church, and Community Collaboration

Collaboration between pastors, churches, and communities is essential to reducing the stigma of mental health. “Pastors and church leaders serve as gatekeepers between people who are hurting and effective treatment, and they are important partners in the provision of mental health and social services” (Franklin & Fong, 2011, p. 11). The observation that Christian clergy from various denominations are considered gatekeepers to mental health services, frontline mental health workers, and community health partners aligns with the idea that pastors in African American churches act as teachers, counselors, and doctors to members of their congregation and community (Karadzhov & White, 2020). Churches have a history of helping people with social and economic issues; therefore, church intervention is more likely to influence African American males to seek help for mental issues even though mental health literacy among African American churches needs further exploration, “the church should also include efforts to reduce the stigma of depression as well as education regarding the illness, including recognizing

the symptoms" (Bryant et al., 2014, p. 807). Franklin and Fong also indicated that combining scripture and scientific methods is "the best way for pastors and church leaders to help people who are hurting" (p. 11). Thomas (2021) reported that,

> Stigma of mental illness within the Black community can present a substantial obstacle to seeking professional help. Community mental health providers may need to reach out to form alliances with Black churches to improve pastoral care and increase referrals to professional care. (p. 708)

Pastors and school counselors should collaborate to meet the needs of African American school children in the school and in the community (Clemons & Johnson, 2019). The reluctance of African Americans to seek help outside of the church comes from the lack of trust between the client and the counselor. Cultural barriers and the absence of African American professional therapists drive African Americans to the church verses community mental health facilities.

The African American church is the most influential institution in the Black community which indicates that the Black church can provide culturally appropriate mental health counseling to the African American community (Bolger & Prickett, 2021). To add to the rationale of Bolger and Prickett (2021), the Black church is equipped to address the stigma associated with mental health counseling and should help destigmatize traditional African American views that mental health issues should be swept under the rug or kept quiet. Historically, the church has been seen as a place of refuge and a resource for help with daily issues, emotional issues, and psychological issues (Dempsey et al., 2016). Armstrong (2016) examined congregational care and counseling with African Americans and noted that dissemination of information about counseling services and counseling ministries done via email, church bulletins, the church website, and bulletin boards were put in place to help reduce stigma

and encourage members to seek counseling. While distributing information throughout the church is helpful, other resources are also needed to help reduce stigma. Experiences of Black and White clergy from various denominations have noted that the need for collaboration between community counselors and pastors has increased, and partnerships between the community and the church are needed to help dispel mental health stigma (Campbell, 2021).

Brand's (Brand & Alston, 2017) tool for predicting readiness to engage African American churches in health (PREACH) determined that the resources needed to promote health services included financial support, personnel, supplies, equipment, health materials, and partnerships with community organizations. Justification for this study is indicated by the statements from the participants of Brand's study, who cited testimonies, use of gospel music, shared health and wellness information within the church and sermons, pastoral support, and events to promote health services are helpful methods to increase health awareness. Thereby proving that this study is needed to help Pentecostal pastors understand their congregation's needs and how the pastor and church can support the congregation's needs.

The problems and cultural competence that clergy face when providing mental health pastoral care to inner-city multiethnic communities in the UK reveal that secular psychiatrists are reluctant to partner with faith-based organizations (Leavey et al., 2017). "Faith-based organisations [*sic*] within the Black and minority ethnic communities may help enlighten mental health professionals about various cultural idioms of distress, often religiously framed, or assist mentally ill patients and their families to overcome stigma and to engage with treatment and care" (Leavey et al., 2017, p. 102). African Americans use of the mental health system lags behind other races. The licensed counselor and the pastoral counselor should seek to understand each other's roles and the help that they offer to individuals because the pastor is more likely to

understand the culture of the members within the church. This indicates that the role of pastoral counselor is seen as a “critical position with respect to mental and physical wellbeing of congregants” (Jackson, 2015, p. 93).

Stansbury et al. (2012) indicated that collaboration between the African American church, community, and social workers will help dispel stereotypes about African Americans, minimize the stigma associated with receiving help, increase knowledge about the social structures in the African American community, increase resource awareness, and educate the church and community about mental health. They also stated that,

> Research examining the collaboration between social workers and African American churches may offer unique contributions to our knowledge of cultural diversity partly because of the profession’s commitment ‘to assisting client systems to obtain needed resources’ and to demonstrating ‘respect for and acceptance of the unique characteristics of diverse populations.’ (p. 968)

This is important because it shows that collaboration between the pastor, church, and community is vital to servicing individuals in need. Also, having health treatment options within the church is effective in poverty-stricken communities where resources are limited (Iheanacho et al., 2021). Shared core values such as gentleness, caring, and kindness between professional counselors and clergy can serve as the foundation for mental health partnership between the pastor, church, and community (Dempsey et al., 2016). Indeed, “if clergy take an active role in addressing the issue of depression and establishing liaisons with mental health professionals the stigma associated with depression could be greatly reduced, and individuals might enter into treatment earlier thus improving their quality of life” (Anthony et al., 2015, p. 118).

The history of the roles of the African American pastor and themes of caregiving

(spiritual leader, spiritual guide, healer, counselor, social mentor, community organizer) that the pastor provides indicates that African American pastors understand the needs of the Black community. This heritage signifies that pastors can recognize the pain and hurt that African Americans experience and that "Modern black pastors often counsel from the pulpit because they well-understand the daily oppression and fears faced by their flock" (Arnold, 2012, p. 9). An African American pastor wears many hats in the role of pastor and should train other ministers and church members to assist with the duties of caregiving.

Pastors who develop a lived theology of "god with us" instead of an operating theology of "god with me" (Manning & Nelson, 2020) will show that they are willing to work with healthcare, government, and educational institutions in their community. Assuredly, "the truth is, to work for peace and justice in all the earth, as clergy are ordained to do, will take more than the people in our pews. It will take partnership with the expert leaders of our community" (Manning & Nelson, 2020, p. 80).

Pentecostal Pastoral Education and Training

Black clergy utilize the Bible to counsel individuals, although formal training for mental illness is often lacking among many Black clergy (Dempsey et al., 2016). African American pastors indicated that they need more training with issues that their congregation experiences, available resources in the community, and with making referrals (Brown & McCreary, 2014). Ministers fear unduly harming individuals due to their lack of knowledge about mental illness (Hankerson et al., 2013). However, "Black clergy feel more qualified than mental health counselors to aid congregants due to the perceived ignorance of spiritual issues on the counselors' parts. Black clergy also see poor relationships with God as a major cause of mental health, rather than the biomedical concept of the professional mental health field" (Clemons &

Johnson, 2019, p. 468). The current healing ministries within Pentecostal churches need to be evaluated and recognized that there is a difference between healing and curing while needing to find new ways to support individuals with disabilities (Woodall, 2016). Licensing, training, and legal issues surrounding pastoral counseling are major concerns for African American clergy (Stansbury et al., 2012).

Students from a theological seminary affiliated with churches that identify with the Mainline Protestant holiness Christian movement revealed that specialized training programs may be beneficial and that seminaries should offer at least one course on mental illness (Stull et al., 2020). Classes, training, and partnerships between pastors and community counselors will help address and reduce the stigma associated with mental health (Stull et al., 2020). Based on the study by Stull et al., the need for training for pastors upholds the indication of this study in that there is a need for Pentecostal pastors to be trained on mental health issues so that they can help reduce the stigma associated with mental illness.

Pentecostal clergy's role in mental health-care delivery in Ghana and the potential difficulties they face revealed that four barriers to helping those with mental illness were inadequate resources, skewed pastoral programs that strictly teach theology, harmful practices in churches towards the mentally ill, and suspicion about religious leaders (Asamoah et al., 2014). However, Asamoah et al. also indicated that faith growth, scriptural advisement, and Bible tutoring by pastors are used to educate individuals about mental health. The theology of Pentecostal groups is built on the belief in the Holy Spirit and biblical scripture. Pentecostal clergy in this study had a "theological belief that a malign supernatural presence is behind mental disorders" (p. 604). This theological belief further guides the need to understand how training can help Pentecostal pastors understand the medical rational of mental illness. The idea that

Black pastors do not desire training was dispelled by Payne (2013), who indicated that Black pastors expressed more desire for training than White pastors. Payne affirmed the importance of mental health training to be designed to educate all races, cultures, denominations, and socioeconomic backgrounds.

COGIC Call to Ministry

The call to ministry is a personal experience that occurs when a COGIC deacon or member expresses their desire to preach the gospel according to God's instruction. Once the call is shared with the pastor, "the pastor shall then counsel with him regarding his sincerity, soundness or authenticity of his calling and the requirements of the ministry" (Range & Young, 1991, p. 132). The pastor helps new ministers prepare for the qualification and licensure process. For at least one year prior to obtaining a license, the minister must faithfully attend church, pay tithes and offerings, have a sound understanding of God, render holy conversation, follow instruction of his pastor, and be able to show himself as a workman of God. Members are not allowed to preach or represent COGIC without a license (Range & Young, 1991). The ministerial titles within COGIC consists of apostles, prophets, evangelists, pastors, elders, bishops, deacons, deaconesses, and teachers in accordance with Ephesians 4:11-12, "And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers; For the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ" (*King James Bible*, 1769/2022).

COGIC Training

The Charles Harrison (C. H.) Mason Theological Seminary was established in 1968 to train ministers and ministry leaders. "From the beginning, holiness and Pentecostal leaders viewed education and learning as dimensions of a broader push to transform individuals and

society at large" (Coulter, 2016, p. 86). The C. H. Mason Theological Seminary is the only seminary accredited by the Association of Theological Schools (ATS) for African American Pentecostals. It is part of the consortium of five Christian African American denominations known as the Interdenominational Theological Center (ITC). The mission of the C. H. Mason Theological Seminary is to educate men and women, credential holders and non-credential holders, for ministry and other forms of service in the Church of God in Christ. Enrolled students receive instruction and training from current leaders and officials of the Church of God in Christ on major social, historical, theological, and ethical issues that affect the Christian community in general and the Church of God in Christ in particular (Church of God in Christ, 2012). "COGIC does not require theological education for minister" (Chism, 2016, p. 252), and the percentage of ordained clergy with graduate degrees is low compared to other large Black denominations. According to Chism, qualification to be a COGIC minister comes from being anointed by God rather than theological training.

Seminary Training

Seminary training for all denominations should teach principles that equip students to be effective leaders both inside and outside the church. Theologies beyond the curriculum should prepare church leaders for what happens in ministry along with ways to effectively serve in the ministry (Wong et al., 2019). Beyond seminary training, mentoring is important in the development of church leaders. According to Hall (2017), mentoring is essential, not optional. Hall's viewpoint agrees with the Pentecostal requirement of having the minister called into ministry follow the headship of his experienced pastor for at least one year prior to being ordained. "Along with the necessary skill set, there needs to be a regular plan of communication, feedback, accountability, and expectations" (Douglas, 2014, p. 89). Guided by the Holy Spirit

and love, mentoring includes praying, worshipping, guiding, teaching, and preparing the mentee for ministry.

Pentecostal and Faith Beliefs

The propensity to understand how Pentecostal pastors can incorporate mental health awareness in their sermons without altering Scripture or neglecting to present the Word as given to them by God is of importance to this study. Pentecostals believe in three types of healing, spiritual, inner, and discernment (Dein, 2020). Pentecostals rely on the Holy Spirit for physical and psychological healing. Healing techniques commonly involve prayer, ritual, and the reading of religious texts not formal mental health services. "Divine healing – as Pentecostals argue – is able to heal any illness whatsoever from a minor illness (e.g., a headache), to a mental problem (like depression), or to very serious physical disorder (e.g., cancer, AIDS, dementia). It is seen as being more efficacious than biomedical healing" (Dein, 2020, p. 661). The healing ritual for Pentecostals includes prayer, anointing a person with oil, and laying on hands (Cartledge, 2013). Believers rely heavily on their faith for healing. The Pentecostal community conveys that a person who has not fully recovered from an illness does not have enough faith to recover or is flawed in their beliefs (Fettke & Dusing, 2016). Lack of healing conveys lack of faith or the presence of sin in one's life. The Lelet Pentecostals, a rural community of Pentecostals in New Ireland Providence, believe that Pentecostal healing is the most effective form of therapy, providing healing for illnesses that biomedicine and other healing methods cannot provide (Eves, 2020).

Scripture indicates that it is not possible to help someone without action beyond words, indicating that faith without works is dead (James 2:26). Thus, Pentecostals must exhibit works along with faith to overcome adversity. Treatment for mental health may extend past faith; in

some cases it may require additional professional help. Regarding faith and works, a balance is needed regarding health issues (Kgatle, 2022a). Pentecostal clinicians recognize that *charismata,* which provides revelation from God about a person, discernment, which helps to discover the truth about a person, and establishing a relationship with the client during therapy are all important to helping an individual heal (Parker, 2014). The experience of the Holy Spirit by Pentecostal counselors during therapy provides the counselors with spiritual guidance and confirmation of the treatments needed for an individual (French, 2017).

Mercer (2013) stated that “In the Pentecostal view, mental illnesses, including autism, bipolar disorder, depression, reactive attachment disorder, and schizophrenia, all have their direct causes in the presence or ‘indwelling’ of demons who have entered the victim’s body” (p. 598). The deliverance process as described by Mercer (2013) may take many hours and includes prayer, pleading the blood of Jesus, and repentance of sins. Belief in this deliverance process by Pentecostals affects the way that mental health is treated within the church. Pentecostal deliverance beliefs also affect the way individuals seek help for mental illness.

Leavey et al. (2017) studied whether religiousness may influence help-seeking among Christian individuals and congregations and found that “If clergy endorse psychotherapy as a valid treatment for psychological disorders, it is more likely that the individual will feel supported in their intention to seek treatment, especially if the church itself has a mental health ministry” (p. 91). They found that intention and attitudes about seeking help for mental health issues are related to the frequency at which clergy spoke about mental health. African Americans are more likely to contact their pastors instead of mental health professionals and they tend to rely on their faith and God when they experience hardship (Anthony et al., 2015). Regarding mental illness, the implication is that faith takes precedence over science within the Pentecostal

church. Faith and science should be combined to help reduce the stigma of mental health. The theology of faith and hope is often incorporated in sermons as a “biblical foundation for liberation theology” (White, 2022, p. 150). The Pentecostal pastor will have to rely on the Holy Spirit to understand how to incorporate positive messages about mental health into sermons. Once positive messages are incorporated into sermons and teachings, one would expect the stigma of mental health to be reduced. However, gaps in the literature indicate that further research concerning Pentecostal faith beliefs toward mental illness is needed.

Gaps in the Literature

The research based on Pentecostal pastors reducing the stigma of mental health in African Americans in the United States is limited. There are studies that examine other denominations, but the Pentecostal faith has not been widely studied when it comes to reducing stigma in African Americans. Studies to examine how African American history has influenced current help-seeking behaviors is needed (Avent et al., 2015). The African American pastor’s view of his leadership role regarding how it affects the way mental illness is presented in the church requires more research based on the limited views available. The training needed for African American clergy to reduce the stigma of mental health requires more research to identify specific training gaps. There are incorrect beliefs and a gap in knowledge about the definition, types, and symptoms of mental illness indicating a need for psycho-education on mental health (Salifu Yendork et al., 2016). Additionally, there is a need for more research to understand better the Pentecostal faith’s beliefs about mental illness in African Americans and African American communities, which can provide interventions to reduce stigma. In addition to Pentecostal influence, further research is also needed to examine how effective pastoral care is once received (Brown & McCreary, 2014).

Summary

The reviewed literature examined areas that will help shape and answer research questions for the topic of how Pentecostal pastors may reduce the stigma of mental health in African Americans. The literature revealed that pastors play an important role in promoting positive attitudes about mental health issues, seeking counseling, and stigma. It was noted that mental health stigma among African Americans is a cultural belief passed down from generation to generation. Collaboration between the pastor, church, and community is needed to help reduce the stigma and to provide proper care to individuals with mental illness. Documented stories of lived experiences of mental health stigma indicate a need for continuous education of mental illness in the African American community. Education and training are needed to help reduce and eliminate the stigma. Financial support for individuals who lack insurance or live in poverty is a limitation for those who need counseling. The faith of Pentecostals also creates reluctance in individuals to seek professional help due to the belief that mental illness stems from an attack of the enemy on one's mind. Pentecostal pastors must seek ways to encourage and educate their congregations about mental health. There are gaps and limitations to current research thus, this study on Pentecostal pastors will contribute to the body of scientific research involving the Pentecostal faith and mental health.

