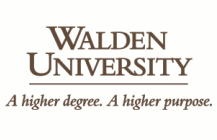

2018

Counseling and Referral Experiences of Southern Baptist Clergy

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This is to certify that the doctoral dissertation by

Charles Profit

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2018

Abstract

Counseling and Referral Experiences of Southern Baptist Clergy

by

Charles M. Profit

MS, Walden University, 2013

BS, Bloomfield College, 1982

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

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March 2018

Abstract

Pastors are often called upon to counsel people troubled by what may be a diagnosable and treatable condition. Current research suggests that pastoral counselors (PC) are reluctant to provide a referral to a mental health professional (MHP) citing that only 10% of help seekers are referred, leaving millions of Americans to suffer with undiagnosed and untreated mental illness. The current literature indicates that PCs feel inadequately trained to counsel those with mental illnesses and the reluctance to refer is due to a distrust of MHPs. Currently, there is little qualitative research on pastors' counseling and referral experiences. In this study, social constructionism and the theory of planned behavior were used to address 3 research questions by describing PCs' experiences, describing PCs' opinions of MHPs, and examining PCs' referral decision criteria. Purposeful sampling was used to recruit 9 Southern Baptist Convention PCs from the Atlanta Metropolitan area. Giorgi's descriptive phenomenological method was used with a priori and emergent coding to analyze data collected from semistructured, face-to-face interviews. While feelings of inadequacy were confirmed by this research, it was discovered that PCs are motivated by a spiritual obligation to counsel and the reluctance to refer is not based on a distrust of MHPs, as cited by some research. Instead, PCs in this study prefer MHPs who offer Christian counseling. MHPs may want to consider incorporating spiritual sensitivity into their practice to increase PC collaboration. Increasing PC referrals may result in positive social change by decreasing the number of parishioners who suffer with undiagnosed and untreated mental illnesses.

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Dedication

This dissertation is dedicated to my lovely wife, Annette, who is a constant source of strength, and motivation and who insisted I never stop. It was your love, help, and understanding that allowed me to focus. Thank you for being there for me and taking this long arduous journey with me; I would not have been able to do it without you. I love you.

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To my Committee Member, Dr. Jay Greiner, thank you for your input and your attention to detail. Your rapid reviews and specific feedback made me feel like a priority. Your expertise significantly strengthened my interpretation of the results, focused my comparison to the literature, and made a major contribution to my success. Thank you.

I would also like to thank my son Charles, my daughter Kewanna, my sister Charlotte, and my oldest granddaughter Jordan, for always showing an interest in my research. I appreciate your constant support and allowing me to go on endlessly about this process.

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Chapter 1: Introduction to the Study

Introduction

Many Americans who find themselves in need of assistance with emotional issues seek the counsel of the clergy (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013). These emotional issues often represent diagnosable and treatable conditions. Members of the clergy called upon to provide emotional support may in fact, be counseling someone with serious mental health issues.

Hall and Gjesfjeld (2013) found that members of the clergy are routinely presented with diagnosable conditions, such as depression and schizophrenia. The National Institute of Mental Health pointed out that in 2016 8.5 million Americans suffered from schizophrenia and bipolar disorder with 40% and 51% respectively going undiagnosed and untreated. VanderWaal, Hernandez, and Sandman (2012) and Bledsoe et al., (2013) found that up to 40% of all Americans seek the help of clergy members for emotional issues. Only 10% of those who seek such help from members of the clergy are referred to a mental health professional (Hall & Gjesfjeld, 2013; Stanford & Philpott, 2011).

According to the National Alliance on Mental Illness (NAMI), the prevalence rate for mental illness among the general population is 20% and over 10 million adults live with a serious mental illness. Serious mental illness is defined as a behavioral, emotional, or mental disorder that interferes with one or more of a person's functional activities. According to Bledsoe et al. (2013), prevalence rates for various disorders within the

general population can be indicative of the extent of emotional disturbances for church congregants.

Members of the clergy have been called the gatekeepers of mental health services because a significant number of people consider clergy members the first option when in need of mental health assistance (Bledsoe et al., 2013; Leavey, Dura-Vila, & King, 2012; Pickard & Inoue, 2013; Stansbury, Harley, King, Nelson, & Speight, 2012; VanderWaal et al., 2012; Yamada, Lee, & Kim, 2012). Yet, there is literature indicating a reluctance on the part of clergy members to provide mental health referrals (Bledsoe et al., 2013; Ross, & Stanford, 2014; Stanford & Philpott, 2011).

Several factors revealed the need for a deeper understanding of pastoral counseling, including what is considered when making the decision whether to provide a referral to a mental health professional. One of these factors is the large number of American help seekers (40% according to Bledsoe et al., 2013) who consult a member of the clergy for a mental health issue.). Another factor was the low number of referrals that resulted from these consultations in relation to the possible prevalence rates posited by Bledsoe et al. (2013). As previously noted, research indicates that 10% of help seekers who consult members of the clergy are referred to a mental health professional (Hall & Gjesfjeld, 2013; Polson & Rogers, 2007; Stanford & Philpott, 2011). Additionally, the dearth of literature on pastoral counseling and referral activities exposed a gap in the literature. An in-depth analysis of pastoral counseling and referral behaviors would help to fill that gap.

Understanding the experiences of clergy members who provide pastoral counseling and mental health referrals would add to the knowledge base by providing insight into what a clergy member experiences when deciding whether a referral is warranted. This research addressed a gap in knowledge about pastoral counseling, which is discussed in the next section and detailed in the following chapter. In addition to filling this gap, this research provides information that helps build a more collaborative relationship between members of the clergy and mental health professionals. Developing this alliance could be a significant step in promoting better mental health among both parishioners and society in general (Bledsoe et al., 2013).

Because of the significant number of Americans who seek emotional support from members of the clergy, increased collaboration between clergy members and mental health professionals could reduce the number of undiagnosed and untreated sufferers of mental illness (Pickard & Inoue, 2013). An increase in collaboration would also help young adults. According to NAMI in 2016, in addition to the 60% of American adults not receiving mental health care, 50% of American youth aged 8–15 and living with a mental illness did not receive mental health services in the last year.

The topics discussed above will be discussed in further detail throughout this chapter. This chapter covers the following topics: background, problem statement, the purpose of this study, the research questions addressed by this study, the theoretical and conceptual frameworks, the nature of the study, the definitions of the terms used, the scope, limitations, and significance.

Background

Research shows that members of the clergy are reluctant to refer help seekers to a mental health professional (Bledsoe et al., 2013; Ross, & Stanford, 2014; Stanford & Philpott, 2011; Vespie 2010). According to Vespie (2010), qualitative research is needed to raise awareness of the need for a pastor – therapist collaboration. A number of studies show that millions of Americans seek help with emotional issues from the clergy before all other professions (Bledsoe et al., 2013; Hall & Gjesfjeld 2013; Hays, 2015; Snowden, 2012; Stansbury et al., 2012). The vast majority of clergy are in a position to provide mental health services but do not feel adequately trained to do so (Bledsoe et al., 2013; Hays, 2015; Stanford & Philpott, 2011). According to Bledsoe et al. (2013), individuals with diagnosable disorders that can include depression, schizophrenia and others, may receive treatment from members of the clergy that consist of instructions to pray more intently (Bledsoe et al., 2013). Bledsoe et al. surveyed members of the clergy to determine (a) what they perceived to be the mental health needs of their congregation, (b) whether or not the clergy members could meet those needs, and (c) which of those needs caused the clergy the most stress.

Using an analysis of the literature, Hall and Gjesfjeld (2013) investigated the lack of mental health services available in rural areas because of accessibility issues, the lack of availability, and a substantial stigmatizing effect. The authors determined that while there is no difference in the types of mental illness diagnosed, the stigma has a significantly greater impact on individuals living in rural areas because of limited social

outlets and greater risk of social isolation. They go on to say that rural communities tend to be “more religious” (Hall & Gjesfjeld, 2013 p. 51) than urban communities and that members of the clergy are sought out for assistance with mental health issues because of availability and to maintain greater anonymity. Increasingly, members of the clergy have been regularly identified as the more desirable option for assistance with mental health issues (Hall & Gjesfjeld, 2013). Hall and Gjesfjeld also determined that pastoral training in the area of mental health interventions is less than adequate. They discussed the research, which showed that stigma and stereotype are inextricably attached to seeking help from a mental health professional.

The stigma attached to the use of professional mental health services spans many cultures. Cheng, Kwan, and Sevig (2013) used structural equation modeling to explore the impact of certain psycho-cultural variables, such as other-group and in-group orientations, and the ethnic identity on self-stigma and the perception of stigmatization from others. They determined that while approximately 50% of college students suffer from diagnosable disorders, under 25% seek professional help. Asian Americans were among those reporting the highest level of stigma-related distress associated with seeking professional psychological assistance followed by African-American and Latino students.