Chapter Three: Methods

Overview

The purpose of this phenomenological study was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ churches in Northwest Georgia. Phenomenological research was utilized to capture the lived experiences of the participants. IRB approval was requested to conduct the study. The study included eight participants selected by the researcher. The study was conducted because pastors significantly influence their congregation, yet mental health stigma exists in the African American community (Bolger & Prickett, 2021). The methods section discusses the research design, questions, setting, participants, and procedures proposed for the study. In addition, a discussion of data collection, data analysis, trustworthiness, ethical concerns, and a summary will be presented.

Design

To explore how Pentecostal pastors can reduce the stigma of mental health in African Americans, a qualitative phenomenological methodology was proposed. “A phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon” (Creswell & Poth, 2018, p. 75). Phenomenology is philosophical and has four components: a return to the traditional tasks of philosophy, a philosophy without presuppositions, the intentionality of consciousness, and the refusal of the subject-object dichotomy (Creswell & Poth, 2018). Heppner et al. (2016) indicated that qualitative research consists of the following five phases: the researcher as a multicultural subject, theoretical (or interpretive) paradigms and perspectives, strategies of inquiry and interpretive paradigms, methods of data collection and analysis, and the art, practices, and politics of interpretation and evaluation. This study will follow hermeneutical phenomenology, “a form of phenomenology in

which research is oriented toward interpreting the texts of life and lived experiences" (Creswell & Poth, 2018, p. 314).

"Phenomenological research starts with the researcher who has a curiosity or passion that is turned into a research question" (Finlay, 2013, p. 175). The phenomenological researcher seeks to understand the lived situation and experiences of the phenomenon being studied without adding their own perspective. The aim of this phenomenological research is to describe how Pentecostal pastors can reduce the stigma associated with mental health in African Americans, based on the lived experiences of the participants.

Research Questions

Research Question One

How do the perceived beliefs of African American pastors affect how stigma and mental health illnesses are treated within the church?

Research Question Two

How do Pentecostal beliefs affect help-seeking behavior for mental illness?

Research Question Three

How do African American pastors' views of their leadership role affect or overshadow how mental illness is presented in the church?

Setting

The setting for this study was Northwest Georgia. The participants were given the option of meeting in person or via Zoom in their local church, on-line, or at a local Paulding County library for the interview. The options for site locations were provided to allow the participants to feel comfortable and to accommodate the participants concerns with the COVID-19 pandemic guidelines.

Participants

An interview may be conducted when dialog or interaction between two or more people occur. The interaction allows the researcher to engage with the participant with the aim of documenting and understanding the participants perspective. Creswell and Poth (2018) indicated that five to 25 participants who have experienced the phenomenon should be interviewed. This study was conducted with eight participants who held the position of pastor, minister, or evangelist and were of the Pentecostal faith. Purposive sampling was used to recruit specific participants who are known as Pentecostal clergy. The researcher contacted participants using email to request their participation in the study. The recruits were offered compensation of a $25 Visa gift card for participation and were asked to allow 60–90 minutes for the interview.

Procedures

To conduct this study, the approval of the Institutional Review Board (IRB) was sought to ensure the safety of the participants. Once IRB approval was granted, recruitment of participants began. Potential participants were contacted verbally and via email based on their race, faith denomination, and clergy position in the church. Flick (2018) indicated that "prior to beginning an interview, researchers explain to participants what the research is about, and gain their informed consent for participation in the research" (p. 239). Individuals who agreed to participate in the study were emailed consent forms. The consent form detailed the purpose of the study, the participation details, the benefits and risks associated with the study, the protection of personal information, compensation for participation, and the details of voluntary participation. Participants were asked to sign the consent forms to indicate their willingness to participate and grant permission to record interviews. Following consent agreement, interviews were scheduled to begin data collection.

Interview dates and times were scheduled via email. Interviews were scheduled to last 60 to 90 minutes; the researcher allowed for extended time as needed. This study included eight interviews with two African American Pentecostal pastors, three African American Pentecostal ministers, and three African American Pentecostal evangelists. Interview questions were semistructured to allow the participants to share their lived experiences of how stigma and mental illness is treated within the church. The researcher reassured the participants of confidentiality and encouraged the participants to openly share their experiences.

Interviews were recorded via Zoom when conducted on-line, by camera when conducted face-to-face, and by cell phone when computer technology was not available. Recordings were saved and stored securely, only the researcher had access to the recordings. The Zoom video recordings were converted to text transcripts using Microsoft Word. The video recordings and text transcripts were used for data interpretation and analyzation. The final transcript of the interviews was shared with the participant for validation and accuracy. The approved transcripts were analyzed to identify common and recurring themes for this study.

The Researcher's Role

This study used hermeneutic phenomenology, meaning the researcher's experiences were considered. The researcher is of the Pentecostal faith and currently serves on the ministerial staff of her local church as an evangelist. The researcher utilized bracketing to reduce assumptions about Pentecostal clergy, stigma, and how Pentecostals view mental health. The researcher offered three options for interview site locations and had no interest in the research site beyond making the participants comfortable during the interviews. The role of the researcher in this hermeneutic phenomenological study was to research how Pentecostal pastors can reduce the stigma of mental health in African Americans.

Data Collection

The web-based Zoom platform was utilized to reduce travel costs and to save time with data transcription during data collection (Creswell & Poth, 2018). Flick (2018) indicated that "data collection can include single or multiple methods" (p. 15) but "many researchers use interviews as a sole method of data generation" (p. 243). There are three types of interviews: structured, unstructured, and semistructured (Heppner et al., 2016). This study utilized semistructured interviews which allowed the participants to both answer interview questions and expound upon the answers. The questions asked during the interview were open-ended to avoid simple "yes" or "no" answers. Questions asked during the interview included gathering information about each pastor's background and experience. Participant demographic information including gender, age, level of education, years of service, and cultural background was collected. Church demographic information such as denomination, number of church members, and church location was also collected.

Interviews

The interviewees for this study were identified and selected based on their association with the COGIC as a pastor, minister, or evangelist. The interviewees were emailed an explanation of the study and a consent form to indicate their agreement to participate in the study. Seven interviews were conducted via Zoom with visual and audio recording, one interview was conducted and recorded via cell phone. The use of Zoom encouraged in-depth explanations based on visual and nonverbal cues between the researcher and interviewee (Roller & Lavrakas, 2015). Rapport is essential in the interview process as it forms trust and shows that the interviewer is empathic to the interviewee's experiences (Heppner et al., 2016). To establish rapport with the participant, prior to recording the interview the researcher introduced herself,

the dissertation topic, the purpose of the study, the significance of the study, and allowed the participant to engage in informal conversation by sharing the details of their day. Participants were informed that the interviews would remain confidential.

The 17 interview questions for this study were asked in a semistructured format. The semistructured interview format is a combination of structured and unstructured interview formats which allows a balance between the researcher taking a neutral stance and exploring the responses from the participants (Heppner et al., 2016). Semistructured interviews allowed adaptation of the interview questions for each participant as “new insights emerged throughout the course of the study” (Heppner et al., 2016, p. 374). “The most important goal of the research *at that moment in time* is to learn everything there is to know about the interviewee as it relates to the subject matter” (Roller & Lavrakas, 2015, p. 89). Flick (2018) stated that the hermeneutic interview is a dialogue of questions and responses between the researcher and participant. Thus, global questions were asked to capture the lived experiences of the participants concerning stigma and mental health (Heppner et al., 2016).

Standardized Open-Ended Semi-Structured Interview Questions

1. How did you become the pastor of your church?
2. How long have you been the pastor of your church?
3. How long have you been a COGIC member?
4. Describe your level of education and COGIC training.
5. What do you think the major challenges facing the COGIC are?
6. What personal experiences have you had with mental health?
7. What are your cultural and traditional beliefs about mental illness?
8. How does your faith in God affect the way you feel about mental health?

9. Explain how you would help a member that seeks help for mental illness.
10. What challenges do you face when treating individuals with mental health issues?
11. How do you overcome the challenges that you are faced with when treating individuals with mental health issues?
12. Describe how you perceive stigma in the African American community.
13. What has your experience been with stigma associated with mental health?
14. Explain how you can structure your sermons to promote mental health awareness.
15. What specific ways do you think your influence as a pastor affects your congregation's view of mental illness?
16. How do you think Pentecostal beliefs affect help-seeking behavior for mental illness?
17. What other information would you like to add about your experience with stigma and mental health as a pastor?

Questions one through four are background questions (Heppner et al., 2016), and are designed to gain insight about the participants length of time as a pastor, membership background, and level of education. The questions are not intended to be offensive but to enhance the rapport between the researcher and the participant. The responses will help the researcher understand the level of COGIC doctrine knowledge and experience of the participant.

Question five is an opinion question designed to discover how the participant feels about current issues within the COGIC. The response provided to question five will reveal concerns that are important to the participant. The role of the COGIC is to maintain social relevancy to serve people spiritually and naturally (Range & Young, 1991). Mental illness stigma is a help-seeking barrier for African Americans (Abdullah & Brown, 2020), participant responses to question five will indicate how relevant the church is to recognizing mental health needs.

Questions six through eight are specific grand tour questions designed to "probe into a very specific incident and require the participant to offer descriptive details about the specific incident and how they experienced the specific incident" (Bhattacharya, 2017, p. 132). These questions will allow the participant to explain experiences with stigma and mental health from a cultural, religious, and personal perspective. For African Americans, "cultural norms and family expectations foster silence and discretion when dealing with mental health conditions" (Adekson, 2021, p. 34). Stories and personal experiences with mental health struggles will help answer how perceived beliefs affect the way stigma and mental health is treated within the church. Participants may recall past experiences that ignite passionate and emotional responses while responding to question six. Mercer (2013) indicated that Pentecostals accept conventional medical treatment even though they previously rejected it. Question eight will give the participants an opportunity to share how faith affects their view of mental health. Responses to question eight are needed to answer how Pentecostal beliefs affect help seeking behavior for mental illness.

Questions nine through eleven are knowledge questions designed to capture the participants' experiences with helping others with mental issues. These questions will also capture the participants' feelings when faced with challenges counseling others with mental health issues. Religious leaders need to know how to differentiate between problems they can counsel and problems that require a referral (Anthony et al., 2015), thus the need for question nine to identify how the participant would help someone who needed mental health treatment. Likewise, question 10 is needed to determine training deficiencies. Wong et al. (2019) revealed that theological educators should rethink the way theological curriculum is presented to make it relevant to the needs of pastoral leaders. Thus, capturing the participants thoughts about

challenges they have faced when treating the mentally ill is important to understand training needs. Questions 12 and 13 are also knowledge questions intended to capture the essence of the participants experiences of stigma within the African American community and church.

Question 14 is a task related grand tour question (Bhattacharya, 2017) designed to capture the participants sermon formation about mental illness. African American church members are more likely to respond to a message that is delivered through the pastor (Harmon et al., 2018). Therefore, sermon formation requires the participant to reflect on how Jesus would teach and reach the afflicted. Scripture indicates, ″And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people" (*King James Bible*, 1769/2022, Matthew 4:23). The nature of this question is to capture the heart of the participant concerning the natural well-being of others.

Questions 15 and 16 are opinion questions designed to make the participant think about ways he or she can begin to address stigma and mental health through sermons. Harmon et al. (2018) indicated that pastors are "more focused on material gain and prestige rather than providing the people of the church and community with their time, love, and care" (p. 1514). Thus, the responses to question 15 will indicate whether the participants feel their leadership style influences their church members. Lefevor et al. (2021) stated that "clergy may act as a powerful validating force in the lives of their congregants by speaking openly about psychotherapy, empowering their congregations to seek treatment by removing perceived barriers about the conflict between psychotherapy and religion." (p. 104). Pentecostals believe that God heals the body (Parker, 2014) therefore, question 16 is significant to comprehend how the participants feel about the help-seeking behavior of Pentecostals for mental illness.

Question 17 is a follow-up question designed to allow the participant to share any additional information (Roberts, 2020) about previous questions, previous experiences, or future expectations concerning mental health and the stigma associated with mental illness. Additional notes taken by the researcher for follow-up questions after the interview were reviewed with the participant. The follow-up question brought the interview to a close and allowed the participant to unwind from the interview process (Roberts, 2020).

Data Analysis

The procedures of hermeneutic-phenomenological data analysis recommended by Van Manen (2016) were used for this study. According to Van Manen (2016), hermeneutic phenomenology is descriptive, interpretive, and incorporates thematic analysis which provides control and order in research. In addition, the systematic data analysis method of Huberman and Miles (1994) was also used because their steps are more detailed and thus ensured that the researcher was able to follow and execute (Creswell & Poth, 2018). The process used for data analysis in this study was hand coding. The first step of the data analysis was to organize the data using a spreadsheet. The collected data was analyzed and organized to "communicate the overall essence of the experience of the participants" (Creswell & Poth, 2018, p. 282). During the organization step, the transcripts were read several times for clarity and reemerging themes. Initial notes that were taken while the interview videos were watched were included in this step. Additionally, memos of the key recurrent words and statements were noted in the transcribed interviews and included in the spreadsheet. The spreadsheet included the interview question and the participant responses. Notes taken from the data to create memos or significant statements were easily referenced during the next step of creating themes.

Themes are generated from "sentences or quotes that provide an understanding of how

the participants experienced the phenomenon" (Creswell & Poth, 2018, p. 79). The significant statements related to the research questions were grouped into themes. According to Creswell and Poth (2018), creating themes removes the repetition of statements. Van Manen (2016) stated that there are three approaches to developing themes: "the wholistic or sententious approach, the selective or highlighting approach, and the detailed or line-by-line approach" (p. 92). This researcher followed the selective or highlighting approach. "In the selective reading approach we listen to or read a text several times and ask, *What statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?* These statements we then circle, underline, or highlight." (Van Manen, 2016, p. 93). Following the steps of Creswell and Poth (2018), the what and how of the participants' experiences were utilized to develop a textural (what happened) and structural (how it was experienced) description of the phenomenon of how Pentecostal pastors can help reduce the stigma associated with mental health in African Americans.

The final step of describing the what and how of the phenomenon includes written descriptions of each pastor's experiences. The written description "presents the "essence" of the phenomenon, called the essential, invariant structure (or essence)" (Creswell & Poth, 2018, p. 79). Thick descriptions of participant responses and quotes including excerpts from the interviews were provided in the written description of the pastor's experiences (Heppner et al., 2016). According to Van Manen (2016), hermeneutical phenomenological writing puts thoughts on paper, demonstrates the ability to see something, describes something, and retells a story. Careful interpretation of the data to present a captivating and condensed story was performed by the researcher.

Trustworthiness

Reliability, credibility, and trustworthiness were exemplified during this study. Evaluation of this study examined whether the phenomenon was articulated in a concise way, whether the phenomenology data analysis procedures were used, whether the experience of the pastors was communicated, and whether the researcher embedded reflexivity within the study (Creswell & Poth, 2018). Participants were allowed to review the written transcripts for accuracy and validity. To present a quality phenomenological study, the researcher aimed to provide the overall essence of the pastors' experiences using triangulation and providing rich, thick descriptions (Creswell & Poth, 2018).

Credibility

The researcher reported the findings of this study in the same manner that the participants have explained their reality without any additions or subtractions to their experiences. The researcher accurately reported what the participants shared.

Dependability

Audit trails were used to document the participants' experiences in a logical manner. The study was consistent with the location that was used for all participants. No special arrangements were given to any participants. The interview questions were the same for all participants. No questions were eliminated, modified, or added for individual participants.

Transferability

The researcher provided detailed descriptions and presented the findings in a thick manner that allowed the findings to be transferred to another context (Nowell et al., 2017).