By employing a multiple regression analysis on data collected via an anonymous survey of Asian-American Christian clergy members from California, Yamada et al. (2012) determined that education level and knowledge of mental health were both positively associated with referring to a professional. Christians in the Asian-American

community seek help from the clergy in lieu of mental health professionals (Yamada et al., 2012). Members of the clergy are considered a less stigmatizing option in a community known for the use of complementary and alternative medicines for both physical and mental health issues. Additionally, within the Asian-American community the stigma attached to seeking help from a mental health professional extends beyond the individual to include family members and the entire social network of the patient (Cheng et al., 2013; Yamada et al., 2012).

In the African-American community, the stigma causes people in need to seek help for mental health issues from the clergy (Pieterse, Todd, Neville, & Carter, 2012; Snowden, 2012) or a general medical practitioner (Buser, 2009) before a mental health professional. Mesidor and Sly (2014) used a standard multiple regression to determine the contribution of each of the variables included in their study (subjective norms, behavioral control, outcome intentions, and psychological distress) on intentions to seek help with mental health issues. They found that 61% of respondents preferred the incorporation of religious values into therapeutic treatments. The results also indicated that African-Americans were less likely to seek the help of a mental health professional and more likely to seek help from members of the clergy for emotional issues.

Turning to the clergy for emotional issues is not likely to result in a referral to a professional (Bledsoe et al., 2013). The lack of a referral can lead to undiagnosed and untreated mental health issues. At the same time, according to Leavey et al., 2012, it should be noted that an extensive amount of literature is clear about the positive mental

health effects of religion and spirituality. The authors pointed out that membership and a sense of belonging contributed to better mental health. Moreover, religious values seemed to stimulate salubrious coping methods through forgiving, accepting, and praying.

There are several quantitative studies on pastoral counseling. The vast majority of this research attempts to predict help-seeking intentions or to quantify the likelihood of pastoral counseling outcomes. Others used Likert-scale responses to calculate the likelihood of where and to whom pastors might refer help seekers. None of these studies addresses the problems of low referral rates and the need for collaborative relationships.

The gap in knowledge becomes apparent when one considers the absence of a clear understanding of how to approach the problem. Some of the quantitative studies suggested that greater mental health education is required for members of the clergy (Hall & Gjesfjeld, 2013). They posit that this position suggests that clergy members should become pseudomental health professionals without adequate training or clinical experience. Meaning seminary students would receive some counseling courses without the benefit of clinical experience. This approach would also require a restructuring of pastoral education programs to include more mental health training, such as Clinical Pastoral Education programs, at the sacrifice of other seminary training; (Capps, 2014; Hedman, 2014; Payne, 2014; Rakow, 2013; Ross & Stanford, 2014). Other researchers suggest more community outreach from the mental health community to reduce the stigma of seeking help from a mental health professional (Anthony, Johnson, & Schafer,

2015). They posit that church mental health ministries can engage and inform local community members about the benefits of mental health professionals. Neither of these positions looks at the problem from the current clergy member's perspective.

This qualitative study of pastoral counseling experience from the PC's perspective fills a gap in the knowledge base. Using a qualitative method accommodated the many dynamics influencing the contextual nature of the clergy–congregant relationship. Qualitative studies often initiate additional research and with undiagnosed and untreated mental illness affecting over 26 million Americans, the untapped knowledge of pastoral counseling and referral decisions garnered from this research can have a lasting impact on the collaboration between members of the clergy and mental health professionals. Given the fact that members of the clergy have been referred to as the gatekeepers of mental health services, investigating their experiences and learning more about the referral decision process was an obvious starting point.

This study was needed to understand pastoral counseling before referral rates could be addressed. Before the mental health profession can increase referral rates or improve collaboration, there must be greater understanding of pastoral counseling and the decisions surrounding referrals provided by PCs themselves. The mental health profession cannot begin to understand how much they may not understand until there is a detailed information on the pastoral counseling experience. With a clear understanding of what a clergy member experiences, the mental health profession is in a better position to build a collaborative relationship. Any improvement in the relationship between clergy

members and mental health professionals would likely increase referrals through increased collaboration, which, in turn, would decrease undiagnosed and untreated mental illness.

Problem Statement

It has been estimated that 25–40% of all Americans seek help from members of the clergy for emotional issues that may represent a diagnosable and treatable mental health condition (Bledsoe et al., 2013; VanderWaal et al., 2012). As previously noted, research indicates that only 10% of those who sought the counsel of clergy were referred to a mental health professional (Hall & Gjesfjeld, 2013; Stanford & Philpott, 2011). Research also suggests that the prevalence rates for mental health disorders within America's general population are significantly higher than 10% and can indicate the degree of mental health issues for church congregants (Bledsoe et al., 2013).

Research suggests the existence of the following conditions. First, a significant number of Americans consider the clergy to be a first option for assistance with emotional problems, leading to clergy members being referred to as the gatekeepers of mental health (Leavey et al., 2012; Pickard & Inoue, 2013; Stansbury et al., 2012; VanderWaal et al., 2012; Yamada et al., 2012). Second, research consistently shows that approximately 10% of those who seek help from members of the clergy may be subsequently referred to a mental health professional while general population prevalence rates suggest a higher percentage of help seekers could use help from professional mental health providers (Hall & Gjesfjeld, 2013; Stanford & Philpott, 2011). Third, the majority

of clergy members that are asked to provide assistance for emotional issues, do not feel adequately trained or qualified to diagnose or to provide the necessary assistance for serious mental health issues (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013; Stanford & Philpott, 2011).

This study was built on previous research by exploring the experiences of the "gatekeepers" because, as such, they can affect the help-seeking outcomes of a large number of people who might otherwise go undiagnosed for treatable mental health issues. This study resulted in an increased understanding of what Southern Baptist clergy members experienced when asked to provide emotional support. By including these experiences in the literature, the mental health profession can begin to understand the reluctance shown by Southern Baptist Convention (SBC) clergy members to refer help seekers to a mental health professional. Developing a better understanding of the pastoral counseling and referral experience is an important step in developing a more collaborative relationship between clergy members and mental health professionals.

There is a gap in the qualitative literature on pastors' counseling and referral experiences. While this study addressed that gap, the fact that there is little literature on a particular phenomenon was not reason enough to conduct this study. It was the possible benefit to all involved (i.e. help seekers, clergy members, and mental health professionals) that presented the need for this study. Those benefits can conceivably have a positive impact on collaboration, referral rates, and undiagnosed and untreated mental

illness. This study has the potential to provide a pathway to additional research on the collaboration between members of the clergy and mental health professionals.

Purpose of the Study

The purpose of this study was to (a) describe the experiences of SBC clergy members who have provided help with emotional issues and to (b) explore the beliefs and opinions held by members of the clergy regarding professional mental health services. As a part of the research into those beliefs and opinions, research was included on what clergy members experienced when deciding whether to provide pastoral counseling or to refer congregants to professional resources or to do both.

A phenomenological approach was used to gain an in-depth understanding of the pastoral counseling experience and to understand the experience of weighing the options of whether to provide counseling, provide a referral, or providing both when presented with a request for help with emotional issues. According to Creswell (2013), this phenomenological approach allows the exploration of the experiences of a small sample, which resulted in rich, in-depth data. Further detail on the design of this study is provided in Chapter 3.

Research Questions

A phenomenological study was used to address the following research questions.

RQ1—: What are the experiences of Southern Baptist clergy members who have been called upon to provide mental health counseling?

SQ1—: What are the attitudes and beliefs of Southern Baptist clergy members regarding professional mental health services?

SQ2—: How do Southern Baptist clergy members evaluate the emotional issues of parishioners in order to determine whether to provide "counseling", a referral, or both?

Theoretical foundation

The Theory of Planned Behavior (TPB) (Ajzen, 1985) comprised the theoretical framework for this study. TPB extends Fishbein's (1967) theory of reasoned action by adding control beliefs as a further determinant of intentions. The theory of reasoned action is based on the theory of propositional control presented by Dulany in 1967. The theory of reasoned action helps to clarify the relationship between behavior and attitudes. Because people do not always act according to their attitude, Fishbein posited that behavior is not influenced by attitude alone, but is also affected by social norms and personal norms (Fishbein & Ajzen, 1975). Ajzen (1985) believed that the addition of behavioral control would allow the theory to encompass situations where individuals do not have enough volitional control to affect the outcome. For example unless one has control over the weather, the intention to build a snowman on Christmas day is not under the control of the intended builder.