Ethical Considerations

Participants were informed about any risks associated with participating in the study and were not coerced to participate (Heppner et al., 2016). Participants were informed about the nature of the study so that could decide whether to participate. Informed consent was obtained from the participants. Data collected from the interviews in the form of recorded video were protected and stored in password protected files. Transcribed interviews were stored in password protected documents. Maintaining confidentiality is standard in counseling research (Heppner et al., 2016) so the names of the participants were changed to protect the identity of the participants.

Summary

The research method for this study was the qualitative phenomenology method to examine Pentecostal pastors reducing the stigma of mental health in African Americans. The participation pool of eight participants was based on purposive sampling by the researcher. The data collection method included the utilization of the open-ended semi-structured interview method performed via Zoom and cell phone. The researcher sought to establish trust with all participants to ensure they were comfortable with sharing their experiences. To allow new themes and ideas, the researcher bracketed all preconceived ideas about Pentecostal pastors and how they can reduce the stigma associated with mental health. Following data collection, analysis of the data was performed to organize the pastors' experiences into themes. The research answered how the perceived beliefs of African American pastors affect how stigma and mental health illnesses are treated within the church, how Pentecostal beliefs affect help-seeking behavior for mental illness, and how African American pastors' views of their leadership role affect or overshadow how mental illness is presented in the church.

Chapter Four: Findings

Overview

The purpose of this hermeneutic phenomenological study was to explore how Pentecostal Pastors can reduce the stigma of mental health in African Americans. Phenomenological research was utilized to capture the lived experiences of the participants. The researcher utilized Zoom and phone interviews to record the lived experiences of the participants concerning mental health and faith beliefs. The results of the interviews were analyzed to answer the following research questions: How do the perceived beliefs of African American pastors affect how stigma and mental health illnesses are treated within the church?, How do Pentecostal beliefs affect help-seeking behavior for mental illness?, and How do African American pastors' views of their leadership role affect or overshadow how mental illness is presented in the church? This chapter includes a demographic overview, data collection methods, participant interview results, and a chapter summary.

Demographic Overview

The criteria for participation in this study included: age of 18 years or older, current position of pastor, minister, or evangelist, member of the Church of God in Christ, and identification with the Pentecostal faith. There were eight participants in this study with an overall average of 41.5 years of COGIC membership. Three of the participants indicated they were lifetime members of the COGIC. There were five male participants and three female participants. The age of the participants ranged from 46 to 73 years old. All participants were African American. The individuals were assigned pseudonyms to protect their identity. The education level of the participants ranged from high school to the doctoral level. One participant held a doctoral degree, one participant held a bachelor's degree, two participants held master's

degrees, two participants held associate degrees, one participant attended some college, and one participant held a high school diploma (see Table 1).

Table 1

Participant Demographics

Participant ID	Sex	Age	Years in COGIC	Education Level
Moses (P1)	M	53	28	Associate
Miriam (P2)	F	53	53	Masters
David (P3)	M	46	46	Masters
Mary (P4)	F	73	50	Doctorate
Joseph (P5)	M	57	31	Bachelor
Peter (P6)	M	72	17	High School
Paul (P7)	M	57	57	Associate
Martha (P8)	F	71	50	Some College

Participants

Purposeful sampling was utilized to recruit the participants. Emails were sent to 10 individuals outlining the details of the study and requesting their participation. Eight individuals responded indicating their interest in participation. A consent form was provided to each participant for their signature and to answer any questions regarding the study. During the interview, the participants provided their age, the number of years in ministry, the number of years as a COGIC member, and their education level. The participants were relaxed and eagerly answered the interview questions. True to COGIC preaching style, some portions of the interviews turned into mini sermonettes as the participants became excited about the information that they were sharing. The participants were informed that they could share additional

information via email or text if they needed to. Only one participant chose to follow-up with additional comments via a phone conversation. The audio recorded files were converted to text via Microsoft Word's dictate function. Formatting of the transcription was needed due to the misinterpretation of some words and punctuation by the dictation. The text was reviewed simultaneously with the video recordings to ensure the text translated correctly and to help develop themes from the interviews.

Moses (P1)

Moses is a 53-year-old male who has been a pastor for eight months. He has been in the COGIC since 1995. He has an associate degree in nursing. He served in the U.S. military and was employed with the Veterans Administration hospital as a traveling intermittent caretaker of veterans. Moses noted that "I worked in the place under the license of a doctor to treat, you know, to treat other veterans, 'cause they thought by me being a veteran, I'm able to treat other veterans better because we're able to communicate." His bishop and superintendent approached him with the opportunity to become the pastor of his church. Moses stated:

> I guess my bishop and my superintendent saw something in me. And so when the when the position came open and they came to me and asked me. They said 'hey, we have an opportunity for you to be a pastor.'

When asked how he felt about that situation, he went on to clarify that he told God that, "If you ever want me to pastor, you would just have to, you know, place me in the church because I never wanted it to be me. I always wanted it to be God." Since he is retired, Moses enjoys the retirement freedom and flexibility of being able to serve his members whenever they need him.

Miriam (P2)

Miriam is a 53-year-old female who received her evangelist license in 1992. She works in the healthcare field and is the founder of a ministry which she leads and manages. She attended the C. H. Mason Theological Seminary where she received her master of divinity. Her COGIC training was an intensive two-year program with the church that she attended at the time of training. She stated that:

> The interesting thing is where I trained that particular church was on the cutting edge of reformation. It was a radical COGIC church. It was a COGIC church well before its time. So that being said, that pastor had several ministries, and so you had to spend time transitioning through all those ministries before you were able to be licensed.

She plans to begin a doctoral program soon. Miriam has been in the COGIC all her life and indicated that she is a fifth-generation COGIC member.

David (P3)

David is a 46-year-old male who was licensed as a youth minister in 2003. David stated that "from a church perspective, we have been ministering or serving God in a capacity pretty much our entire lives." He stated that his training was not formal COGIC training, but he grew up in COGIC and has attended Sunday school, Young People's Willing Workers, and various other ministries under COGIC leadership. In addition to his ministerial training, he also holds a master's degree in business administration. David is a lifetime member of COGIC and indicated that he is a third-generation COGIC member.

Mary (P4)

Mary is a 73-year-old female, who serves as a district missionary, evangelist, instructor, and writer within the COGIC. She became an evangelist through her commitment to the local

church as a faithful, dedicated member and tithe payer. Mary stated:

> You have to be obedient. You have to be respectful for leadership. You have to be a tithe payer. And you have to be willing to be faithful to all of the engagements that the church set aside. They didn't allow us to have any excuses. So or if you would like your license, do you agree to administer to all of these? And I said yes. So at the age of 24 I received my evangelist license.

She has been a member of the COGIC for 50 years and indicated that she grew up in a Baptist church prior to becoming affiliated with the COGIC. In 2014 Mary received her doctorate in Christian education with a minor in Christian counseling. She is also certified through COGIC to teach online Bible courses. She noted that "It has been a long row of various things that I had to do to become where I am today."

Joseph (P5)

Joseph is 57 years old and serves as the pastor of his church. Joseph gave his life to Christ in 1992. He grew up in a Pure Holiness church which moved under the COGIC church when he was 10 years old. Joseph has been a pastor for 15 years but also served as co-pastor prior to becoming the pastor. He stated, "I actually grew up in the church, never expected to pastor, didn't want to preach none of it. It wasn't nowhere in my plan, actually ran from ministry, as they say, for several years." He taught classes and served in the church with no intentions of pastoring or preaching. His path to pastorship started with him in the roles of deacon, minister, elder, and co-pastor. His bishop groomed and trained him to become a pastor. He indicated:

> I was being trained and didn't realize I was being trained, you know, again just wanting to help and [he] was molding me for the ministry even prior to me even, you know recognizing it. I guess he felt that [I] was a perfect fit, I don't know what discussion he

had with God, but I wasn't in on that conversation.

Joseph stated that he has had several years of training within the Western Georgia COGIC jurisdiction and will obtain his bachelor's degree from a school of ministry in May 2023. Joseph is a fourth-generation COGIC member.

Peter (P6)

Peter is 72 years old and serves as an elder within the church. He has been in the COGIC for 10 years but has been in ministry for 17 years. Peter came into the ministry after being called by God. His faith journey began in the Baptist church, but he later converted to COGIC. He was ordained as an elder after attending the C. H. Mason Theological Seminary for two years. Peter's interview was recorded and conducted via phone.

Paul (P7)

Paul is 57 years old and serves as an elder within the church. He was appointed as an elder by the recommendation of his Pastor and Bishop. Paul attended the C. H. Mason Theological Seminary to obtain his certification and COGIC license. He has a high school diploma and some college education with only a few classes left to obtain a degree. His path of leadership within COGIC includes deacon, Sunday school teacher, minister, and elder. Paul has been in the COGIC for 57 years, a lifetime and third-generation member. Paul's father was a Pentecostal preacher and pastor, so he thoroughly knows, understands, and practices COGIC doctrine.

Martha (P8)

Martha is 71 years old and is a licensed evangelist within the church. She became an evangelist by the recommendation of her First Lady. She has had her license for five years. Martha started her career as a licensed nurse but later switched to a different profession. Her

COGIC training includes attending the C. H. Mason Theological Seminary for 18 months to obtain her evangelist license. Martha has been in the COGIC over 50 years.

Results

Theme Development

The purpose of this phenomenological study was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ churches in Northwest Georgia. Following transcription, similar participant replies were highlighted to identify repetitive sentiments and responses. Development of themes from the eight participant interviews occurred following an analysis of the participant responses. According to Creswell and Poth (2018), in phenomenology, "classifying codes into themes occurs by describing personal experiences through epoche and by describing the essence of the phenomenon" (p. 199). The process for theme development included developing a list of significant nonrepetitive statements from the interviews about mental health and grouping the statements into themes that were common among all the participants. From the analysis, five themes were identified: challenges facing the church, beliefs about mental illness and stigma in the church, help-seeking behavior of Pentecostals, leadership roles in the church, and collaboration between pastor, church, and community. From the themes, emerging subthemes were developed to describe the participants views and experiences. Table 2 presents the five prevalent themes and subthemes that were identified from the participant responses.

Table 2

Prevalent Themes from Research Participants' Responses

Theme	Subthemes

Challenges Facing the Church	Old traditions
	Growth (relevancy to today's challenges)
Beliefs about Mental Illness and Stigma in the Church	Personal Experiences
	Cultural and Traditional Beliefs
	Perception of Stigma
Help-seeking Behavior of Pentecostals	Faith in God
	Trust
	Patience
Leadership Roles in the Church	Training
	Message/Sermon formation
	Pastoral influence
Collaboration between pastor, church, and community	Partnership
	External Resources
	Holistic Ministry

Data collection was performed by one-on-one interviews. Each participant agreed to a recorded 60–90-minute interview via Zoom except for one who agreed to a recorded phone call due to lack of computer and Zoom access. The interview questions were designed to help the researcher gather information from the participants about their personal experiences of the phenomenon. The interviews were paced according to the interviewees' responses to keep the interview productive (Cypress, 2018). Table 3 below shows the research questions formulated for this study and the corresponding interview questions that were used to collect data from the participants.

Table 3

Research Questions and Corresponding Interview Questions

Research Question	Corresponding Interview Questions
How do the perceived beliefs of the African American pastor affect the way stigma and mental health illness is treated within the church?	What personal experiences have you had with mental health?
	What are your cultural and traditional beliefs about mental illness?
	Describe how you perceive stigma in the African American community.
	What has your experience been with stigma associated with mental health?
	Explain how you would help a member that seeks help for mental illness.
	What challenges do you face when treating individuals with mental health issues?
	How do you overcome the challenges that you are faced with when treating individuals with mental health issues?
How do Pentecostal beliefs affect help-seeking behavior for mental illness?	How does your faith in God affect the way you feel about mental health?
	How do you think Pentecostal beliefs affect help-seeking behavior for mental illness?
How do African American pastors' views of their leadership role affect or overshadow how mental illness is presented in the church?	Explain how you can structure your sermons to promote mental health awareness.
	What specific ways do you think your influence as a pastor affect your congregations view of mental illness?

Challenges Facing the Church

The challenges facing the church as described by the participants were divided into two

subthemes of old traditions and growth. According to Kgatle (2022b), “Pentecostals are distinct as they see salvation and the atonement of Christ as having the ability to solve the everyday problems that people encounter in their lives” (p. 3). COGIC faces various challenges in meeting the spiritual and physical needs of their congregation. Additionally, the church needs to find ways to diversify itself and allocate more attention to specific geographical areas and needs.

Old Traditions

When asked the question, *What do you think the major challenges facing the Church of God in Christ are?*, participants stated that old traditions hinder the progress of the church. The supporting statements below represent the participants’ views on old traditions as a challenge for the church:

- The major challenge first in the church right now, a lot of old wisdom. A lot of not giving people the freedom to think for themselves or to build their own relationship with God (Moses)
- Loyalty to the tradition and not being flexible to the present need and being relevant, maybe relevant in music, and that's fine, but not relevant when it comes to the main issues that affect the people who build the COGIC legacy. (Miriam)
- Two things I think one is how the women are being treated within the Church of God in Christ, and the second one is the dress code. We [women] are not allowed to be pastors. (Mary)
- We do the same thing over and over again with no real outcome. (Joseph)
- Stuck into the old ideology. (Peter)

- A lot of the stuff that's taught in the old way needs to be untaught because a lot of the problems that we have as Black people for sure, it's because a lot of that junk was taught to us. It wasn't right and it's not right and we need to be unlearned. (Paul)

Growth

Growth was the second subtheme that developed from the theme of challenges facing the church. One of the main challenges is the need to accommodate a younger generation and better adjust to their religious expectations. Younger generations are more likely to be born and raised outside of traditional religious settings and are not as engaged in the doctrine of the church in comparison to older adults. Thus, church leaders need to find ways to effectively reach out to young adults and operate within the parameters of their doctrine as church growth is essential to prevent the church from phasing out. Additionally, the church needs to find ways to diversify itself and allocate more attention to specific geographical areas and needs. Half of the participants indicated that church growth issues should be addressed. The following statements are representative of their beliefs:

- I think the major challenge we have is reaching the next generation. If you don't have new or younger members that are being infused into the congregation. of course, that entity will eventually die. (David)
- If we're going to do ministry it has to go further than you know titles and positions, recognizing certain individuals and you know, giving people positions for the sake of raising funds. (Joseph)
- People not understanding what Church of God in Christ stand for and represent. (Peter)
- Churches on Sunday is the most segregated time of the week. I often always wonder why we all can't go and be in the same church and you know, we [are] worshipping the same

God. (Martha)

Beliefs about Mental Illness and Stigma in the Church

The theme of beliefs about mental illness and stigma in the church developed from interview questions six, seven, 12, and 13. The questions concern beliefs and experiences with mental illness and stigma. There were three subthemes that emerged from this theme: personal experiences, cultural and traditional beliefs, and perception of stigma.