There is strong empirical evidence supporting the use of TPB to predict behavior (Aldrich, 2015; Ito, Henry, Cordova, & Bryan, 2015; Mak & Davis, 2014). TPB was a good fit for this research regarding the behavior of pastors. According to TPB, a person's behavior is guided by three things: behavioral beliefs, normative beliefs, and control

beliefs. Behavioral beliefs are based on the expected consequences. One example of negative consequences might be the belief that psychology is dangerous and there could be spiritual consequences for referring someone to a psychologist. Normative beliefs are rooted in social norms and perceived social pressures, as in a pastor being expected to care for the flock. The control beliefs of the theory are based on being able to control those factors that may have an impact on the success or failure of your behavior. The pastor could be expected to control those factors that might lead to a successful outcome.

The three research questions outlined above were focused on past experience, attitudes, and behavioral intention respectively. TPB is centered on determinants of one's intention to engage in a certain behavior. This study was intended to describe pastoral counseling experiences and pastoral attitudes toward mental health professionals as well as how pastors determine whether to counsel or refer. There is more information on TPB contained in Chapter 2.

Conceptual Framework

The conceptual framework provides a worldview that was used to explain a particular topic or phenomenon. For this study, social constructionism was used as a conceptual framework. Constructionism is a knowledge theory, which posits that knowledge and meaning are not universal truths merely reflected by one's observance. Rather, knowledge and meaning are "constructed" through an interaction between an object or idea and the individual who experiences it (Creswell, 2013). Social constructionism, as introduced by Berger and Luckman (1966), applies social interaction

to constructivist theory to help explain how knowledge is developed through socially constructed realities (Galbin, 2014, 2015). Reality exists solely in relation to individuals with the ability to understand their own perceptions through social exchange. Knowledge is not constructed by the individual; rather it is constructed socially and is dependent upon what is socially acceptable within a given community or culture (Patton, 2002).

Social constructionism underscores the controlling influence that one's culture has on perception and behavior. It can shape how we see things and the way we feel (Patton, 2002). Societal and cultural influence provides one with a definite worldview. It should be noted that social constructionism references to the construction of knowledge about reality not the construction of reality itself.

Religion is a good example of social constructionism. Religion demonstrates how truth is considered absolute within a particular community, yet considered by an observer to be relative to other truths. Religion also demonstrates how reality is not freely constructed socially; reality is limited by the sociocultural structures established by predecessors (Schilbrack, 2012). Religious dogma is also a demonstration of the influence predecessors have on the current construction of knowledge and truth.

The focus of this study was pastoral counseling and referral behavior. Because pastoral counseling involves the interaction of more than one individual, it is, at its core, a social phenomenon and aligns well with social constructionism. Chapter 3 contains information on how this worldview affects data analysis and Chapter 2 contains more detail on social constructionism.

Nature of the Study

This phenomenological study was designed to understand the experiences, attitudes, and beliefs of Southern Baptist clergy members regarding pastoral counseling, mental health professionals, and the decision on whether to refer to them. The phenomenological approach was suited for problems of this nature. First, I gathered detailed descriptions of the common phenomenon, highlighting certain significant meanings as expressed by the participants, and trying to find the essence of the common experience (see Creswell, 2013; Morley, 2012; Patton, 2002). Because there was so little research on how members of the clergy experience the provision of pastoral counseling, a qualitative approach was fitting. Qualitative research was used to delve into previously uncharted areas in order to develop thematic understandings of phenomenon from those who have experienced it (Patton, 2002).

Data for this study were collected via face-to-face interviews from Southern Baptist clergy members selected from the Atlanta Metro area. Phenomenological studies can vary in sample size, but do not require large samples; some researchers suggest 8 to 15 participants (Creswell, 2013). The final sample size was nine participants and was determined by reaching data saturation. Given the homogeneity of the sample, and the limited number of selection criteria, data saturation could be reached quicker (Mason, 2010). Purposeful sampling provided “information-rich” participants who provided insights into, and deeper understanding of, the research questions instead of empirical generalizations (Patton, 2002).

The interviews included several open-ended and semistructured interview questions designed to answer the three research questions. Each of the interview questions was be followed up by probing questions used to garner greater detail when applicable. Interviews were audio recorded and notations were made for relevant nonverbal sounds and gestures (e.g., laughter or physical demonstrations). Audio recordings and relevant notes were transcribed into Microsoft Word document files. In order to protect the identity of participants, pseudonyms were used (e.g., Mr. A, Mr. B, Mr. C, etc.). Once transcription was completed, the files were imported into NVivo software for analysis. Audio MP4 files were created from the recordings and attached to each NVivo record. A combination of a priori coding and emergent coding was utilized in the analysis of the data, meaning that some categories were developed prior to conducting interviews and some categories were developed after multiple iterations of transcript review. Chapter 3 contains greater detail on data collection and analysis.

Definitions

The following terms were used in this study and are defined below.

Atlanta Metropolitan area: According to the US Census Bureau, the Atlanta Metropolitan area includes the City of Atlanta and 30 adjacent counties (U.S. Census Bureau, 2015).

Gatekeeper Model: The gatekeeper model views clergy members as a help seeker's first option for help with an emotional issue (Bledsoe et al., 2013; Leavey et al.,

2012; Pickard & Inoue, 2013; Stansbury et al., 2012; VanderWaal et al., 2012; Yamada et al., 2012).

Help Seeker: For this study, a help seeker is a person or persons (couples or family members) seeking emotional support for an emotional issue or for someone who has an emotional issue.

Ordained Member of the Clergy: For this study, an ordained member of the clergy is someone who has been consecrated to engage in the performance of religious rites and to conduct religious ceremonies.

Pastor: For this study, the term Pastor refers to an ordained member of the clergy.

Pastoral care: For this study, pastoral care is the providing of assistance with spiritual change and personal problems (Sperry, 2016). For the purposes of this study, pastoral care is synonymous with pastoral counseling listed below.

Pastoral Counseling: There are some who distinguish pastoral counseling from pastoral care (Sperry, 2013, 2014, 2016) and others who consider the two indistinguishable (Stansbury et al., 2012). For the purposes of this study, pastoral counseling includes providing emotional support and assistance with depression, anxiety, stress, marital issues, family problems, relationships, bereavement, and grief issues (Stansbury et al., 2012).

Assumptions

Because the inclusion criteria were self-reported by the participant, it was assumed that each of the participants in the study actually met the criteria for inclusion.

Each participant was expected to (a) be an ordained member of the clergy, (b) have provided pastoral counseling to at least five help-seekers over the most recent 24-month period, and (c) had at least considered, if not provided, a minimum of three referrals to a mental health professional during the last 24 months.

Assuming that the self-reported data were accurate allowed for the gathering of a homogeneous sample of ordained clergy members (to remove the potential of perceived experiential differences due to denomination) with pastoral counseling and referral experiences. The counseling and referral data was assumed to be accurate because, while regulations may not exist, it was assumed that some level of privacy was maintained on pastoral counseling records. The same was assumed for referral records. This would prevent the verification of their claims.

In this study I also assumed that referral behavior was affected by the amount of professional mental health options available and that urban areas provide greater access than rural areas (Hall & Gjesfjeld, 2013). The design of this study was based on clergy members from the Atlanta Metro area to reduce the impact that a lack of available mental health services could have on counseling and referral behaviors.

Scope and Delimitations

The scope of this study included the pastoral counseling and referral experiences of clergy members from the SBC in the Atlanta Metro area and their attitude towards professional mental health services. Interviews were used to learn about participants' experiences while avoiding detailed counseling session information. Additional

information included were data on both the participants' level of education and the criteria each used to determine when and if a referral might be necessary.

The SBC was chosen as a source for participants because it is the largest Baptist organization in the world and the largest Protestant organization in the United States. While the SBC offers a diverse membership, all SBC churches adhere to its statement of faith called the Baptist Faith and Message (BF&M). This added a level of consistency to the data by eliminating the effect of by denominational differences.

The study was limited to the Atlanta Metro area because it provides numerous professional mental health options that might not be available in rural areas. As noted in Assumptions above , the availability of professional mental health options is considered to be an important factor in a clergy member's referral decisions. Rural areas were not included in the study.

In qualitative research, transferability means the ability to transfer the results of this study to other contexts (Sousa, 2014). Because the nature of this study was qualitative, the transferability of the results were limited to clergy members of the SBC. Transferability of the results must be decided by the researcher who is considering the transfer. The researcher must consider the population and context of the study being considered to make a determination on the appropriateness of the transferal. The SBC is the largest Baptist organization in the world. Thus, it provided meaningful descriptions of the pastoral counseling experience.