Personal Experiences

Participants were asked to share their personal experiences with mental health. The question specifically asked, *What personal experiences have you had with mental health?* Every participant indicated experiences with mental health. Some of the participants shared both personal and professional experiences. Moses indicated that not only does he mentor others with mental health issues, but he also deals with his personal struggles with mental health and has PTSD. He shared his experience by stating,

> Oh God, working with the [place of employment] with veterans, I'm seeing a lot of mental health and I deal with mental health myself because I'm a veteran. I'm a veteran of war time and so I've seen a lot of stuff and I heard a lot of stuff, so I deal with mental health issues, uh mental health issues even from my childhood. I deal with issues with that, you know, as they say, I suffer from PTSD, so I deal with mental health within me. And so, when I found out that dealing with me, there's different avenues that I have to go through because I'm so different from everybody else. You know, we can't treat everybody mental health the same. Everybody is a different individual and so with me I have to deal with myself differently, and I know what I need. You know, prayer is good, prayer helps me but sometimes you know, I'm not able to pray cause I'm in such a

depressed state that I need to go find outside help. So uh sometimes I might call a friend of mine that's a pastor or an elder or a missionary, [or] evangelist in the church and I have them to pray for me. I begin to see the thing is with mental health, we have to find somebody who you can trust, that you can speak certain things to because you can't tell everybody what's going on in your mind right now. You know, you really can't tell everybody that 'cause one morning you might wake up and say you know what, I don't feel like living today. Then you know people that don't understand that part will go, oh you know we're Christians and we can't feel like that, it is a trick of the enemy and all that stuff. True enough, it's a trick of the enemy, but that's the stage that you are in today because of some things that you're dealing with in life. So what we have to do as a pastor and people with mental health is that dealing with veterans, they come in every day to the VA and had to deal with different thoughts. Some of them I had to talk down from suicide. Some of them [I] had to talk down from attacking the police. Some of them [I] had to talk down because they were so excited and [I] had to treat everybody different. Everybody's not the same and see, that's the thing that they try and label everybody with mental health issues the same and we can't treat them the same. Everybody is different because we don't know what that person is dealing with until we talk to them. And the thing is, when we talk to people with mental health, we have to listen. That's the biggest part is listening. We have to totally listen and let them finish their story. Then, once they finish their story, say okay, what would you like to do to help your mental health?

Moses went on to state that working in the VA he noticed that the doctors treated everyone with the same medication and treatment plan. He further shared,

When I first started doing mental health because I worked in the mental health field it

> was that the doctor tried to treat everybody the same, giving them the same medication. Give them the same treatment plan and then I said that's not working and me and one of my doctor, we became good friends. After that, he said, "I'm glad you told me that because this is what the VA gave me. They gave me this book, and this is what we go through, but we can't treat everybody the same."

The experiences of Miriam were like Moses' as she also worked with mentally challenged individuals. She indicated:

> As an administrator for an outpatient mental health agency I saw dynamics, various dynamics. I've also been in the hospital working as the case manager, people were 10-13 and seeing those processes and what it took to get them where they needed to go and some barriers that people actually face to get the help that they need. [In the case of a schizophrenic patient hearing voices and crying out for help.] Do you proceed with case management or do you stop and pray because [there are] two things going on? So I pray first as I stopped and broke barriers tradition and said, let's pray and then when she was able to settle her spirit, then, now this is what we're going to do.

David relayed his experiences with the following statement:

> I think we've all in many cases, you know, just because of the dynamics of life have dealt with periods of depression with periods of, you know, not necessarily feeling your best or not feeling worthy of, you know, whatever it may be. So I've had those individual struggles, you know, as recently as you know, maybe a little bit preceding the pandemic. I believe the pandemic affected a lot of people being separated from the ones that you love, not being able to gather and be able to spend time with those individuals. I know I personally dealt with some low level, you know, depression type things, but from a

ministerial standpoint, I've dealt with many different people with varying levels of various levels of both depression, you know, low self-esteem, different types of things and depending on the situation. Sometimes that person only felt comfortable talking to a minister. They did not necessarily feel comfortable going to a mental health professional. Sometimes it was monetarily driven, other times it was just from a stigma that sometimes exists within the church. So I would say I've experienced it kind of on both sides.

Other shared personal experiences from the participants are included in the following statements:

- My brother, I think when we was about four years old, my older brother had problem and we never understood mental health until I actually moved to [another state]. We had to care for him, he never was able to get a job on his own or to drive or do anything like that. And I really realized that he had a mental health issue once we got up of age to understand that he had a speech impediment. And I also want to add that we have dealt with two people in our local congregation with mental health. (Mary)
- I worked at a mental health facility years ago. As a well, actually three different areas, one with adults who were trying to get back into society, that was actually my first time. I was actually almost like a counselor, although I have no counseling degree. I worked at a group home for children of course, who have been traumatized as a houseparent. (Joseph)
- "I've had experiences through nephews, grandchildren, brothers, and I have a cousin that is the same way, he just does not function you have to guide him through everything he does" (Peter).
- I know that I probably need plenty of counseling, seeing the things that I'm not going to get into that has transpired over a course of time in my life. Counseling would definitely be in order. (Paul)

- I’ve had some very close personal experiences with mental health and it’s a real, so surreal, problem and you know, a lot of families have it in their families and having encountered that, but I've encountered it firsthand. (Martha)

Cultural and Traditional Beliefs

The subtheme of cultural and traditional beliefs formed based on the responses from the interview question: *What are your cultural and traditional beliefs about mental illness?* The participants beliefs about mental illness and stigma in the church based on their cultural and traditional beliefs followed the tenet that African Americans were not educated about mental health issues while growing up but learned more about mental health as they became adults. Moses indicated that while growing up in a Black neighborhood, mental health issues did not exist because the pride of Black males diminished the reality of any mental issues. He also stated that he grew up with the belief that Black men should not cry and should just deal with any problems that they had without seeking help. He further noted that, “We never recognized the truth about mental health issues in the family, how it can be passed on from generation to generation to generation, and so growing up we saw it all the time, but we didn’t recognize it as [a] mental health issue.”

Miriam indicated that her older siblings learned about mental health in college. Therefore she was “reshaped” and learned about mental health before she learned about the cultural stigma that African Americans can carry about mental health. Her belief is that:

> There are some organic instances where the person does have a chemical imbalance, there’s something that’s organic and it needs to be addressed as such and then I think that there are things that are spiritual matters, and they need that inner healing. So, my belief is that while there are some organic issues that do require additional intervention, there

are also spiritual matters that need to be dealt with, but I think for every spiritual matter that's dealt with, there has to be some professional follow up.

David's beliefs also indicated that he did not know much about mental health and that people labeled those with mental health issues as crazy. David stated,

> Growing up, it wasn't something that was widely talked about. We were somewhat shielded or naive and did not recognize what mental illness looked like, and in many terms in many times it was just termed as you know, either that person's crazy or they're a little off. But you know, we really never delved into the depths of why. From a youth, I don't believe that we were really exposed to that. I think it was more something that was either just hidden or looked over. So culturally, you know, as an African American community, well, it's a challenge. It's a something that we just never really say.

Joseph indicated that he could not recall growing up with any cultural beliefs but that all religions seemed to deem mental illness as demonic. He stated,

> I'm not the one that's going to say it's of the devil. I'm not going to put that stigma on people and I think, and I'm not sure, I think that's what the earlier generations did because they didn't know any better. They didn't have an answer for it and if you don't have an answer for it, you label it demonic. It's basically ignorance, and ignorance is not necessarily a bad term.

Peter stated, "Culturally, it (mental health stigma) does exist. It's around and a lot more prevalent." Consequently, Paul began by saying, "My cultural belief is, most people just don't believe in it (mental illness)." Paul further described that it is hard to get Black men to "understand the benefits of counseling" because they brush off mental challenges indicating that they "can take some more of this and that's the culture of the Black, the male society." Martha

recalls having a phobia about mental illness when she was growing up because the adults would call individuals crazy and tell her to avoid them (the mentally ill). She stated, "As I got older and had some medical training and had some firsthand dealing with mental illness, you know, it's something that triggers it. It's either there's some genetics there, family history, or I believe a lot of it, is medically [related]."

Perception of Stigma

The third subtheme of perception of stigma developed after participants were asked to describe their perceptions of stigma in the African American community and their experience with the stigma associated with mental health. Moses stated that with stigma, "We have to get over the situation [feeling] that we can't get help." He followed by saying that "everybody [is] not trying to take advantage of us, everybody [is] not telling our business. everybody [is] not out to hurt us so we have to get over that stigma in our mind."

Other participants responses that were relevant to identifying perception of stigma as an indicator for the beliefs about stigma and mental illness in the church were:

- I think there is an overall recognition that we do have challenges in that area, but I think as you start looking, you just start looking around your neighborhood at, you know at your friends and your cousins or whatever and you can see that some of the actions that are being taken are actions that are being taken out of hurt, some of the drinking, some of the smoking, and some of the different types of things are just different ways of trying to self-medicate and cover up [the] past. But again, those are all those stigmas of, you know, I'm a man or I'm independent. I don't need anybody to assist me with anything. So instead of being vulnerable and accepting the help that is available, we'd rather, you know, suffer in silence to give that perception of being perfect. (David)

- We have been taught you have pride, don't let nobody call you crazy. They'll say, "If you tell your business, they're [going to] always look at you in a different way," so therefore we begin to hold everything in. We don't want nobody to know that we have a problem, we can't talk about it, we can't expose ourselves. We have so much pride and we don't want anybody calling us crazy. We don't want anybody looking at us different or looking at belittling us. So therefore we keep it all in. And we're taught that. (Mary)
- I have never looked at it as just an African American issue, because I have close connection with other people but again, I think it goes back to us as Black people, especially leadership back in the old 60s, 70s, well, 50s, 60s, the people that were more respected were the doctors, the lawyers, and the preachers. That meant something, that title means something to them. The position meant something, that was a level of respect and so to reach that level of respect and then say you don't know something, that's part of that stigma right there. I think again, I think it goes back to ignorance and pride, not wanting to say you don't know. Tell you truth, that's the person that's dealing with mental issues themselves, they don't know. (Joseph)
- One of the stigmas is that the African American community looks at a certain action to be portrayed all the time by a certain race and it is bred and given to people understanding that this is the way things are, that's the way things are going to be. The stigma is that they may have shame in certain family members, shame in lifestyles, shame in the color of skin. (Peter)
- I think a lot of times people [are] looked down on. The stigma that even adults, like you know, a lot of times you don't want to tell certain people certain things that's going on with you because you don't want it to be, to get out and a lot of times you hold things in.

(Martha)

Help-Seeking Behavior of Pentecostals

The theme of help-seeking behavior of Pentecostals developed following the analysis of interview questions Nine, 10, and 11:

> *Question Nine*: Explain how you would help a member that seeks help for mental illness.
>
> *Question 10*: What challenges do you face when treating individuals with mental health issues?
>
> *Question 11*: How do you overcome the challenges that you are faced with when treating individuals with mental health issues?

The participants' explanation of how they would treat, challenges when treating, and overcoming challenges of treating individuals with mental health issues led to the development of this theme. From the theme development, three subthemes were prevalent, faith in God, trust, and patience.

Faith in God

Pentecostals believe that having faith in God is essential to being healed of any sickness or illness. In this study, the participants were asked to share how their faith in God affects the way they feel about mental health. Peter indicated that his faith has increased his affection toward those with mental illness. He stated,

> Lately [in] the last few years, more affectionate than it was in the past because of our situations in life. [I ask], "How would I like to be treated?" The Bible tells you to do unto others as you would have them do unto you. And when I looked at that and break that down it, it changes from what you felt from, I don't want nobody to treat me like that, like I'm a disease, right and so that that helps on the perception.

The other participant responses relevant to identifying faith in God as a subtheme for the help-

seeking behavior of Pentecostals are as follows:

- My faith in God allows me to see that, you know, we've all been created in his image but all because, you know, we've been created in his image, we've also been living on this Earth and so therefore we're affected by the things that are within this, within this earth and some of those, some of the feelings that we have, some of the situations that we have will cause us to experience mental anguish and it manifests itself in many different ways. We can still be saved. We can still love God, and we can also have, you know, mental challenges as well. (David)
- I think my faith in God really equips me to work with mental health, because I believe all things are possible and I believe that God can do anything but fail. I can I believe God can heal this person, so by having faith in God, it has equipped me and to help me to get myself prepared is to help those that are having different problems. (Mary)
- They [the mentally ill] need to go [to institutions] and sometimes we don't want to put them away, but it's not like we are throwing them away. But sometimes those are qualified can do more than we can do. I can only pray I can only well, administer, the medication that they give me, and I can sit there and listen to you. I can tie you down. I can hold you down. I can do this until the police come get you. I think we should be willing to put them in a place where they can get some help. And it's not no matter what nobody say, it's not going to hurt us to put them away so they can get some professional help and pray to God that when they get that help and when they come out, that we can see the difference in their lives. (Mary)
- My faith in God is going to be strong regardless. It [mental illness] is a disease, and so my faith is strengthened because I know God is able to accomplish whatever needs to be

accomplished. (Joseph)

- I don't think it [mental health] affects it [faith] at all. [Proverbs] teaches you to apply heavenly wisdom with earthly wisdom so that you don't have a struggle, you have to have a balance. (Paul)
- You know your faith in God it goes a long ways helping you to deal with it [mental health issues] knowing that I can pray and hopefully get some deliverance from this issue. (Martha)

Trust

The second subtheme from the data analysis was trust. The participants indicated that when counseling individuals with mental health issues, trust is important when establishing a relationship with them. They indicated that the fear that most individuals have about seeking counseling is that their information will not be kept confidential. Miriam's experiences indicated that there are some things that she would never share with some church members because her past experiences were not held in confidentiality. She also indicated that the church must understand the liability of not keeping information confidential. She stated,

> People get hurt and they can spiral down. The liabilities that you carry, somebody go and commit suicide, somebody go and OD because they thought, you know [it was all in confidence], there is some liability. And so with that, confidentiality is so important to insulate yourself from liability.

She went on to elaborate that as a professional, she would find her support externally. She stressed,

> We can't be leaders in the church and we ourselves can't even find what we need [and further indicated that] people are deflecting to other places, and some are good, and some

are not because we're (the church) not in our rightful place to take care of their needs.

Additional responses relevant to identifying trust as a component of help-seeking behavior of Pentecostals are as follows:

- When it comes to people outside of our own race, we really don't trust them. Working at [my place of employment] you find out that a lot of Black military personnel won't come and get help because they're afraid that, you know, they can't trust anyone. They can't trust the White doctors. They can't trust the White nurses, you know, and they really can't trust a lot of Black folks, they said because Black people are, you know, on the White man side. They won't come in and get help. So I dealt with a lot of veterans on that level, that they don't trust anybody" (Moses).
- "The thing is, with mental health, we have to find somebody who you can trust that you can speak certain things to because you can't tell everybody what's going on in your mind right now. (Moses)
- You have to use your influence to garner that trust, and you can't garner that trust without legitimizing where they are. (Miriam)
- I mean people by nature I think people are guarded and especially if they have a history of either betrayal within their home or betrayal of trust outside of their home by somebody who was in that type of position before then, you're definitely going to have an issue getting them to open up and ever put themselves in a vulnerable state. Again, so you know, once you kind of close that door to being it being able to be helped by a certain type of person then of course that's going to limit your ability to be in some cases, counseled or pointed in the right direction or even receive any type of correction from a person. So again, just that the betrayal of trust and even the lack of confidentiality plays a

huge portion. The other thing that I see and when I was talking to an individual, what I told him was you need to be around, you know, some other men or some other people that you can talk to. Which sometimes means you gotta leave where you are and go somewhere else. So, a lot of times our churches are often community and it's the people that you live around and it's your cousins, it's your aunts, it's your uncles and whatnot and so because you don't want to share those vulnerabilities or those challenges with those people, instead of talking to somebody, you just hold it on the inside. From the followship side or the just parishioner side there has to be that level of trust and in many cases that trust has to be earned or re-earned because once it's lost, then it's really difficult for somebody to come back and put them into place, put themselves in a place to be heard again. (David)

- They [mentally ill] don't trust people to pour out into them and that's one thing that is hindering a lot of it today because they don't have confidence in people, they don't have trust in people. So in dealing with that, I try to be a person that they can have confidence in me, they can have trust in me. (Mary)
- Trust is the number one thing. I think trust as far as many mental ill, I think this is, I don't know if it's true, but I think trust is even on a higher level than God with the mentally ill because they don't know actually who God is. You need to learn how to build trust and then teach them about God. (Peter)
- Let a person know that you genuinely love them, and you have their best interest at heart. I think you could win them over. (Martha)

In conjunction with trust, listening was also noted as an important factor in increasing the help-seeking behavior of those with mental illness. As James 1:19 advises everyone to be quick to

hear (listen much), slow to speak, and slow to anger, Paul and Martha alluded that you cannot gain trust if you do not first listen to the individual. Paul stated,

> If you're not listening, you can't help them so the first thing you have to do is be willing to listen and not just hear them, but you need to listen to them. You need to understand you don't have to relate to them because you might not be able to relate because you might not have been in that position ever in your life, but you have to listen. I will say this, the Bible says this, and I firmly believe it, If you start talking, God will give you what to say but you have to listen. You can't talk to them and just start talking before you hear. So, you have to be willing to listen so that you can understand what they're saying 'cause [if] you talk to fast then you started telling them something that might not even be remotely related, relating to what their issue is. Listening is the first dynamic I believe. When it comes down to helping anybody in a mental health crisis, not just at church.