Limitations

The goal of the study was to describe the essence of the pastoral counseling experience by gathering individual experiences through personal interviews. However, idiographic phenomenological data may or may not provide general insights (Finlay, 2012).

Because of the cultural diversity of the SBC, there is the possibility that cultural differences may have had an impact on the data. Different cultures can have dissimilar etiologies for mental illness (Bledsoe et al., 2013). Some clergy members believe that depression is due to genetics or biology, while others see it as a matter of resilience, while others simply call it sin (Openshaw, & Harr, 2009; Rogers et al., 2013; Ross, & Stanford, 2014). Cultural differences can also influence the perception of mental health professionals as well as attitudes regarding referrals.

Another limitation was the inherent bias produced by a purposeful sample centered on a single denomination. Although the study was intentionally focused on a single denomination to control for denominational differences in attitudes and beliefs about mental illness, this focus could also be considered a weakness because of the commonality of a socially constructed set of beliefs that conform to the SBC's BF&M.

Another limitation was the bias that can be inherent in qualitative research. Interviews introduce a set of biases that can influence the findings of a phenomenological study. Here are some of the biases that can affect interview data. (a) Consistency bias is the result of a participant attempting to present consistent answers, thus allowing a

previous statement to influence the truthfulness of latter statements. (b) Social acceptance bias can encourage a participant to provide socially acceptable responses that are not completely accurate. (c) Overstatement bias can cause a participant to overstate opinions, accomplishments, or intentions.

Researcher biases can also have a major impact on the quality of research results. By documenting and bracketing known biases, researchers attempt to avoid affecting the data. Chapter 3 contains greater detail on bracketing one's biases to minimize the impact they may have on the results. Biases held by a researcher can manifest themselves in other ways. Race, gender, age of the interviewer, facial expressions and body language can all influence a participant's response.

While some of the above influences were unavoidable, every effort was made not to allow biases to affect the study. The physical influences were controlled by managing my appearance and keeping my facial expressions as neutral as possible. Dress was not too casual or too formal. Body language and tone remained neutral throughout the interview and no opinions were offered by the interviewer.

Significance

There is little research on pastoral counseling and on referrals from the perspective of clergy members. Members of the clergy refer 10% of help seekers to a mental health professional (Hall & Gjesfjeld, 2013), which is considerably lower than the prevalence rates extrapolated by Bledsoe et al. (2013) based on prevalence rates for the general population. The decision to refer a help seeker to a mental health profession is at

the discretion of the clergy member who has been asked for help; which is an important aspect of what was researched. It was this experience that spoke directly to the collaboration of clergy members and the professional mental health community. One of the potential contributions of this research is a greater collaboration between mental health professionals and members of the clergy. The potential contribution of this research is expressly endorsed by the American Psychological Association (APA).

The APA's Division 36 is the Society for the Psychology of Religion and Spirituality. Part of the mission statement of Division 36 includes the promotion of psychological research into religion and spirituality. The APA's website for Division 36 also encourages incorporating the results of that research into clinical settings. Division 36 calls for more collaboration between the mental health profession and religious organizations. The division "fosters constructive dialogue and interchange between psychological study and practice on the one hand and between religious perspectives and institutions on the other" (APA, n.d.).

The literature has suggested and continues to suggest that members of the clergy are the gatekeepers of mental health help seeking (e.g., see Hays, 2015; VanderWaal et al., 2012; and Yamada et al., 2012). As the gatekeepers, the clergy are positioned to influence the behavior of a large number of those in need of professional help for mental and emotional issues. This study was an initial step in understanding what Southern Baptist clergy members experience when solicited by a parishioner for help with an emotional issue. Through understanding these experiences, mental health professionals

can better address the potential reservations held by Southern Baptist Convention (SBC) members of the clergy regarding referrals to a mental health professional. By understanding the experience and the apprehension of a PC, mental health professionals can take steps to alleviate those apprehensions.

According to the Pew Research Center, there were 172.8 million Christians in America as of 2014. As noted above, VanderWaal et al. (2012) determined that 25–40% of Americans seek help for emotional issues from the clergy. If 25% of the population seeks emotional help from members of the clergy, it stands to reason that at least 25% of Christians would do so. Therefore, 43.2 million Christians seek help (25% of 172.8 million). Using the 90% estimate established by Hall and Gjesfjeld (2013), Stanford and Philpott (2011), clergy members could affect the help-seeking behavior of up to 38.9 million Americans who might otherwise go untreated.

Summary

Because of their gatekeeper status (Bledsoe et al., 2013; Leavey et al., 2012; Pickard & Inoue, 2013; Stansbury et al., 2012; VanderWaal et al., 2012; Yamada et al., 2012), members of the clergy appear to be the focal point for developing collaboration with mental health professionals. Understanding the experiences of clergy members who have to decide whether a referral is warranted could provide greater understanding of how to increase referral rates while reducing undiagnosed and untreated mental illness.

Because the gatekeeper model has some inherent flaws (discussed further in Chapter 2), focusing this study on clergy members was not an endorsement of the model.

Instead, interviewing members of the clergy made sense because, for many Americans, clergy members represent the first option for mental health care. They are the decision-makers when it comes to referrals.

This study was centered on gaining valuable insight into pastors' counseling and referral experiences, where clergy members are often presented with mental health issues that are beyond of the scope of their training and experience. The research also included how those experiences influence the attitudes and opinions held by SBC clergy members about mental health professionals. Cultivating a collaborative relationship between members of the clergy and mental health professionals represents a positive social change through increased collaboration.

Chapter 2 covers the following topics: (a) the strategy used to find pertinent literature, (b) the conceptual framework and theoretical foundation, (c) a brief history of religion and mental health, (d) the views of religion, psychology, and sociology, including the current relationship between psychology and religion, (e) Pastoral training in psychology and the impact it has on referral decisions, and (f) review of the research methods used by the researchers that produced the literature.

Chapter 2: Literature Review

Introduction

People often seek assistance from members of the clergy for emotional issues that may represent diagnosable and treatable mental health conditions. According to the literature, only 10% of parishioners seeking support for coping with emotional issues are referred to a mental health professional, indicating 90% of help seekers that may be suffering from a diagnosable condition are not referred to a mental health professional (Anthony et al., 2015; Ross, & Stanford, 2014; Stanford & Philpott, 2011). In a study of Christian clergy members, VanderWaal et al. (2012) found that on a monthly basis, more than 50% of all Christian clergy members encounter individuals with mental health or substance abuse issues. However, for parishioners who are seeking emotional help pastors show a reluctance to refer to a mental health professional, leaving those that may be in need of professional help to go without treatment (Ross, & Stanford, 2014). The literature on the experiences of clergy members who provide counseling to parishioners is sparse. Additionally, there is little literature on the clergy's reluctance to refer parishioners to a mental health professional (Bledsoe et al., 2013; Ross, & Stanford, 2014; Stanford & Philpott, 2011).

Because there was limited information regarding pastors' counseling and referral experiences, the review of the literature included a review of the relationship between religion and psychology, and the origins of that relationship to provide greater clarity. The goal was to understand the relationship between members of the clergy and members

of the mental health profession through a review of historical events that shaped the opinions of both sides. To make a serious effort to bridge the gap between religious faith and mental health, one must consider how they have historically perceived each other (Sullivan et al., 2014).

Members of the clergy and mental health professionals have always shared a common goal in providing emotional well-being to individuals in need, yet the conflict between religion and psychology has a long history where vitriolic rhetoric has been espoused from both sides. The origins of religion's influence over mental health issues will be reviewed through a series of historical occurrences and biblical references. In the absence of specific literature on pastoral counseling and referrals, reviewing the historical and social context can shed light on the historical basis for the opinions held by members of the clergy.

The following chapter begins with the search strategy used to locate pertinent literature germane to the study. The search strategy is followed by the conceptual framework and theoretical foundations employed by this study. The chapter includes a brief history of religion's reign over mental health, the interplay between religion, psychology, and sociology, the current relationship between psychology and religion, pastoral training in psychology, a review of the methods used in the literature, and concludes with a summary of the chapter.

Search Strategy

This study was focused on the experiences of clergy members of the Southern Baptist Convention that have been asked to provide help with emotional issues. When individuals seek help with emotional issues from members of the clergy, the clergy member must decide on an appropriate course of action. While TPB will be discussed in the theoretical foundation section below, the main components, which are behavioral, normative, and control beliefs, had an impact on the search strategy. First, because the behavioral beliefs or expected consequences experienced by a member of the clergy when deciding whether to provide assistance or a referral to a mental health professional would be affected by their opinion of mental health professionals. Second, the normative beliefs that are anchored in social pressure and social norms may be better understood through the review of literature regarding the relationship between religion and psychology and the relationship between members of the clergy and mental health professionals. Third, the control beliefs regarding control over the outcome can be derived from information on pastoral training and education in mental health issues.

Beginning January 2016 and repeated regularly until November 22, 2017, a series of systematic searches were performed in order to locate literature relevant to the experiences of clergy members who are asked to provide help with emotional issues. In addition, literature regarding the relationship between religion and psychology was also sourced in order to provide an understanding of the history of the relationship. The keywords used in multiple searches were used independently and in various

combinations. The keywords used were *pastoral counseling, spiritual counseling, religious counseling, mental health counseling, religion, science, spirituality, psychology, pastoral referral, pastoral education, pastoral training, professional mental health counseling, and clergy.* The multiple electronic databases that were consulted simultaneously during the search are Academic Search Complete, Dissertation Abstracts, Education Research Complete, ERIC, MEDLINE with Full Text, PsycARTICLES, PsycINFO, and SocINDEX. For those proprietary databases with restricted Internet access, additional searches were performed on-site at local libraries using the same keywords. Those databases are RIM (Research in Ministry), CDRI (Cooperative Digital Resources Initiative), and the databases of the ATLA (American Theological Library Association). The majority of referenced literature was limited to publications with dates after the year 2011 and from peer-reviewed journals.

It was determined that very little literature exists on the specific topic of the counseling and referral experiences of members of the clergy. Therefore, the results of the additional searches mentioned above were used in an effort to glean a better understanding of what might affect referral decisions and the relationship between members of the clergy and mental health professionals. The search on pastoral education and training as well as the search for literature pertaining to the relationship of psychology and religion was not limited to TPB; it was also reviewed as it pertains to pastoral referrals to mental health professionals.

Below is a table of the summary search results for each search (see Table 1). Each line in table 1 represents a summary of several keyword searches. For example, pastoral mental health training would include search results for "*clergy and mental health training*", "*pastoral mental health training*", "*pastoral or clergy and psychology or mental illness*"

Table 1

Summary Results for Selected Searches

	Total Results	Limited to 2012	Relevant [a]	Referenced
Pastoral counseling	2,248	540	30	21
Pastoral counseling and mental health	491	145	6	4
Pastoral counseling and referral	71	18	7	3
Pastoral mental health training	45	18	3	6
Science and religion	37,703	9,909	30+	24

[a] Some results are duplicated on multiple lines.
Note. Results shown are for searches conducted thru November 22, 2017.

Due to the sparsity of literature on the referral patterns of clergy members, the literature regarding pastoral counseling, pastoral training, and the relationship between religion and science was reviewed in addition to the available literature on pastoral referrals to mental health professionals.

Conceptual Framework and Theoretical Foundation

Conceptual Framework

One of the reasons help seekers are drawn to members of the clergy is because of the trust associated with religious divinity (Mesidor, & Sly, 2014; Wood, Watson, & Hayter, 2011; VanderWaal et al., 2012). This means that while religion and faith per se

are not the focus of this study, religion is completely interwoven into the fabric of pastoral counseling. Because experience is the heart of religion (Nelson, 2012), using a phenomenological approach was an appropriate choice to capture the experiences of members of the clergy. Religion was invented, not discovered and it is a social construct (Schilbrack, 2012). Therefore, Social constructionism, which appears to be a good match for a study involving religion, was used as the conceptual framework for this phenomenological study.

Social constructionism is founded on George Herbert Mead's 1912 symbolic interactionism. Symbolic interactionism is an approach to researching human behavior and life (Mead, 1912). Symbolic interactionism views reality as being created socially through interactions with others (Blunter, 1994). A symbolic interactionist believes in the existence of reality (Mead, 1912). This reality is based on individual social definitions that are developed in relation to something real. Individuals do not respond directly to reality, but rather to a social conception of reality. Individuals view reality through a lens filtered by social perspectives (Blunter, 1994; Mead, 1912). Expanding upon Mead's symbolic interactionism, two foundational thinkers and psychology, Berger and Luckman (1966) introduced social constructionism and did not subscribe to the theory that the human mind is simply a mirror of a reality that exists externally (Galbin, 2014, 2015). Instead, reality is constructed of perceptions developed through social exchange. This socially created reality must fall within the parameters of previously established sociocultural structures (Galbin, 2014, 2015; Schilbrack, 2012).

Social constructionism is a theory that states knowledge and truth are constructed through social interaction (Galbin, 2014, 2015; Schilbrack, 2012). A central focus of social constructionism is to investigate the manner in which individuals and groups collectively construct their perceived reality (Berger & Luckman, 1966). These social constructs or constructions are the representations assigned by a society or group to objects or events. These views are then adopted by members of the group when responding to the object or event. Even when reacting to one another, group members form conceptual representations of the actions of other group members that are ingrained into reciprocal roles of each member of the group (Galbin, 2015). When considered in this way social constructs are collectively constructed and accepted as reality by members of the group. This sentiment is not necessarily shared by members of other groups.

Social constructionism is an understanding of the world resulting from the historical processes of negotiation and exchange between groups. This often results in realities that support the interests of socially dominant groups. Religion and religious groups are the epitome of social constructionism.

Theoretical Foundation

The goal of this study was to explore the experiences of clergy members of the Southern Baptist Convention who have been asked to provide emotional assistance to parishioners. Within the counseling experiences of the clergy member is the inherent decision that she or he must make on whether to provide some type of treatment or to refer the individual to a mental health professional. As a part of this study, there was also

research into the components of that decision process such as the attitude of the clergy member toward mental health professionals and any prior experience with providing mental health assistance as well as the amount, if any, of mental health training.

TPB (Ajzen, 1985) was the theoretical foundation for this study. TPB originated as the theory of propositional control that was originally posited by Dulany in 1967. The theory of propositional control generated Fishbein's (1967) theory of reasoned action. The theory of reasoned action added to Dulany's attempts to explain how attitude affects behavior. Fishbein believed that attitude alone was not the only influence on behavior because actors do not always behave in accordance with their attitude. Actors may hold a particular attitude that promotes engaging in a behavior that the actor avoids because that behavior would violate certain social and personal norms. Fishbein believed that behavior was considerably influenced by social norms and personal norms in addition to attitude. Consider an actor with an attitude that supports corporal punishment. This actor might not engage in such behavior because it is against the law (violating a social norm). Moreover, personally administering corporal punishment may be considered immoral by the actor (violating a personal norm).

Modifying the theory of reasoned action by including control beliefs as an additional determinant of intended behavior, Ajzen (1985) introduced TPB. TPB suggests that behavior intentions are driven by three factors. The first is the attitudinal belief regarding the behavior, which means the belief of whether it is an agreeable behavior or a disagreeable behavior. The second factor is normative beliefs, made up of social norms

and personal norms. Social norms are a collection of norms that define culturally acceptable behavior, while personal norms are those that determine acceptable behavior on a personal level. The third factor influencing the intention to engage in certain behaviors is control beliefs. Control beliefs represent the amount of volitional control over performing the behavior and the perceived level of control over the outcome. Ajzen introduced control beliefs in order to accommodate those situations where there was no volitional control rendering the behavior impossible to perform. For example having the attitude to prove lightning is a bolt of electricity combined with the belief that if there is lightning one can control the outcome and it violates no social or personal norm does not make the behavior possible without control over the weather.

TPB as a theoretical framework aligned nicely with the purpose of this study as well as the research questions. When considering the experiences of clergy members who were asked to provide emotional assistance, those experiences can be viewed through the three factors that make up TPB. First was the exploration into the counseling and referral experiences of members the clergy. That included exploring the attitudinal beliefs of the clergy members regarding counseling as well as their opinions of mental health professionals. Second, the investigation of normative beliefs included the examination of perceived social and personal norms held by the clergy member. The social norms consist of what the clergy member perceived to be the opinions held by members of the church regarding pastoral counseling and referrals. The personal norms were the clergy member's own perception of pastoral counseling and referrals. The last of the three

factors in TPB that were investigated is the control beliefs held by the pastor over either outcome, counseling or referral. Because research indicates that any mental health education experienced by members of the clergy increases feelings of self-efficacy regarding mental health issues, the interviews also investigated mental health training and previous experiences with mental health issues.

Opposing Views Held by Psychology and Religion

Psychology is a branch of science and the worldviews of science and religion have often been thought to be diametrically opposed (Drobot, 2015). Religion employs faith, rituals, and sacredness to acquire knowledge and truth. Although Holy Writ taken from the Bible is not scientific evidence, it can inform us of how the interpretation of biblical scripture was understood in the religion-mental health relationship. The science of psychology is known to use evidence-based scientific inquiry and research to establish the empirical. Although the current guidelines on education in psychology include the exploration of multicultural issues like religion (American Psychological Association, 2002), psychology is rooted in positivism leading many psychologists to avoid raising religious issues during therapy (Elkonin, Brown, & Naicker 2014).