Martha began by saying that she would pray for individuals that seek help for mental illness. She went on to say,

> I listen to them a lot of time. You can help just by listening. I would be very attentive to them, but I would also seek professional help. Uh, you know, a lot of time we don't want to have that stigma on us [of] you know, I need some help. I would seek some professional help because it's something that, I mean prayer, I believe in prayer and I know prayer work but I also believe that, OK, we pray for this sister or brother, whatever. Uh, let's go a little bit further and get some professional help. That's gonna help us with this issue and I don't think there's anything wrong with that.

Mary indicated that patience and listening are important when treating individuals with mental illness. She stated,

> Having patience and listening and then sometimes we get so impatient and say okay, that's not going to work. That's not going to work and then we want to throw up our hands, but we don't. But I think having patience is one of the main things that we should look at and. having that listening ear. Those are two things that I think are the challenges that we have, when we are trying to help individuals who are going through with the problem. I think another one is we get overwhelmed when they do not let us help them, we get a little overwhelmed with that and sometimes we feel like, okay, I'm not getting anywhere. What do I do? So I think those are the challenges, patience and listening and not getting overwhelmed with the situation.

Establishing trust and listening were two methods of reaching the mentally ill that developed as themes, but individual pride was noted as a barrier when treating individuals for mental illness. Moses indicated that in his work with the mentally ill, it is sometimes hard to treat them or establish trust due to the individual's pride. He stated,

> Pride and their ability that they want to talk about it, or they want to talk about the route they wanna [take], they want to beat around the bush. Again, that same thing of, "you know, I have an issue, but I really don't have [an issue]." Okay, what's the issue? "Well, I can't talk about the issue," and [so], how you expect me to help you if you don't tell me the root of it, you know or you come in, then you lie?

Patience

The subtheme of patience developed from the participants responses about how to treat and overcome challenges while helping individuals with mental illness. The Bible instructs servants to be patient in 2 Timothy 2:24–25 (*King James Bible*, 1769/2022) "And the servant of the Lord must not strive; but be gentle unto all men, apt to teach, patient, in meekness instructing

those that oppose themselves." In the same vein, Peter stated "if you really want to learn how to love you gotta learn to have patience" with the mentally ill. He also indicated that pastors need to take time to explain their sermons so that the mentally ill can relate to the sermons. He stated, "I think that some pastors are lacking the patience to do that because it's not exciting enough."

Mary also indicated that patience is required when working with the mentally ill, but her experience explains what to do when a person doesn't want to receive help. She stated,

> If I believe that God can heal you, but that person may say, "Well, I don't think so, I'm crazy and I know I'm crazy." Well, that's the time that we're gonna have to be patient. That's one of the main things, we're going to have to listen because sometimes they be telling us what they want and we refuse to listen to what they're saying. We don't have the patience to deal with it and that's why we jump to conclusion to say, "Okay, man, you crazy."

Patience is a characteristic that all professionals should exhibit when dealing with individuals with mental illness. Joseph indicated,

> Oftentimes I would see, you know, nurses be a lot less patient with people with mental illness than they would with somebody else, and police officers as well. It's sad to hear stories of, you know, a person with mental illness being killed by a police officer because they had mental illness.

The help-seeking behavior of Pentecostals can also be explained by examining the way COGIC leadership overcomes the challenges of treating individuals with mental illness. Prayer is the first response, as Pentecostals stand on the foundation of prayer for deliverance and healing. Moses indicated that there are three things that he would do to overcome challenges while treating: "Number one, as the pastor, I have to be transparent with myself with my own mental

health issues. Number two, I have to be trustworthy, and you know number three, I have to be there for the individual when they're going through a crisis." Miriam indicated that the church needed to create more resources to overcome the challenges. Her response was,

> Create resources. All these churches need to get nonprofit backing. You need nonprofit more than to buy extra printer, people got to get back to ministry outreach. You know, not just the box of food, but back in the day where the basements were, some shelter beds or where there were some soup kitchens or where people could come in and they had a couple of counselors that showed up a couple of times a week and did some therapy with people. And the church has to go back to truly minister into the whole man, we're not gonna make it if we don't. Partnering with those external constituencies, the community constituencies to achieve a certain goal. And I think the churches have to we have to get back to this, that the church exists for the community.

David stated that if a person admits to having a problem there would not be any challenges when getting them the assistance they need. However, he stated that if there were challenges, they could be overcome.

> One, you have to encourage leadership to be integral, you have to have integrity. You know, of course, being a minister or being a pastor is than just knowing the Bible it is really living the Bible, understanding it and love people and caring for you know, not only their spirit but their soul, so their mind, their will, their emotions, all those different types of things you have to care for on that and then caring for them. That's when your integrity kicks in to where the things that they talk to you about, you understand that you have to keep it in confidence. So that's the things that I think need to be in place you know that's on the [leadership] side.

Mary indicated the way to overcome the challenge of treating those with mental health illness is to gain more knowledge about mental health. She stated,

> The way we overcome [challenges], definitely we do not leave prayer out. We think we gonna have to pray and ask God to give us wisdom, knowledge, and understanding. And that's I think one of the main ways that we are going to overcome that challenge and then I think going out, doing research and finding out more knowledge about mental health will help us to overcome that challenge because a lot of us, we are in the dark, we don't even understand it. We don't know why it's happening now. What is the problem? If we just had some information, if we will go out and read, study, do some research, at least it would give us how to deal with mental patients.

Joseph stated that there can be many challenges when working with the mentally ill, but it is important to not make the individuals feel guilty or isolated. He stated that one challenge is "to let somebody know or convince the person that what they're dealing with is not their fault." He elaborated,

> To be really honest, you almost feel like you're out there on the island by yourself because they're [the mentally ill] looking to you for answers, and they're looking for God to do certain things and if God hasn't done it, especially somebody that's fairly new in the ministry, they're looking for these answers, and they're not coming. Trying to get them to understand the sovereignty of God even though they're dealing with this mental illness has been a problem. I'm the type of pastor I will tell you, of course, pray believe God, fast but if you need some medicine, you take your medicine.

Peter had a different view of how to overcome challenges with treating the mentally ill. He felt that giving the individual an assignment to complete and rewarding them for completing

it is a way to overcome challenges. Peter indicated that "open communication and maybe give an assignment. Having rewards given for successfully completing their assignment to a point, [but] not always. I think they need to learn that you don't always get rewarded for something that you are or need to do." He felt that reasoning with the mentally ill through a reward system is a good way to help with the challenge of treating them. However, Paul stated, "make sure that you focus on them and let them know that you're focused on them and their responses." Martha replied that getting the individuals the help that they need by referring them out is a way to overcome any challenges that arise while treating mental illness.

Leadership Roles

The theme of leadership roles emerged as the participants provided their experiences of influence within the church. There were three subthemes that emerged: training, sermon presentation, and pastoral influence. The following subthemes show the responses from the participants that support leadership roles as a theme.

Training

The C. H. Mason Theological Seminary provides certificates and associate-level degrees in theology and ministry to equip individuals within their roles as pastor, elder, minister, deacon, evangelist, missionary, or lay member within COGIC. According to the Seminary,

> The C. H. Mason Theological Seminary, on the one hand, provides opportunity for students to study with faculty, who have PhDs and published books, articles, commentaries, and other professional and scholarly literature on the Bible, Hermeneutics, Theology, Ethics, Church History, Missions, Church Administration, Pastoral Care and Counseling, and other subjects in Religious studies. The C. H. Mason Theological Seminary, on the other hand provides opportunity for students to interact and receive

> instruction and training from current leaders and officials of the Church of God in Christ on major social, historical, theological, and ethical issues that affect the Christian community in general and the Church of God in Christ in particular.

Participants were asked to share their level of formal training to understand how their leadership style and thought processes might affect the way mental illness is presented in the church. Moses indicated that he has an associate degree in nursing and attended the C. H. Mason Theological Seminary for two years. However, Miriam had a more extensive training process through her local church in addition to attending seminary. She stated,

> I have two masters and I am starting a doctoral program. I went to the COGIC seminary and C. H. Mason Seminary for my master's in divinity. The training we received at the church, I actually started probably about 1990 and then I was licensed April of 1992 because it took two years to go through their training process. So we had a monthly class with the school of the prophets, you had to attend that and then you had to have the personality assessment and your, it's not really a personality test, it was to find out which area of ministry you were strongest in and then you were kind of put with the mentor. I still have that mentor to this day because I screened high for missions and that's what I've been doing. I have that same mentor 30 years later, the same person in my life. Every captain of each ministry had to sign off on your rotation through each ministry. You could not be licensed if you did not rotate through each ministry because his [the pastor's] thought process is that if you're going to be a leader, you should be able to be functional in every aspect. So that being said, there was really a curriculum and there was an administrative team of leaders that handled your process.

David shared that he does not have any theological training with COGIC, but he attended a series

of classes to become a licensed minister under a different religious organization. He acknowledged that the call to be a minister was on his life prior to being licensed. Mary gleefully shared her training and educational experience as she talked about her degrees. She stated,

> Now my level of COGIC training is a very long one. I was trained to be a licensed missionary, I am an instructor for the Jurisdictional Institute of the Church of God in Christ, and I am a writer for the National Sunday School Department.

Joseph indicated that his Bishop and mentor promoted higher education thus he too attended the C. H. Mason Theological Seminary and has an extensive amount of training including earning his bachelor's degree. Peter shared that his training with C. H. Mason was "roughly two years," which is the amount of time required for licensure. Paul stated that his training was also through the C. H. Mason Theological Seminary, and he also added that he has served in many capacities within COGIC. Last, Martha shared that she too attended the C. H. Mason Theological Seminary and became a licensed evangelist within COGIC. She stated that she has taken many Bible courses to increase her knowledge over the past years but,

> In Church of God in Christ we went through the Old and the New Testament, and we did some history, we studied some about the backgrounds of some of the founders, and you know how the Church of God in Christ got started, and a lot of different things that was really interesting. The program took about 12 to 18 months [to complete].

As Martha stated, the training through the C. H. Mason Theological Seminary included many classes to ensure the students gained extensive knowledge that could be used to help develop the whole man within the COGIC. Knowing and understanding COGIC doctrine as taught by COGIC instructors may greatly influence how mental health is presented in the church.

Sermon Presentation

Pastors take pride in the way that they present their sermons to the congregation. When questioned about sermon presentation, the responses varied from some who would use individuals in the Bible as examples to some who would rather have an outside source come into the church to present material. Their body language signified a comfortableness with relaying the message of God to help the members of the congregation. The responses relevant to identifying sermon presentation as an indicator for leadership roles are as follows:

- Well, you know, if you go back and you read the Bible, David had mental health issues. David dealt with depression so you can pull people out of the Bible that have mental health issues. He (Jesus) healed the lunatics, which were people that dealt with mental health issues. So it's in the Bible, we just have to be willing to preach on the Bible and be honest about it. Be honest about it and be transparent. You know, if you deal with mental health issues, say, "I deal with mental health issues." You know, people, you have a lot of pastors around that try to commit suicide. A lot of women in church to try to commit suicide, but they won' talk about that though. They keep it to their self because you know they're so holy and so sanctified now, you know they don't have a past, but be transparent with people. You know, be transparent. Say, "Hey, I had this issue," and they'd be willing to come and talk to you. (Moses)
- I will always go back to what Jesus did. Jesus took time with family. Jesus took time to go away. Jesus allowed himself to relieve himself of his emotions. When he talked to God on the cross and when he cried, when [Judas] took that money, he didn't try to hide behind his divinity. He let his divinity be exuded in an example through him, but he didn't ever hide behind divinity. Help people to find themselves in the Word, that's when they can grow and then get the revelation of how God saw them out. Then that's how I

think their faith can be increased. (Miriam)

- I would probably do it in terms of Peter and how Peter you know, he was a very strong person within church, very foundational an apostle helped to build the church into what it needed to be but when he, you know, got under pressure or whatever, he reverted to the his old ways and different things that would, you know, help to keep him out of trouble. Then when Christ came back to talk to him, he said and when you're converted, strengthen your brother. So basically, he is telling him, you know, after you kind of pull yourself together then you're in a position to be able to go and help somebody else. So if I were structuring a sermon, I would talk about, you know, kind of the old and the new man. But then also that there are lingering effects of the old man. Your spirit can be immediately converted, but sometimes your soul has to be processed and so therefore you have to work through some of the traumatic issues that you've had in your past to get to a good place so that you can convert others. (David)
- I think the way I would do it, I would make sure that I involve them every time that I speak if we have some within our community or in our church. I would make sure that we bring the love portion in. The caring portion and what we just got through talking about how to take care of yourself and then in our message we can let people know it's alright to say I need help. So we need to encourage all those things. I'm going through, I need help, I need someone to talk to. So, I think if we will put that in our messages it would help people to realize, "Hey, it's all right to ask for help. I can do this. So, oh, the pastor said, the evangelist said that we can ask for help. It's okay to get some help." So I think if we would start putting that within our sermons and saying, "If you ever problem go find somebody to talk to, there is people available for you to talk to. If you can't talk to

anybody within the church, go and find a professional person to talk to." So, I think we, if we would involve those kind of things within our messages and stop telling people that the reason why you're in the shape that you're in because you didn't do this, you didn't do that. You didn't pay your tithes. God can bring things upon you. So, we put people in a bind sometime in our messages because we make them think these things are happening to you because you're not taking care of me? That's a passive, and I don't think that should be said or should be done. Let them know that there is help available and put that love story in there and put that helping story in there that to let them know there's nothing wrong in getting some help. (Mary)

- Well, I dealt with that a year ago with Job and the title of the subject was dealing with mental torment and worked out how of course, Job had faith in God prior to all the things that happened to him and then once you know of course he lost everything. He became sick then these different thoughts began to run through Job's head, and he was hating the day of his birth. He was kind of wondering why he was going through this situation. He was under the impression that God had brought this on him and so he was in mental torment and so just lay out the phases of you know, faith. Faith, it has to be faith, whether you're up, down or indifferent, you know. So, I, and again I can't think of everything covered in that, but basically how important it is to get help. You know, of course we, we rely on God, but we also need that human contact and the Bible lets us know, therefore, if your brother is overtaken in a fault, you, which are spiritual restores such a one in the spirit of meekness. So we oftentimes attribute that to sins outside of mental issues. At the same time, you know, somebody might be overtaken, if you will, because of the things that are going on in their head. If you don't address those things, if you don't show

empathy and compassion, I'll say this, a person who lacks compassion has no business trying to counsel anybody. If you lack compassion, you should never try to counsel. (Joseph)

- Have someone come in the church or community...do a mental health seminar. Not just once a year. It should be an ongoing thing that we should have. Maybe some literature posted. A lot of times people do read, and they see, you know, like I go into an office or somewhere and I'm looking around to see what I can see to read. And that might see something that talks about mental illness because my thing was I wanted to know how to deal with it as you know, as a family member. I experience, you know, taking a family member when all the doctor was doing [was] just prescribing medicine. I wanted more. I wanted to get down to the root of things, but it was just a prescription, and they just pass you on, like how you feel and a lot of times the patient is not gonna be truthful and they gonna say, I'm fine. (Martha)

Pastoral Influence

The subtheme of pastoral influence became evident when the participants were asked to share the ways that their influence affects the congregation's view of mental illness. Moses indicated that his influence stems from his transparency with his congregation. He stated, "I tell mine I dealt with mental health. I'll be honest with my folks about the situation. So they know they can always come to me because I'm transparent 'cause I'm not here to hide nothing from you." Miriam further indicated that her influence on the congregation is positive since she would seek to legitimize pain that is being felt and use [her] influence to garner trust. She stated:

I use my influence to legitimize the pain, legitimize your situation. Legitimize it and allow you to understand I see where you are. I have appreciation for where you are, but

> what do we do to get from here to there? And so using an influence to gain audience and confidence with the person. You can't get confidence if you don't legitimize what they're going through.