History of the relationship between religion and psychology

This section is a condensed historical perspective of the relationship between religion, mental health, and psychology. It should be noted that it is comprised of selected historical events that highlight the atmosphere surrounding the relationship in Western culture that developed between Christianity and science. This section was intended to

provide context to the shared history that helped to shape the current relationship between religion and psychology. A full chronological account or an exhaustive investigation of the shared history of religion and psychology was considered beyond of the scope of this dissertation. Throughout this section the terms science, psychiatry, and psychology are used to represent professional mental health services or providers. The individual terms are used to maintain the integrity of the source being cited as well as its appropriateness for the era in which the condition, event, or observation occurred. It begins with the human instinctual need to explain or understand the world.

Ancestral humans must have lived a very precarious life fraught with the uncertainties of hunting efforts, agricultural outcomes (weather and harvest) and predators (Collier, 2014; Sasser, 2015). Research shows that uncertainty leads to fear (Sasser, 2015). Collier (2014) posited that this fear would have been the motivation behind the ancestral investigation of those hidden forces that were controlling fate. In addition, early cognitive capabilities would have led to the conclusion that it must be controlled by some hidden force that is the distributor of prosperity and poverty (Collier, 2014; Sasser, 2015). Those forces were thought to control the environment or the physical matter that could be experienced in a somatic way.

Prior to the conflict between religion and science, truth and reality were understood not just in terms of matter and the forces that control the environment, but also spirit (Collier, 2014; Rakow, 2013). Using the five senses, somatic processes could be used to experience matter and determine if the environmental gods are agreeable.

Spirit on the other hand was not so easily defined. Spirit was considered a life force inhabiting the living. Because the five senses do not account for the difference between a living human being standing in one's presence and the human who has collapsed dead in one's presence, spirit can account for the difference because it is only present in the living and not in the dead (Collier, 2014).

As time went on, specialists began to emerge who were deemed responsible for spirit. It was up to clergymen, priests, shamans, and witch doctors to understand and control the spirit world (Collier, 2014). When it was discovered that spirit had the power to heal, there was a propensity to capture this healing spirit through ritualized behaviors that were believed responsible for the desired result (Cremins, 2002). Myth then became the explanation for various phenomena. This formula was the same one used when attempting to explain mental illness. Because mental illness can exist without displaying any physical characteristics, the only way to account for unpredicted and unusual behaviors was to classify them as bad spirits (Cremins, 2002). Thus begins the establishment of a relationship between spirits and mental illness.

A Biblical View of Mental Illness

It should be noted that in this dissertation the word religion is primarily concerned with Christianity in general, as it exists in Western culture without focusing on a particular sect or subgroup. Prior to 1000 BC, religion established its domain over mental illness. During Hebraic times, the Old Testament states in Deuteronomy 28:28 "the Lord will afflict you with madness, blindness, and confusion of mind." Ezekiel cautioned

against the abuse of pastoral authority seen as a betrayal of the authority placed in members of the clergy when God condemned the shepherds for not properly caring for the people (Ezekiel 34:2-3) causing God to proclaim that henceforth only David will be the shepherd for the people (Ezekiel 34:23) (King James Bible).

Circa 300, Jesus is focused on suffering and healing in terms of the entire person with little or no separation of the mind, body, and spirit. The emphasis was on how life's thoughts influence health (Matthew 15:17-20), with early Christians believing that prayer is the cure for all mental and physical illness whether caused by sin or not (James 5:14). While all Scripture contained in the Bible is subject to various interpretations, there are particular interpretations of certain Scriptures that support a religious approach to mental illness. Luke 8:26-35 (King James Bible) tells the story of a man who was isolated, living alone, and possessed by demons who is encountered by Jesus. Jesus cast the demons and unclean spirits from the man. This Scripture provides one blueprint that suggests curing mental illness is accomplished by the restoration of the soul by ridding the individual of evil spirits through exorcism, faith, and prayer. In 1 Timothy 6:20, Timothy is warned to avoid "what is falsely called knowledge" (King James Bible). This Scripture has also been seen as a warning to avoid a scientific or medical understanding of mental illness and instead endorse a spiritually based understanding of mental illness.

A Historical View of Mental Illness

By the 1600's religion's hold on mental illness was strong given that the vast majority of mental disorders were understood as some form of demonic possession.

Actually, prior to the 17th century, it was hard to distinguish religion from science because illness was thought of in the context of spirituality (Sullivan et al., 2014) and the treatment of mental illness consisted mainly of exorcisms (Mercer, 2013). It was not until the Age of Reason a.k.a. the period of Enlightenment (circa 1700), that modern science began to explain behavior, causing a rift between religious understanding and scientific reasoning. The late 1600s also saw the word "psychologia" used for the first time (Koenig, King, & Carson, 2012).

The 18th century was a time when science began to challenge religion's traditional values by arguing that human nature's essence is reason, and the universe can be explained by science (Rogers, Yuvarajan, & Stanford, 2013). This was especially evident when it came to the issue of mental illness. The mentally ill were placed into insane asylums where they received medical treatment that included enemas and bloodletting. When mental illness began to be medicalized, members of the faith community began to feel devalued by the decreased importance placed on faith and members of the clergy in treating emotional issues (Sullivan et al., 2014). From 1782 to 1832, an important yet seemingly unrelated movement swept the United States. Calvinistic teachings on the depraved nature of man are questioned, leaving some theologians to shift to the doctrine of *free will* from *predestinarianism*. Free will means there is the possibility for humans to have an influence over their salvation by doing good works. This shift provided significant social force in helping America prepare for a new approach to treating the mentally ill (Koenig et al., 2012).

William Tuke, a leading Quaker philanthropist did not believe mental illness should be addressed with the harsh medical approach being used. He felt mental illness was an affliction of the mind and spirit that required compassion, psychology, and spiritual awareness and not the bleedings, ice baths, and purging. Tuke's "moral treatment" had quickly spread to America (thanks in part to Calvinistic teachings) leading to the establishment of the "Friends Asylum" in Philadelphia in 1817 (Koenig et al., 2012).

During the period from 1875 through 1890, science openly began opposing religious dogma. During the 1880s, the term "psychiatrist" was introduced (Koenig et al., 2012). Psychiatrists wanted to establish their discipline as scientific, similar to other medical disciplines and distanced themselves from religion. After 1890 through 1915, Psychology emerges as a sub discipline of philosophy. Many in the religious community perceived the increasing acceptance of psychology as a threat to how the Bible interprets humanity (Sullivan et al., 2014). Even subtleties such as the white lab coats of medicine in contrast to the black robes of the clergy were perceived as threats to the authority previously held by the church (Sullivan et al., 2014). In the early 1900s prominent psychologists such as Sigmund Freud and Carl Jung subscribed to a naturalistic worldview, emphasizing that behavior could be understood without assigning spiritual causes.

Disturbed by the claims made regarding mental illness that religion has been replaced by psychology, many members of the clergy began to attack psychology's

principles and restated mental and emotional issues strictly in religious terms (Rogers et al., 2013). Additionally, Rogers et al., (2013) point out that the above-mentioned claims caused the religious community great pause, resulting in some clergy members warning their parishioners against psychology or the use of psychologists; fearing that psychologists would discourage individuals from religious faith (Rogers et al., 2013).

According to Bledsoe et al. (2013), leaders within the religious community historically mistrusted mental health professionals. Polson and Rogers (2007) found that members of the clergy seldom refer parishioners to a mental health professional. Instead, they would rather conduct their own counseling sessions. The distrust that fuels the reluctance to refer parishioners is in part reinforced by the widely held views of the general public that religion is somehow inferior when compared to psychology (Rogers et al., 2013).

Foundational Thinkers of the Psychology of Religion

Freud (1933) called religion an illusion. Freud once stated that religion is not a lasting proposition; he compared it to a temporary neurosis that is comparable to experiencing adolescence (Freud, 1939). Freud did however recognize the benefits of religion in establishing appropriate behaviors during the early evolution of civilization. He pointed out how religion provides restraint during the development of civilizations. However, Freud felt that humankind would outgrow religion and hoped that science would eventually supersede religion with reason, replacing religious faith (Freud, 1928). More than 100 years ago, it was the philosopher Nietzsche who said that God is dead

(Berger, 2009). That sentiment was later echoed by psychologists of the 19th century who celebrated the triumph of psychology over demonology and the liberation of humankind from the superstitions and rituals of Christianity (Behere, Das, Yadav, & Behere, 2013). Both Karl Marx and Sigmund Freud, two well-known minds that influenced the prevailing thought of both the 19th and 20th centuries, agreed with this sentiment (Berger, 2009). Berger goes on to point out that Karl Marx believed that in society, religion was a distorted awareness designed to oppress.

Of course, any serious discourse about religion and psychology must include Carl Jung (1875-1961), who was a pivotal thinker in psychology. In 1913, Jung veered away from Freud because Freud was unable to acknowledge the value of religion and spirituality. Some clergy members felt that Jung was disputing theologies and dogmas, when he was simply applying his personal experiences to the exploration of society's misgivings with certain aspects of faith. (der Heydt, 1977). Meaning, because Jung personally experienced the archetypal energies resulting from his self-described numinous experiences, he felt that religion's presentation of the concepts of good and evil as external phenomena instead of internal psychic truths was incomprehensible to modern thinkers.

Jung described the psyche as a sophisticated theory of religion's psychogenesis where archetypal energies of the unconscious seek to be realized in the conscious. The archetypal energies referred to by Jung can potentially cause an experience to have numinous qualities. It is the numinous qualities of the experience that provide a sense of

divine spirituality, and thus religion. Jung felt that numinous experiences, similar to his personal experiences, represented the essence of religion without necessarily being religious. When experiences are numinous, such as the experiences of Jung from an early age, a powerful emotional feeling that can affect the entire body and soul takes place, which can also alter one's consciousness (Martinez, 2011).

This process is described as an autonomous dialectic with the unconscious archetypal on one side and the conscious ego on the other. According to Jungian psychology, spirituality and religion are integral to mental health. Emphasizing the importance of spirituality and religion to mental health has been considered one of the factors that led to the psychotherapy community's marginalization of Jungian thought in the past (Corbett, 2013). However, current research on how religion and spirituality are associated to outcomes such as physical health and particularly mental health (Hill & Pargament, 2008; Piedmont, 2013; Rogers, Skidmore, Montgomery, Reidhead, & Reidhead, 2012) has positively influenced the psychotherapy community's opinion of Jungian psychology, which has gained popularity during the 21st century (Corbett, 2013; Martinez, 2011).

The American Psychological Association Division 36-The Society for the Psychology of Religion and Spirituality has seen a tremendous amount of research supporting the benefit of numinous constructs (Piedmont, 2013). Division 36 has evolved over the years. Its origins date back to 1949 when the *American Catholic Psychological Association* was created. After being renamed in 1970 to *Psychologists Interested in*

Religious Issues, in 1976 it became an official division of the APA. In its continuing evolution, the name was changed again to *Psychology of Religion* in 1993. In 2012 division 36 was renamed to its current name, *The Society for Psychology of Religion and Spirituality*.

In 2009, APA Division 36 began publishing a journal called Psychology of Religion and Spirituality. Since that time, the field of Psychology of Religion has experienced tremendous growth (Piedmont, 2013). Piedmont (2013) points to several factors that helped spirituality to become more salient in the psychological community. The most prominent factors he points to are research and the resulting epistemological differentiation of constructs. The research, which spans several sub disciplines including developmental psychology, health psychology, and social psychology places religiosity and spirituality prominently throughout very high quality research. The differentiation is the result of an increase in the appreciation of numinous phenomena. As more research is conducted, the knowledgebase becomes more and more complete, requiring the creation of more specific constructs to provide increased precision to the continuing discourse within the scientific community (Piedmont, 2013).

The significance of the Sociology of Religion

Historically, psychology was not the only discipline condemning religion. Sociology also had an influence on psychology's understanding of religion. The prevailing assumption held by sociologists over a century ago was that religion would be replaced by science with reason replacing faith; yet a societal shift replacing the religious

worldview with a scientifically based worldview has not occurred (O'Brien & Noy, 2015). O'Brien and Noy (2015) also explain how secularization theory suggests that the modernization of society includes a shift from religion to rationality and replacing faith with reason. Secularization, or the reduction of both the authority held by religious institutions and a decline in the sway of religious beliefs, has been linked to modernization since the start of sociological theorizing (Clark & Grandchamp, 2011).

Two of the founding thinkers in the sociology of religion are David Émile Durkheim and Max Weber (Clark & Grandchamp, 2011; Goldstein, 2009). Durkheim and Weber are regarded to have laid the foundation for the sociology of religion coupled with secularization theory (Goldstein, 2009). Interestingly, while they are credited for foundational work in secularization, Durkheim and Weber rarely used the word secularization. Weber emphasized religious rationalization and Durkheim focused on differentiation. Secularization theory has at its core, the two theoretical models of rationalization and differentiation.

The differentiation theory of Durkheim centers on the division of labor. His functionalist views of society being like an organism made up of various organs with specific functions. Durkheim described social organization as either primitive or modern.

Primitive societies are mechanical, have very little labor division, with members performing the same functions, which therefore allows each member to survive independently. Primitive societies are held together by harsh punishments and a "collective conscious" (p. 348) characterized by strong religious beliefs (Goldstein,

2012). Modern societies are much more differentiated with members performing specialized functions resulting in greater interdependency between members (Goldstein, 2012).

When group solidarity is based on organic interdependency, functional reasons dictate moving from harsh laws that are retributive to laws that are restitutive and an erosion of the collective conscience (Goldstein, 2012). Because God is projected by the collective conscience, as the collective conscience erodes, religious beliefs become more distant. There are a number of spheres present in differentiated societies relegating religion's status to just another sphere among other spheres (Goldstein, 2012), and similar to other spheres, religion becomes a subsystem that is limited to its sphere (Borowik, 2011). Durkheim describes religion as sacred and collective while secular is profane and individual. Therefore, the process of secularization occurs as religion moves from the collective thought and becomes another sphere, society moves from the sacred to the profane.

According to Weber's typography of the various forms of domination, charismatic is not every day, while traditional is. Religious rationalization according to Weber is the dialectic between charismatic domination and traditional domination. Within religion, Weber defines the prophet as having charismatic domination and the priest as the embodiment of traditional domination. Because of the instability of charismatic domination it becomes traditionalized, or rationalized, or both. Prophets standardize religion and seek to unify humankind and the world by offering the ultimate

value proposition or ultimate salvation (value rationality). Conversely, priests standardize the prophecy through sophistical analytical frameworks and the adaptation of prophecy to fit their own, as well as the life customs and thoughts of their parishioners (substantive rationality). This means that the substance of the "value rationality" offered by a prophet's ultimate ends is casuistically rationalized by priests. This dialectic between the prophet's value rationality and the priest's substantive rationality promotes religious rationalization.

Similar to division 36, the sociology of religion has also seen its share of evolution. Subsequent to the *classical* stage of Durkheim and Weber and heavily influenced by them is the *old paradigm* that continued to rely on differentiation and rationalization but also linked religious pluralism to secularization (Berger, 2009; Borowik, 2011; Goldstein, 2012; O'Brien, & Noy, 2015). The old paradigm holds that secularization diminishes the monopoly held by religious tradition resulting in religious pluralism. Religious pluralism, by offering greater choice is responsible for diluting religion. Although by offering additional choice, religious pluralism can also be considered responsible for the proliferation of religion.

The old paradigm, which is also referred to by Borowik (2011) as the postclassical period took place between the late 1960s and the early 1970s. It was not very long before secularization had its share of both proponents and detractors with proponents using reductions in church attendance as proof that secularization has been empirically supported. It was during this postclassical period that privatization was

introduced (Luckmann, 1967). Luckmann posited that in modern times, categorizing religion based on system or institution is incorrect because institutional religion is only one form of many forms of religion in a modern society. Pluralism results in the individualization of religion providing ownership to the individual and addressing her or his needs (Borowik, 2011). Privatization had many definitions including being religious without going to church and the separation of morality and religion. Privatization has also resulted in religion being called an individual's theological worldview, but most importantly, privatization was in direct contrast to secularization (Borowik, 2011). Secularization means the removal of religion from society while privatization maintains religion within the individual. Privatization allows the individual to use his or her own worldview to determine personal religiosity (Borowik, 2011).

The *New Paradigm* holds that religion is experiencing a routinization and revival and not a reduction through secularization (Berger, 2009; Goldstein, 2012). The new paradigm sees religious pluralism as a benefit and does not view a monopolistic religion as a strength. Instead, it sees religion's disestablishment in the United States as a way of pluralism promoting religion's growth through choice. The new paradigm also saw the introduction of rational choice theory from economics after being modified for the sociology of religion (Goldstein, 2012; Stark & Smith, B. G. (2012). The theory uses a market-based vision and sees religion flourishing as a rational choice with churches competing for consumers during times of religious pluralism (Goldstein, 2012). Goldstein

goes on to point out that, the timing of the new paradigm corresponded to the religious revivals of the late 1970s.