However, she also shared that her personal experience with a traumatic event allowed her to see how different pastors handle trauma differently. Her former pastor who believed in community involvement would have made sure she had the resources to help her through her trauma, but her current pastor did not take the time to invest in helping individuals with illness or trauma, therefore, her pain was never acknowledged by him or other members. Likewise, David indicated that, "in many cases the followship in many cases hangs on every word that the pastor says," so what he says or does not say is important and influential because people assume that what the pastor says or does is 100% correct.

Mary felt like her influence came in the way that she carries herself, the way that she demonstrates love, and helps others. She stated, "I think I do a good job on influencing people by helping those that come in and is different from us but yet not different by getting them involved," and by doing so, it demonstrates how others should react toward the mentally ill. Joseph indicated that his influence and views about mental health on his congregation are so important that the congregation is actively involved in community events that promote mental health and have resources readily available within the church. He stated:

> I address it openly. Never, individually or pointing any individual out. But you address it openly as a broad stroke. You're talking to a vast group of individuals, personalities and the person dealing with mental illness is no different than the person dealing with again, I'll just say high blood pressure.

Peter responded that his influence would have a positive effect on the congregation's

views of mental illness. He also indicated that having the respect of the congregation is a key component to having a positive influence.

Martha felt that when it comes to evangelistic influence on the congregation,

> The way you address it and go at it you could make or break that person. You can say something real candid like, "Darling, I understand and we're [going to] get some help for you." But if I just go out there and say you know, "You must have some sin in your life as the reason you're going through this and that and the other," you know, when you do that a person [is going to] get defensive and they're not [going to] probably listen to nothing else you have to say. You've got to be professional and include this in your message and sometimes give your testimony.

Paul provided an illustrious explanation about positive influence and knowing the audience or congregation when speaking about mental health. He stated that,

> I know who I am and I'm extremely, thank God, I'm comfortable with me. I won't walk with my head down. What people see in us goes a whole lot further than what people hear from us. And then if what they see and hear don't match up it goes even further. As an elder, as a man of God, you have to show strongness and the ability to be able to be human humanistic, or what's the word, just be loving. In giving a sermon, you have to understand the gravity of what it and how it's going to affect the people. Especially the sermon on mental health, because you can either shut them down for a long time or they will react in the opposite way, and you don't want them to shut down. So, you have to be able to not be so rigid in that area in that area, mental health requires time.

Collaboration between Pastor, Church, and Community

The theme of collaboration between pastor, church, and community developed from

asking the participants if there were any additional information or experiences that they would like to share about stigma and mental health. Many of the participants stated that mental health should be treated as other illnesses and that the pastor should partner the church with outside community resources. Joseph shared, "I would advise any pastor to have resources available for people who are dealing with mental illness. If you don't have the skill set yourself, have somebody you can refer people to without charging." Moses also shared the same sentiments as Joseph, he stated:

> I think it'd be great because there should be resources. You know, I think the church should go and partner with them in the health. I think we should talk about mental health at least one Sunday every month. You know, once a month, we should have a time out that some [one] might come in or somebody at the congregation talk about mental health. You know, mental health is really, you know, it's more than just praying. I think we should partner with the community, different hospitals, and talk about mental health. You know, Jesus had a tax collector with him. He had everybody with him, you know? So hey, we should have everybody.

David shared that the church must evolve and go beyond the traditional status quo since it has more means of obtaining assistance and counsel. He stated:

> I thank God for the ministers that have stood in that gap, and they have performed those duties, and did you know whatever they could. But now that more information is available and you have more people that you know not only love to go to school and learning about the human mind, but also love Jesus as well, it's just adding another avenue, another way for people to be able to be serviced. And in that, you know, they're able to become whole, or they're able to get on a path to a better mental state and or

> physical state. We just have to be willing to except the help of God in the form that he sent it, and it doesn't just come in one particular area, and it doesn't just come in one particular way. So just being open to hear, to learn, and to, you know, embrace the different ways that he wants to demonstrate his love toward us through other people.

Interestingly, Mary also shared that collaboration between the pastor, church, and community is essential to helping those with mental illness. She stated:

> I think we should get the local churches involved with the mental health issue. I think every local church should have a place within the congregation of making availability that if you have a problem this is the resource and this is the source that you can go to and I think if we would set that up in the local configuration. And then in the district, it needs to be from floor up to the local, the district, the jurisdiction onto the national. I know we deal with the religious classes a lot, but we need to come out of that. We need to deal with some of these things that is happening in the Community and let the people know, bring in somebody that is even more experienced than we are. Okay, let's talk about this. How do you deal with this? Even having workshops, seminars, I think all of this would be a blessing to the local church and it will help the community.

Martha stated:

> You know offer it, make sure we got literatures and things out there and be ready to address it if it you know arises or before [it arises]. You know, let them know that mental health checkup, it's just like a physical health checkup, so we go and get that and if we feel the need for mental checkup, nobody's gonna look down on you because you know, you go to a psychiatrist.

In addition to the pastor, church, and community working together, Peter spoke about additional

research on mental health and how it can be effective for mental health treatment. He stated:

> I think studies need to be done and it needs to be released. Some people have run studies and sit back on the results because it wasn't the way they wanted it to turn out. Facts speak for themselves and when they run studies, when things are done, they need to deal with the facts.

Contrary to the other participants, Miriam indicated that, "non-denominational Pentecostal churches may have an edge on denominational Pentecostal churches and I think the more racially blended Pentecostal churches are, the more opportunities will be there."

Research Question Responses

Three research questions guided this study. The responses given by the pastors, ministers, and evangelists to the interview questions guided the development of the themes used to answer the research questions. The participants provided insightful answers to their lived experiences as indicated by the following findings.

Research Question One

The first research question was**,** How do the perceived beliefs of African American pastors affect the way stigma and mental health illness are treated within the church? The answer to this research question was derived from the responses provided for the beliefs about mental illness and stigma in the church. The perceived beliefs of the African American pastor can affect the way stigma and mental health illness is treated within the church either positively or negatively. While the participants indicated that a positive attitude could positively affect the congregants view, they also indicated that a negative attitude could negatively affect the congregants since the pastor's voice carries a lot of weight with his members. The personal experiences, cultural and traditional beliefs, and perception of stigma subthemes helped to

answer the first research question.

All participants revealed personal and professional experiences with mental health. Personal experiences varied from their own struggles with mental illness to witnessing family members with mental health issues. Any perceived views of the participants were diminished as they began to mature and learn more about mental illness. Four of the participants, Moses, Miriam, Joseph, and Martha, indicated that they have worked in clinical settings with the mentally ill. Martha stated, "As I got older and had some medical training and had some firsthand dealing with mental illness, I think back when I was even in nursing, I came across some issues." Two of the participants, David and Mary, have counseled individuals within and outside the church and made referrals for professional help. David stated, "So I referred him to someone who was both, you know, Christian male and also trained in the area of psychology." Again, due to the participants' exposure to mental illness, the way it is presented in the church does not represent any perceived beliefs they may have learned as a child.

The cultural and traditional beliefs about mental illness and stigma in the church revealed that African American households may be taught the same ideas about mental illness. Even though each participant grew up in different households, the consensus was that African Americans were taught that personal struggles and mental challenges were not to be shared publicly. This mentality cultivated perceived beliefs. However, the perceived beliefs for the clergy in this study soon became myths based on their adult experiences as they learned that mental illness is no different than any other medical issue. Joseph shared his thoughts as:

> I would say that, and I'm not saying it's just African American, there are other cultures, other races of people who seem to think anything dealing with the mental aspect is demonic. Well, if that be the case, then a cold is demonic, a headache is demonic, you

know?

While answering the question concerning the perception of mental illness and stigma, Moses stated that if he is honest with his congregation, they are more likely to be honest with him. The perceived beliefs that he held as a child were discounted as he became an adult and experienced mental health firsthand. Therefore, he encourages his congregation to get help with mental issues if they need it: “I think we should talk about mental health at least one Sunday every month, mental health is really, you know, it’s more than just praying.”

The participants also indicated that a pastor’s perceived belief that mental illness stems from sin signifies a lack of knowledge and antiquated thinking that could cause a mentally ill person more harm than good. As indicated by Miriam’s comment that she thinks “the pressure on certain sins is so laden that people go into a place of depression because they don’t ever feel forgiven in the church.” Likewise, Joseph also indicated that ignorance was the reason the older generations cited sin as the cause for mental illness. He stated, “I think that’s what the earlier generations did because they didn’ know any better, and so since the, you know, older generation didn’t know how to label something, they labeled it demonic.” The perceived beliefs of the African American pastor about mental illness affects the way stigma and mental health illness is treated within the church in the same manner that the pastor presents mental health to the congregation.

Research Question Two

The second research question for this study was, How do Pentecostal beliefs affect help-seeking behavior for mental illness? Data analysis revealed that Pentecostal beliefs may affect seeking help for mental illness, but individuals should also be provided the resources to seek professional help. Choudhry et al. (2016), stated that “people’s perception of illness explains

their help-seeking behavior or lack thereof" (p. 2808). All participants indicated the belief in the power of prayer and miracles. Consequently, the participants also believe that seeking professional help is essential to one's well-being. "Old thinking" is how Moses labeled the Pentecostal belief of just praying away a situation. He stated, "it hurts the mental health situation in today's time." Likewise, Miriam indicated that Pentecostal thought processes are old and dysfunctional as she stated, "I don't see traditional Pentecostal churches opening the door and sanctioning mental health intervention." Miriam also indicated that "we [the church] will attack the behavior of a person but [we] never sit with the person to understand what drove them to that place."

David likened the Pentecostal beliefs about disabilities to gray areas of knowledge about other teachings that Pentecostals believe will cause a person to go to hell. He shared:

> So instead of, you know, saying, "Hey, you go to the movies, you're going to hell," and teaching people, "It's like, look, it's not the fact that you going to the movies gonna take you to hell. Sometimes it's some of the content that's within the movie that will plant seeds in your mind and in your spirit or whatever that will cause you to start doing actions that go against what you believe," which can be banned.

Interestingly Joseph also cited going to the movies as an event that Pentecostals believe will cause one to go to hell. He felt that calling people out and attempting to cast out demons could hurt the ministry if there was no manifestation following the call. He stated, "If there's no manifestation over there you would, it would serve an individual well not to go there, because now with Facebook and video and cell phones, you find yourself going viral for the wrong reason."

Peter provided an example that demonstrated how Pentecostal beliefs can be detrimental

to someone's health if they do not take their condition serious. His example was of a young minister who was diagnosed with diabetes, prescribed medication for diabetes, but refused to take the medication because he believed that God would heal him, and he ended up losing his life after crashing his car due to a diabetic event. Peter's reply was, "I think you should seek also professional help other than just biblical."

Paul said that Pentecostal's consistently preach that "You're supposed to believe God for this, God is going to do this, you're going to have to believe God," but he also said, "it may not be his [God's] permissive will to heal you, and Pentecostals should also preach that as well so that individuals do not feel guilty when they are not healed from a condition."

Pentecostals would rather portray their church as perfect, with no flawed members because their entire belief is in God and God alone. Martha indicated, "They feel like sometimes prayer is all you need." The participant responses revealed that Pentecostals need to be open to the idea that some people require professional help in addition to believing God for healing. Seeking professional help does not make one weak or an unbeliever but it does suggest that the individual is wise enough to know that they need additional help. God sends help in various ways, whether it is by a pastor, doctor, lawyer, or teacher; he provides what is needed. Martha had an insight view of combining Pentecostal beliefs and medicine. She eluded that it was just like baking a cake, mixing all the right ingredients together to bake a really good cake. She stated, "Like I say, prayer is good but a lot of times you need a little bit more. As far as something to balance you out."

As mental health awareness increases, acknowledgement by the Pentecostal faith may increase. Mary indicated that she is already seeing an improvement in the way the COGIC views mental health. She shared that in the past few weeks prior to the interview she received an email

from the state supervisor seeking mental health volunteers. She stated, "The Pentecostal movement is moving forward and trying to get some help and have more classes on mental health."

Research Question Three

The third research question for this study was, How do the African American pastors' views of their role of leadership affect or overshadow how mental illness is presented in the church? The participant responses about the African American pastors' views of their role of leadership while presenting mental illness in the church resulted in conversations about sermon presentation, pastoral influence, pride, ego, transparency, and trust. The African American pastors' views of their role of leadership can affect and overshadow how mental health is presented in the church through their sermon presentation, their transparency, and their sense of pride.

Sermon presentation included two aspects, which are delivery and content. Delivery includes tone and pitch used during the sermon. African American pastors are known for their rich delivery of sermons. In a manner that some call "whooping and hollering," the sermon takes on melody of speech. This delivery creates a euphoric feeling in which Miriam described as "producing a high" for individuals during the message but also failing to provide help once the high is diminished. Content of a message provides information that an individual can relate to in their current state of mind. Leadership that is cognizant of the need to address mental health in their sermons also select biblical characters who exemplified the same struggles.

The participants viewed their role of leadership in a positive manner, indicating that their experiences with mental health allowed them to show transparency to the congregation. Sharing their testimonies of dealing with mental issues and how they are working through, or have

overcome those issues, established rapport with members. David shared that, “You don’t have to tell everybody all your business or whatever but letting people understand that it’s okay to talk to people.”

The participants shared that pride could easily surface in their leadership roles and they have witnessed how it can affect the ministry. Ignorance and pride may cause a pastor to avoid admitting they do not know the answers to help mentally challenged individuals. Therefore, they may withhold information. Miriam shared an idea that ego causes pastors to withhold information and indicated that if a person is healed or made whole, they may leave the church as opposed to continuously showing up for deliverance or help. According to Miriam, “It's that altered, faulty ego think that affects how you put out those various ministries and opportunities for people to embrace healing, which then affects their functionality, which then affects your foundation and your output.”

For clergy in the role of pastor or pastoral counselor, Joseph indicated that compassion is necessary when helping those with mental issues. Joseph expressed:

> A person who lacks compassion has no business trying to counsel anybody. If you lack compassion, you should never try to counsel. Whether you’re a pastor or whatever position you’re in. If you lack compassion, if you don’t have it, you don't need to counsel.

Joseph also shared that the position of pastor was one that was held with high esteem. African Americans respect their pastors and follow their direction without hesitation. Joseph indicated:

> as Black people, especially leadership back in the old 60s, 70s, well, 50s to 60s, the people that were more respected were the doctors, the lawyers, and the preachers. That meant something, that title meant something to them, the position meant something, that

was a level of respect.

The congregation often takes on the mindset of the pastor. David shared that "in many cases, the followship in many cases hangs on every word that the pastor says." This suggests that the pastor's influence on the congregation is profound.

Summary

This chapter provided a description of each participant, the themes and subthemes that were developed based on the data analysis, the results of participant responses to the interview questions, and the research question responses. The participants for this study included eight individuals who identified with the Pentecostal faith, hold active membership within the COGIC, and serve as a pastor, minister, or evangelist. There were five male participants and three female participants. The participant interviews were recorded in visual and audio format. The audio format was dictated using Microsoft Word, formatted into a readable version, and analyzed to develop themes. Five themes were identified: challenges facing the church, beliefs about mental illness and stigma in the church, help-seeking behavior of Pentecostals, leadership roles, and collaboration between pastor, church, and community. Relevant responds from the interview questions were supplied to support the themes. Three research questions were developed for this study and were answered following the participant interviews.

A phenomenological qualitative research method was used in this study to capture the lived experiences of the participants feelings and attitudes about mental health and stigma within the church and African American community. The researcher developed 17 open-ended questions to utilize during the interview with the participants. In a phenomenological study it is important to allow the participants to share their stories without any interjection from the researcher. However, interaction with the participants provided a deeper understanding of the

phenomenon being addressed without interjection of biased opinions of the researcher. During the interviews, confidentiality was a concern with the participants as they shared their experiences. The researcher assured the participants that all disclosed information would be secured and confidential. The data was stored on a locked computer with only the researcher having access to the information.

The answers to the interview questions led to the answers for the research questions. The findings revealed that the perceived beliefs of the African American pastor can affect the way mental health and stigma are treated within the church, that Pentecostal beliefs affect the help-seeking behavior for mental illness, and the African American pastors view of their leadership role does affect how mental illness is presented in the church.

Chapter Five: Conclusion

Overview

Mental health is a vital part of overall health, and it should be treated with the same care and attention as physical health. The purpose of this study is to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the COGIC churches in Northwest Georgia. The research is a phenomenological study designed to share the lived experiences of Pentecostal clergy with mental health and stigma. Through semi-structured interviews, eight participants shared their experiences with mental health and stigma. The researcher analyzed the data collected from the eight participants and formed themes based on the participants responses. Research questions for this study were answered based on the identified themes.

In addition to the overview, this chapter will include five other sections: a summary of the findings, a discussion of the findings, implications of the study, delimitations and limitations of the study, and recommendations for future research.

Summary of Findings

The findings of this study are resultant from the answers that the participants provided during the interview. The interview questions were grouped together which led to the development of themes. The research questions were answered based on the themes and subthemes. The five themes that were developed were challenges facing the church, beliefs about mental illness and stigma in the church, help-seeking behavior of Pentecostals, leadership roles in the church, and collaboration between pastor, church, and community.

Challenges Facing the Church

The COGIC faces many challenges but also has great potential to become a thriving

denomination of the Christian faith. During the data analysis the theme of challenges facing the church developed from asking the participants what they considered as the greatest challenge facing the church. The participants indicated that old traditions, failure to adopt new ideas, and church growth are challenges that COGIC faces. The church being stuck in old ways and old traditions was indicated by participants. Old ways and old traditions include neglecting to address the stigma of mental illness by passing mental issues off as a lack of faith. These challenges are deeply rooted in the Church's culture, its administrative style and historical context, and its need for growth and relevance in a changing sociopolitical landscape. The culture of the church is to cultivate spiritual growth. Thus, promotion of physical and mental growth is often overlooked. Pentecostals believe in holiness and traditions that have been passed down through the generations have not been challenged by new members, including addressing the stigma that comes along with mental illness. Mental health stigma exists within the church and remains a challenge for most church leaders and members. Despite traditions, it is the responsibility of the church to help people find resources in their community. Participants indicated that youth involvement is necessary for progressing beyond old traditions since the current generations are more apt to ask questions and seek therapy. During the interview Moses, indicated that he liked the current Bishop of the COGIC because he involves the youth in the church. He stated, "he's coming in with a new vision for our young folks because our young folk been set aside for so long for the things that they've done."

Loyalty to COGIC traditions have led to things being done the same way within some churches in Northwest Georgia. Outdated beliefs that women cannot be pastors or are required to dress a certain way are also challenges within COGIC. The need for more female leadership and engagement must also be taken into consideration, as the church has a significant number of

female members that are not proportionally represented in the congregation's leadership. Mary indicated that,

> We are not allowed to be pastors, but we do all of the work. We pray and we open up the doors of the church and once the doors of that church is open up or established, then we have to turn it over to the male figure and I think that's unfair. For the women at large, I think some of the women are qualified to be ministers [and] I think they're qualified to be pastors.

The challenges of the church provide an underlying framework for understanding how church growth is affected within the church. Young people are not drawn to COGIC because doctrine that is taught is not biblically proven to them. The younger generations (Gen Z, Millennials, and Gen Alpha) question why things are done and unfortunately the older generations (Boomer and Gen X) are not able to produce answers to explain why. Once again, an indication that old traditions are passed down and never questioned or changed. Additionally, there is a demand for the church to draw from an area outside the Pentecostal church, in terms of providing a more well-rounded selection of services for those within its congregation. While the church's primary focus is evangelism, there are many other elements which contribute to the spiritual and physical health of church goers which it may not provide. To effectively address this challenge, the church must be creative in providing a smaller selection of services which fit its denomination. Addressing mental health stigma does not require the church to be a certain size, it only requires the church to be willing to learn, listen, and provide education about mental health. Pastors must understand the church struggles and make efforts to grow in order to continue having a lasting impact on religious communities and society.

Beliefs about Mental Illness and Stigma in the Church

The first research question was, How do the perceived beliefs of African American pastors affect the way stigma and mental health illnesses are treated within the church? The way a pastor views mental health and stigma does affect the way it is treated in church. The effect can be positive or negative depending on the pastors perceived beliefs. Perceived beliefs may consist of views about mental illness that the pastor learned from childhood and carried into adulthood. The participants indicated that as a child, they were taught that people with mental issues were crazy. Mental illness was either hidden or overlooked. Moses indicated that as a child he was taught that mental health did not exist for Black males due to the pride that African American men held. Therefore, he grew up thinking that it was not acceptable for Black men to cry or share their feelings. Moses also stated that he was taught that psychiatric help was only for White people, but Black people dealt with their issues on their own.

All the participants had personal or firsthand experience with mental illness. Peter indicated that his brother, grandchildren, and nephews dealt with mental health issues. Mary indicated that even though she grew up with a brother who had mental health issues she really did not understand what mental health was until she became an adult. Miriam had a different perspective of mental illness because her older siblings worked in the medical field, and she learned about mental health from them.

Within the church, the perceived beliefs of the pastor will affect how mental illness is presented in the church. Church members believe and trust the words of their pastor. Therefore, if the pastor has a positive attitude, educates himself about mental illness, promotes mental health, and shows compassion towards those who have mental issues, the church members will follow his guidance and react to mentally ill members in the same manner. The pastor who promotes mental illness may offer seminars, workshops, and health fairs to help promote mental

health awareness in the church and African American community. Consequently, if the pastor has a negative attitude about mental illness, is prideful, disregards those who have mental illness, and treat individuals as being possessed with demons, the church members will also treat them in the same manner.

Help-seeking Behavior of Pentecostals

The second research question was, How do Pentecostal beliefs affect help-seeking behavior for mental illness? This study revealed that Pentecostals believe that prayer is essential in an individual's life, that God is a healer, and miracles do occur. However, an individual with mental illness should seek professional help to properly diagnose and treat their illness. Most of the participants indicated that Pentecostal beliefs can be a hinderance for individuals seeking help for mental illness. Some Pentecostals believe that mental illness is demonic and that individuals should seek deliverance from God for their mental illness. Thereby indicating that prayer is all one needs for their mental issues. Paul indicated that Pentecostals believe that God will do and heal everything. Likewise, Peter indicated that Pentecostal beliefs could have a positive affect on the help-seeking behavior for mental illness through divine deliverance, but an individual should also seek professional help for mental issues.

The consensus of the participants was that individuals should have and demonstrate faith while seeking professional help for their mental illness. Consequently, David and Moses indicated that Pentecostals avoidance of addressing mental health hurts individuals and the church more than it helps. Avoidance covers up the issue and may cause individuals more pain. Mental illness is no different from any other illness that causes individuals to visit the doctor. Therefore, mentally ill individuals should not be denied treatment for mental issues due to their association with the Pentecostal denomination.

Leadership Roles in the Church

The third research question for this study was, How do African American pastors' views of their role of leadership affect or overshadow how mental illness is presented in the church? African American pastors' views of their role of leadership affects how mental illness is presented in the church. This study revealed that the factors that influence pastors' views of their role of leadership are pride, ego, transparency, trust, and sermon delivery. Pride and ego emerged as predictors of avoidance of mental health presentation in the church. One participant stated that pride fuels the fear of pastors admitting the lack of knowledge about mental illness. Pride and ego alter pastors' willingness to admit wrongness or failure. The image of being in control is shattered if a pastor admits he does not know how to treat an individual with mental issues.

Transparency, or the lack of transparency, also contributes to how mental illness is presented by the pastor. Pastors who are transparent and admit to dealing with mental issues are likely to gain the trust of their congregation. Individuals trust others when they are open and honest about their personal mental health struggles. However, pastors' lack of transparency in their leadership roles inhibits trust and causes members to seek help outside the church.

Sermon delivery affects the way a congregation receives a message. The participants eagerly noted that the presentation, tone, and pitch of a sermon can determine how well the congregation receives the message. One participant stated that a pastor who views his leadership role as authoritative delivers sermons in a direct manner that follows traditional Pentecostal beliefs and neglects to address mental health. However, a pastor who views his role as servant–leader will seek ways to include mental health awareness in his church. The participants in this study indicated that they are transparent about mental health based on their personal and professional experience and seek to gain the trust of individuals who deal with mental issues.

Collaboration between Pastor, Church, and Community

Partnership with community and professional resources and creating a holistic ministry is an important step towards reducing the stigma associated with mental health in the African American community. Combined resources between the pastor, church, and community contributes to treating the emotional, physical, and spiritual aspects of individuals. The participants indicated that having external resources readily available for individuals who seek help for mental illness would be beneficial to the pastor and church. The theme of collaboration between the pastor, church, and community indicates the participants interest in treating the whole individual by creating a holistic ministry to reduce the stigma of mental illness.

Discussion

The COGIC is one of the largest Black Pentecostal denominations in the United States. COGIC must honor the spirit of its founders by finding ways to incorporate contemporary culture into its theology and view of the world challenges. Consequently, there is a lot of history and mistrust when it comes to the African American community and the mental health care system. According to Lehmann et al., (2022) “African American clergy play an important role in delivering both professional mental health services and spiritual advising in their communities” (p. 4). Pastors can influence change by being a resource and advocate for the community. Pastors who continue to educate themselves and others on mental health, can work to create a safe and supportive environment where African Americans can openly discuss their mental health concerns. African American Pentecostal pastors are working to reduce the stigma of mental health issues within their communities by increasing awareness and open dialogue about mental health. Thus, these pastors hope to break down the barriers that prevent people from seeking help.

In recent years, there has been a growing awareness of the importance of mental health in the African American community. Through raising awareness about mental health issues, African American Pentecostal pastors are helping to reduce the stigma surrounding these issues. However, there is still a considerable amount of stigma surrounding mental health issues. Pentecostal pastors are working to reduce this stigma by talking openly about mental health issues and encouraging people to seek help. Open dialogue is an important step in improving the mental health of African Americans. Better overall mental health for the African American community can begin by reducing the stigma surrounding mental health, as more people may be willing to seek help and get the treatment they need.

Empirical Literature

This study was guided by a hermeneutical phenomenological qualitative approach. The phenomenon of Pentecostal pastors reducing the stigma of mental health in African Americans is demonstrated by the lived experiences of eight Pentecostal clergy who serve in the capacity of pastor, elder, minister, or evangelist. The empirical research method utilized semi-structured interviews formed from 17 interview questions.

Previous research shows that stigma with mental health does exist in the African American community (Thomas, 2021). African Americans are reluctant to seek help for mental illness due to stigma, finances, lack of insurance, and lack of trust of mental health professionals. This study confirms the research previously performed concerning African Americans and mental health which indicated that African Americans do have mental illness but do not seek help from available services (Fripp & Carlson, 2017). Participants in this study indicated that African Americans label mentally ill individuals as crazy and weak. Likewise, Dempsey et al.

(2016) reported that not only are African Americans labeled as crazy, but they are also labeled as having a spiritual weakness.

The participants in this study have over 282 years of combined membership with COGIC and Pentecostal beliefs. Prior research and results from this study show that a belief of Pentecostalism is that mental illness is caused from sin and demonic possession. All the participants in this study stated that the lack of knowledge about mental illness leads many in the COGIC to believe that mental illness is caused by sin and lack of faith. Pentecostals believe in divine healing for every illness that a person may experience (Dein, 2020). This study also confirms results from previous research about the beliefs of the Pentecostal faith as participants agreed that God can heal all infirmities. However, it is the lack of faith that leads to lack of healing (Eves, 2020). Consequently, Paul indicated that even though God can heal it may not be his will for someone to be healed. His reference was based on Mark 14:7 (*King James Bible*, 1769/2022) that states, “For ye have the poor with you always, and whensoever ye will ye may do them good: but me ye have not always.” Paul’s premise was that no matter what amount of faith an individual has, if the poor will always be with us, so will the sick. Observing the instruction given in Proverbs 19:20 (*King James Bible*, 1769/2022) which advises one to “Hear counsel, and receive instruction, that thou mayest be wise in thy latter end,” Joseph revealed that if he were going to seek counseling, he would see a Christian counselor because he felt like their faith beliefs would align with his faith beliefs.

The lived experiences of four of the study participants personal challenges with mental health stigma confer with the lived experiences of Jackson (2020). Jackson indicated that she internalized her mental health issues due to stigma. Likewise, Martha, Paul, David, and Moses indicated that they, too, had internalized their mental health issues to avoid being called weak or

out of their mind. Fear of discrimination, isolation, and ostracization are what mentally ill individuals face when they seek help for mental issues (Mantovani et al., 2016). In this study, Martha expressed a similar fear when faced with depression following a hospital stay. She indicated that she did not want her doctor to see her crying and "falling apart," so she told him that she missed home instead of telling him she felt anxious and depressed. She did not want the doctor to label her as crazy.

Research shows that African American pastors view their leadership roles in the church as one of prestige and honor (Clements & Bush, 2022). In this study, Joseph indicated that in previous years, preachers were highly respected, and the title of pastor meant something to the pastor. He stated that, "For a pastor to have a high level of respect and then admit he didn't know something [was not likely to happen because it] would create a stigma for them." Clements and Bush (2022) also stated that when a pastor indicates that he has been called by God to preach, he gains more authority with his church congregation. The anointing, however, comes from God. Luke 4:18 (*King James Bible*, 1769/2022) states:

> The spirit of the Lord is upon me, because he hath anointed me to preach the gospel to the poor; he hath sent me to heal the brokenhearted, to preach deliverance to the captives, and recovering of sight to the blind, to set at liberty them that are bruised, to preach the acceptable year of the Lord.

Likewise, the participants in this study indicated that they were called by God to preach the Word and were approved by their leaders to serve as a pastor, elder, minister, or evangelist. The approval process for COGIC leaders is extensive; one must be a faithful obedient COGIC member, a tithe payer, pass a background check, be recommended by their leader, and approved by their bishop. COGIC also follows biblical guidance found in 1 Timothy 3:1-7 (*King James*

Bible, 1769/2022) for the approval of church leaders. The COGIC cultivates its leaders, as indicated by Joseph, who stated that he was groomed by his pastor for many years before becoming pastor of his church. Moses had a similar experience: his pastor and bishop acknowledged his leadership abilities and assigned him to the church he now pastors.

The experiences of the women in this study differed from the men in that women are not allowed to be pastors in the COGIC. However, when Pentecostalism began, women were fundamental in the spread of the Gospel and in teaching and leading others to Christ. In 1911, COGIC established a department of women, headed by Lizzie Woods Robinson, to support the whole church. Even though the aim of COGIC is to build upon the foundation of predecessors, the Pew Research Center (2021) indicated that the African American culture values the male voice. Consequently, Mary indicated that women perform many duties in the church and should be heard and valued the same as men. The women in COGIC do not focus on standing in the pulpit, they focus on their calling to do ministry and service within the church and community (Chism, 2016). According to Casselberry (2013), within COGIC, the women indirectly lead from the background. Women not only minister to other women, but they also minister to men and children. In their leadership roles, the female participants in this study acknowledged that stigma associated with mental health does exist and that it should be addressed in the church not only by the pastor but by other leaders (male or female). During the interview, Mary indicated that her jurisdictional women's department recognized the need for mental health education following the Coronavirus pandemic and are contacting other COGIC women for assistance with promoting mental health awareness. She indicated that women are more likely to be understanding and loving toward individuals with mental illness and that stigma can be reduced when individuals with mental illness are allowed to share their feelings. Freeman and Baldwin

(2020) indicated that women are more likely to seek mental health treatment and have "more benevolent and tolerant attitudes towards individuals diagnosed with mental health problems" (p. 699). Characteristics of compassion and motherly instincts were exemplified by women in the Pentecostal movement (Payne, 2015) which bypasses the pastor's male ego and helps in reducing the stigma of mental illness.

COGIC recognizes that the Bible contains many women who exhibited strong female leadership and held important roles in ministry. Women such as Deborah (in the book of Judges) who was a prophet and a judge, Phoebe (in the book of Romans) who was a minister, Miriam (Exodus) who was a prophet, and Huldah (in the book of 2 Kings) who was also a prophet (*King James Bible,* 1769/2022). It is imperative that women be included in reducing the stigma of mental health in the African American community and church. Women have served as leaders throughout history and deserve the recognition as such in the COGIC. In addition, the Church must find a way to better utilize its material resources to address the structural inequalities that exist within the denomination at the institutional level.

Each participant in this study attended and completed courses at the C. H. Mason Theological Seminary to enhance their qualifications to lead since COGIC strongly emphasizes formal education even though it is not required. However, the call to preach occurred prior to attending seminary for the participants in this study. Chism (2016) indicated that the anointing of God is the required qualification to be a COGIC minister. Likewise, the participants did not express the need for formal training as much as they expressed the need for compassion, love, and inclusion when working with the mentally ill. Dempsey et al. (2016) indicated that Black clergy often lacks formal training for mental illness. Pentecostal pastors need to be trained in mental health to help reduce the stigma associated with mental illness. Joseph and Peter

indicated that ignorance often keeps Pentecostal pastors from raising awareness of mental health. Mental health training can help Pentecostal pastors understand the medical diagnosis of mental illness.

The influence that African American pastors have on their congregations is powerful. Hays and Shepard Payne (2020) stated that the attitude of clergy about their lived experiences, transparency, and desire to learn more about mental health affects how they present mental illness to the church. Presentation of mental health within the church can also be influenced by the leadership style of the pastor. Prior research showed that pastors should not be prideful but should exhibit love, compassion, trustworthiness, and patience (Nyiawung & Van Eck, 2013). Peter indicated that patience and love is the key to helping mentally ill individuals. Moses and Martha indicated that establishing trust with mentally ill individuals is essential to their healing. Pastors who serve their members by following the example of Jesus are more likely to relate to the issues of their members with compassion and understanding.

Collaboration between the pastor, church, and community is important as "community organizations and advocacy programs are a great resource for bringing needed information to your church" (Franklin & Fong, 2011, p. 444). In this study, Miriam indicated that churches should consider setting up workshops and utilizing their basements to serve those in need. She stated, "Many churches used to use their basements for alcoholic anonymous." Accordingly, Franklin and Fong also indicated that using the church facility for a community workshop is a good way to establish a relationship with the community. The inclusion of community services in a church facility started many years ago but churches have slowely shifted from allowing the use of their building for community service. Alliances between the church and the community may improve pastoral care and increase professional care referrals (Thomas, 2021). In general,

though, by reducing the stigma through collaboration, pastors and church members are allowing more people who need mental health help to get it. This could manifest in many ways, such as creating more opportunities for open discussion about mental health, involvement in community development initiatives, outreach to other churches and public education campaigns about mental health and coping, and seeking out knowledge resources such as mental health professionals.

The findings of this study extend previous research as it includes the Pentecostal and COGIC view of stigma and mental health. Prior research focused on the African American race without consideration of COGIC and Pentecostal faith views. New light has been shed on the perspective of Pentecostal pastors reducing the stigma of mental health in African Americans. This study revealed that inclusion of all members is essential to creating a holistic ministry that exceeds beyond the Sunday morning worship service.

Theoretical Literature

The theoretical implication based on Amos Yong is that religion and science should be incorporated together. Yong focuses on Pentecostal theology and believes that Pentecostals need to understand scientific thoughts so they can defend their beliefs when they are scientifically assessed (Mercer, 2013). Yong (2011) also indicated that he did not want to create a "Pentecostal science but that there are important perspectives that Pentecostals can bring precisely because of their sensitivities to the presence and activity of the spirit in the world which have the potential to make a difference in scientific work" (p. 7). This study supports the need to combine religion and science to treat mental illness. The collaboration between the pastor, church, and community will combine religion and science to treat mental illness. Likewise, Franklin and Fong (2011) indicated,

church leaders may benefit from updated knowledge in the scientific understanding of mental illnesses and social conditions and effective mental health interventions and that the best ways for pastors and church leaders to help people who are hurting is to combine scriptural and ministry approaches with the best scientific methods" (p. 11).

Yong indicates that physical disabilities should not be ignored in the church, the church should continue to believe in the power of the gospel to bring about transformation while recognizing the need to include community resources. It is through guidance of the Holy Spirit and agape love that pastors and other church clergy should care for those with mental illness. Yong believes that stigma exists in the church for those with disabilities, but the Bible is inclusive for all people. God works through others to help others. The Bible also indicates in Ephesians 4:11-12 (*King James Bible*, 1769/2022) that "he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers; For the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ." The scripture indicates that Christian and secular professionals can work together to assist those with mental illness.

Pentecostals believe that mental illness is due to sin in one's life. Lack of faith and weakness are also alluded to by Pentecostal believers as reasons why a person has not been delivered from mental illness. However, the book of John in Chapter 9 illustrates a story about a man who was born blind who Jesus revealed that his blindness was not due to sin. The question was asked, "Master, who did sin, this man, or his parents, that he was born blind?" and Jesus answered, "Neither hath this man sinned, nor his parents: but that the works of God should be made manifest in him" (*King James Bible*, 1769/2022, John 9:2-3). Jesus did not stigmatize the blind man, nor did he refuse to heal him, instead his compassion and love was shown toward the blind man.

Pentecostal life in the Spirit is embraced by faith and is not exclusive of learning and making collaborative exploration of life in a common world. Yong (2011) stated, “Pentecostal life is fundamentally motivated by the encounter with the God of Jesus Christ in the power of the Holy Spirit” (p. 2). The findings of this study concur with the idea that the combination of religion and science may present as the best treatment for individuals with mental illness.

Implications

The theoretical, empirical, and practical implications of this study were justified through the participants’ responses during the interviews. The guiding theories for this study are supported through the shared experiences of the participants. As the participants told their stories, evidence that they have been affected by mental illness surfaced. Together, their experiences proved that this study can be utilized to support the need for Pentecostal pastors to identify, support, and treat individuals who request help with their mental illness by: (1) acknowledging that mental illness exists and can be treated, (2) being transparent about their own mental health experiences, (3) demonstrating love and patience with the mentally ill, (4) establishing trust, (5) creating a mental health ministry within the church, and (6) collaborating with the community and providing mental health resources to those who need help.

Theoretical Implications

The theory that guided this research was selected due to the gap that exists between science and Pentecostal pastors reducing the stigma of mental health in the African American church and community. Yong’s theory revealed that scientific methods should be addressed in addition to faith beliefs when caring for those with disabilities or illnesses in the church. Yong believes that inclusion and love are imperative for church clergy to show towards members who have disabilities. Yong’s theory of Pentecostalism acknowledges the presence of the Holy Spirit

as a guiding force behind Pentecostal beliefs. The participants' stories substantiated the theoretical implication of this study. Their experiences acknowledge prayer and faith as essential components of healing, but they also believe that seeking professional help for mental illness is wise. This study contributes to the theoretical literature by supporting both faith and science as ways to reduce the stigma of mental health in the African American church and community.

Empirical Implications

The empirical implications of this study indicate that no studies examine COGIC churches in Northwest Georgia where Pentecostal pastors are reducing the stigma of mental health in African American communities. The participants of this study were selected because of their experiences as members of COGIC with Pentecostal beliefs and experiences with mental illness. Examination of the data collected from the participants revealed five themes: challenges facing the church, beliefs about mental illness and stigma in the church, help-seeking behavior of Pentecostals, leadership roles in the church, and collaboration between pastor, church, and community. These themes are based on the experiences that the participants shared during the interviews. Their lived experiences helped to develop this phenomenological study. In contrast, validation of the participants' experiences with mental health was not warranted as they each spoke passionately and with compassion about mental illness.

Practical Implications

The practical implications of this study revealed that pastors and their congregations can reference this study while creating a ministry that cares for individuals with mental illness. The destigmatization of mental illness is an important and necessary step for ensuring that African Americans who suffer can get the help they need without feeling judged or ashamed. It is practical that Pentecostal pastors would take a more spiritual approach, focusing on counseling,

prayer, and other spiritual practices to help church members talk or confront their mental illness issues. However, this study will be a reminder for pastors to:

- gain more knowledge about mental illness through training;
- include, not exclude, members with mental illness;
- incorporate positive messages about mental health in their sermons;
- demonstrate love, kindness, and patience towards individuals with mental illnesses;
- avoid prideful and egotistical attitudes as a pastor;
- establish trust within their church and among congregants;
- combine scientific methods with Scripture; and
- keep community resources up to date.

Based on the participants' experiences, it would be practical for the participants to share their stories with other pastors as an indicator for the need to raise awareness about the stigma of mental health in African Americans. Likewise, it would be practical for pastors to take the initiative to create ministries, hold workshops, and even teach about mental health from their pulpits.

Delimitations and Limitations

The aim of the study was to record the lived experiences of the participants regarding stigma and mental health. Therefore, this study is based on phenomenology. This study excluded non-Pentecostal participants since the focus of the study was on Pentecostal pastors reducing the stigma of mental health in African Americans. This study also excluded COGIC lay members because the focus of the study was on leaders, specifically pastors, elders, ministers, and evangelists who serve within COGIC. Participants over the age of 18 were included in this study to enable self-consent to participate in the study. Only African Americans were selected to

participate in this study to stay within the scope of the study's focus on the African American culture and community. A limitation of this study is that it only focused on COGIC churches in Northwest Georgia which is a small number of churches considering the number of COGIC churches in Georgia.

Another limitation of this study was bracketing. Creswell and Poth (2018) stated that "bracketing personal experiences may be difficult for the researcher to implement because interpretations of the data always incorporate the assumptions that the researcher brings to the topic" (p. 81). The researcher is a lifetime member of COGIC and has firsthand knowledge about mental health practices within COGIC. Despite trying to refrain from agreeing or disagreeing with the participants, at times the researcher verbally or nonverbally agreed with the participant. However, the data analysis was exclusively based on the responses of the participants.

Recommendations for Future Research

The phenomenon of Pentecostal pastors reducing the stigma of mental health was examined in this study from the viewpoint of pastors, elders, ministers, and evangelists who currently serve in COGIC. Additional research is needed to examine the Pentecostal beliefs of lay members within COGIC. Inclusion of the entire church body may produce different results from the ones presented in this study. This study included only Pentecostal participants, but future research that includes other denominations could provide different results.

There has been research conducted in countries outside of the United States concerning Pentecostalism and mental health. Research in Ghana depicts Pentecostal followers as strong and devout believers in God (Asamoah et al., 2014). Studies have shown that their trust is in God as a healer, not man. Although the participants in this study live in the United States and are members of COGIC, based on the literature reviewed for this study, there is a need to examine COGIC

Pentecostalism and the beliefs associated with stigma and mental health. Replication of this study in other regions of the United States might reveal different perceptions, beliefs, and attitudes among COGIC members.

Franklin and Fong (2011) indicated that "churches providing services to people in need are not new" (p. 432). Therefore, future research could reveal the reason for the lack of mental health ministries within COGIC and whether having a mental health ministry within the church predicts the faith level of the congregation. Based on the findings of this phenomenological study, there is room for research to determine how Pentecostals can use scientific methods without feeling as if they are abandoning their belief in God as a healer.

Summary

The purpose of this hermeneutical phenomenological study was to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the COGIC churches in Northwest Georgia. The participants in this study candidly shared their experiences and beliefs about stigma and mental health which provided a rich understanding of the phenomenon. Within a theoretical, empirical, and practical framework, this research was designed to answer three research questions to understand the phenomenon. The results of this study revealed that Pentecostal pastors can help reduce the stigma of mental health in African Americans. The learned mental health stigmas in the African American community are diminishing through education and evolution from old Pentecostal traditions. Additionally, the study revealed that seeking professional help for mental illness does not indicate a lack of faith in God. The implication that God provides help through many avenues existed throughout the participants' lived experiences. The hermeneutic context within the phenomenon descriptive follows Proverbs 11:14 (*King James Bible*, 1769/2022), "where no counsel is, the people fall; but

in the multitude of counsellors there is safety." Lastly, the study showed that formation of a mental health ministry is needed within the COGIC church. The awareness of collaboration between the pastor, church, and community to provide resources about mental health is prevalent within the African American community. It is the desire of this researcher that the findings of this study provide COGIC Pentecostal pastors a new perspective on assisting individuals with mental health issues through inclusion and demonstration of God's love.

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Appendix A

Interview Questions

1. How did you become the pastor of your church?
2. How long have you been the pastor of your church?
3. How long have you been a COGIC member?
4. Describe your level of education and COGIC training.
5. What do you think the major challenge facing the Church of God in Christ are?
6. What personal experiences have you had with mental health?
7. What are your cultural and traditional beliefs about mental illness?
8. How does your faith in God affect the way you feel about mental health?
9. Explain how you would help a member that seeks help for mental illness.
10. What challenges do you face when treating individuals with mental health issues?
11. How do you overcome the challenges that you are faced with when treating individuals with mental health issues?
12. Describe how you perceive stigma in the African American community.
13. What has your experience been with stigma associated with mental health?
14. Explain how you can structure your sermons to promote mental health awareness.
15. What specific ways do you think your influence as a pastor affect your congregations view of mental illness?
16. How do you think Pentecostal beliefs affect help seeking behavior for mental illness?
17. What other information would you like to add about your experience with stigma and mental health as a pastor?

Appendix B

IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 14, 2023

Tonnya Sellers
Scott Edgar

Re: IRB Approval - IRB-FY22-23-806 A Phenomenological Study of Pentecostal Pastors: Reducing the Stigma of Mental Health in African Americans

Dear Tonnya Sellers, Scott Edgar,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: February 14, 2023. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

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

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

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

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix C

Participant Recruitment Email

Dear [Recipient]:

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to explore how Pentecostal pastors can reduce the stigma of mental health in African Americans in the Church Of God In Christ, how Pentecostal beliefs affect the help seeking behavior of individuals with mental illness, and how the African American pastor's view of their role of leadership affects how they present mental illness within the church, and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, African American, and a Pentecostal pastor, minister, or evangelist. Participants, if willing, will be asked to participate in an in-person audio-recorded or online video-recorded interview. It should take approximately 90 minutes to complete the interview. The interview transcript will be emailed to you to confirm accuracy of transcription and should be returned to me via email within 5–7 days of receiving the transcript. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please contact me via email at [redacted]. I will then schedule a date and time for an interview.

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to type your name and date on the consent document and return it to me by email prior to the interview.

Participants will receive a $25 Visa gift card once the study is complete to show my appreciation for participation in this study.

Sincerely,

Tonnya Sellers

Doctoral Candidate

Appendix D

Consent Form

Consent

Title of the Project: A Phenomenological Study of Pentecostal Pastors: Reducing the Stigma of Mental Health in African Americans

Principal Investigator: Tonnya Sellers, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, African American, and a Pentecostal pastor, minister, or evangelist. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to explore how Pentecostal Pastors can reduce the stigma of mental health in African Americans in the Church of God in Christ (COGIC) churches in Northwest Georgia.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person audio-recorded or online video-recorded interview that will take no more than 90 minutes.
2. Review the interview transcript that will be emailed to you to confirm accuracy. Your confirmation of transcript accuracy should be returned to the researcher via email within 5 - 7 days of receipt.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include awareness of the need to reduce the stigma of mental health within the African American community and generation of ministry ideas that may help enrich the lives of individuals with mental health issues.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies or shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer. Physical data will be stored in a locked file cabinet. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer for three years and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the study participants will receive a $25 Visa gift card. Addresses will be requested for compensation purposes; however, they will be collected by email at the conclusion of the study to maintain your anonymity.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Tonnya Sellers. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] or

[redacted]. You may also contact the researcher's faculty sponsor, Dr. Scott Edgar, at [redacted]

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

____

Printed Subject Name

____

Signature & Date