The neosecularization paradigm contextualizes religious issues and analyzes multiple levels of secularization. Neosecularization considers specific socio-geographic areas with individual attention paid to the three levels, individual (or micro) secularization, organizational (or meso) secularization, and societal (or macro) secularization (Malesevic, 2010). As societal differentiation occurs and spheres become greater in number and more specialized, religious authority begins to decline as it loses authority over other spheres of society (Goldstein, 2012; Malesevic, 2010). At the organizational level, religious control over the resources within the religious sphere is reduced. At the individual level, secularization is a reduction in the religious control exerted over the actions of an individual.

While secularization theories in one form or another may hold true for some European countries, the United States is very religious (Beyers, 2013). The secularization theories held by Durkheim and Weber "proved to be incorrect" (Beyers, 2013 p. 18). Religion and spirituality are alive and well in the United States as well as in other industrialized nations. Sociologists will continue to ponder religious changes in society as well as the causes of those changes. The secularization theories of Durkheim and Weber are no longer the prevailing zeitgeist of sociology and religion and psychology are progressing toward integration. Some may consider the move from institutionalized

religion to a more privatized spirituality as secularization, but pluralism and privatization are clearly a shift in religion rather than an abandonment of religion.

The Current Relationship

Psychology has more recently recognized the importance of faith to overall health (Abu-Raiya, 2013; Aist, 2012; Behere et al., 2013; Civish, 2013; Moreira-Almeida, Koenig, & Lucchetti, 2014; Sutton, Arnzen, & Kelly, 2016; Worthington et al., 2011) and research suggests that faith may even be a significant contributing factor in recovering from physical injuries and mental illness (Abu-Raiya, 2013; Sullivan et al., 2014). In fact, during the last 20 years clinical psychology has seen a dramatic increase in appreciation for the role of religion and spirituality in mental health outcomes (Rogers et al., 2013; Sullivan et al., 2014). In the last 20 years there have been in excess of 12 books published by the APA that are devoted to the integration of religion and spirituality. This has allowed for the integration of religion in a vast array of new modalities of treatment (Rogers et al., 2013).

In a meta-analysis by Worthington, Hook, Davis and McDaniel (2011) covering 46 studies examining therapies that incorporated religion and spirituality, they found that outcomes from these types of therapies had equal or better results than those of secular therapies. Generally, those people with more religiosity and spirituality experience better mental health as witnessed by lower rates of depression and anxiety, drug use, and suicide (Abu-Raiya, 2013; Aist, 2012; Behere et al., 2013; Moreira-Almeida et al., 2014; Sullivan et al., 2014; Worthington et al., 2011).

Christian clergy members are frequently concerned with the role that sin plays in causing mental illness (Rogers, Stanford, & Garland, 2012); and how that would be addressed by a mental health professional if a parishioner were referred (Openshaw, & Harr, 2009; Ross, & Stanford, 2014). While some clergy members still insist that the single cause of mental illness is sin, a number of clergy members realize psychosocial and biological etiologies for mental illness and support the use of empirically based psychological treatments (Rogers et al., 2013). Members of the clergy are open to referring parishioners to mental health professionals who have demonstrated an appreciation for religious and spiritual faith (Openshaw & Harr, 2009). Research indicates that members of the clergy are willing to refer to mental health professionals who share a sensitivity to an individual's spiritual needs (Openshaw, & Harr, 2009; Ross, & Stanford, 2014; Stanford & Philpott, 2011). In a study that included 12 Christian faith leaders from Central Arkansas, members of the clergy indicated the belief that depression was the most important mental health issue affecting their parishioners, yet most expressed support for referring parishioners to a primary care physician only (Kramer et al, 2007).

Because mental health professionals tend to be less religious, they are seen as placing a lesser value on matters of religion and spirituality (Doehring, 2013; Openshaw & Harr, 2009). This may be congruent with the personal beliefs of therapists, but as mentioned above, the literature indicates that psychology as a discipline has shown a greater awareness of the importance of religion and spirituality as well as the therapeutic

value. While the relationship shared by religion and psychology has significantly improved, collaboration between members of the clergy and members of the mental health profession has not progressed very rapidly. This is especially evident when one considers the fact that only 10% of those individuals who seek help from members of the clergy are referred to a mental health professional (Anthony et al., 2015; Ross, & Stanford, 2014; Stanford & Philpott, 2011).

Members of the clergy are seen by many individuals (including some who self-report as nonreligious) as the first line of defense against mental health issues, which positions the clergy member as a gatekeeper of mental health services (Leavey et al., 2012; Pickard & Inoue, 2013; Stansbury et al., & Speight, 2012; VanderWaal et al., 2012; Yamada et al., 2012). Attempts to build on this gatekeeper model and develop cooperation between members of the clergy and mental health professionals has not produced much in the way of increased referrals, which remain at 10% (Anthony et al., 2015; Ross, & Stanford, 2014; Stanford & Philpott, 2011).

The gatekeeper model, represented by members of the clergy referring parishioners to mental health professionals, disempowers members of the clergy by placing mental health professionals in a position of superiority while appearing to lend credence to the general perception that religion is inferior to psychology (Rogers et al., 2013). Another problem faced by the gatekeeper model is the previously mentioned preference held by members of the clergy that mental health professionals share common

religious and spiritual values. In addition, mental health professionals self-report being less religious than most (Openshaw & Harr, 2009).

There are few psychology programs that include systematic religion and spirituality classes, and the programs that do cover religion and spirituality vary in quality and quantity of training (Rogers et al., 2013). This lack of training in, and integration of religion and spirituality into therapeutic practice results in therapists who are not qualified to assess or address the spiritual needs of their clients and therapists who are unable to demonstrate religious and spiritual sensitivity (Rogers et al., 2013). This lack of training and sensitivity further contributes to the reluctance of members of the clergy to refer parishioners to a mental health professional (Hedman, 2014).

Pastoral Training in Psychology

One of the reasons most cited by members of the clergy for their (reluctant) willingness to refer parishioners to a mental health professional is that members of the clergy lack the necessary experience and training in how to deal with various mental health issues (Maggio, 2014;Reinhard, Marksteiner, Schindel, & Dickhäuser, 2014; Stanford & Philpott, 2011). Because of this lack of training and inexperience with mental health assessment, members of the clergy do not feel adequately prepared in how to determine and assess the criteria that would establish the need for a referral (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013; Stanford & Philpott, 2011). Even when members of the clergy feel inadequately trained to handle the presented mental health issue, they will often endeavor

to provide help with mental issues instead of offering a referral (Farrell, & Coebert, 2008). When members of the clergy engage in therapeutic activities without the appropriate training or experience, they can expose a large portion of those parishioners in need of help to counterproductive therapies that can do lasting harm. Stanford (2007) surveyed Christians (n = 293) who sought assistance from the clergy in coping with a mental illness and found that roughly 30% had a negative experience.

The literature regarding seminary training in mental health counseling is considerably limited although there is considerable literature extolling the lack of mental health training that exists within members of the clergy (Eliason, Lepore, & Holmes, 2013; Hedman, 2014; Pickard & Inoue, 2013; Stanford & Philpott, 2011; Stansbury et al., 2012). A survey of 70 seminaries found that mental illness was at least mentioned in a course (which may or may not have been a counseling course) offered by 62 seminaries, while 30 offered courses that are specifically focused on counseling and mental health (Ross, & Stanford, 2014). Bledsoe et al. (2013) reported that clergy are concerned about not being competent to provide treatment for depression or any other mental illness. Additionally, without proper training different cultural beliefs can lead to different etiological beliefs regarding mental illness (Bledsoe et al., 2013). Some Christian church leaders are of the belief that depression is caused by genetics or some other biological reason, and others consider it a lack of resilience, while others consider it a result of sin (Openshaw, & Harr, 2009; Rogers et al., 2013; Ross, & Stanford, 2014).

There is specialized training and education available for members of the clergy. Clergy members can take courses that are part of a program called Clinical Pastoral Education (CPE) (Capps, 2014; Hedman, 2014; Kane, 2013; Payne, 2014; Rakow, 2013; Ross, & Stanford, 2014). Pastors with as few as one CPE unit expressed greater confidence in their ability when compared to pastors with no CPE "unit" (Payne, 2014).

There are other possible specializations that members of the clergy can take advantage of which include a training program that is offered by the American Association of Pastoral Counselors (AAPC) (Eliason et al., 2013). The AAPC has a mission to incorporate spiritually grounded counseling with psychologically informed care (AAPC, 2016). In order for a pastor to obtain AAPC certification, he or she must have bachelor's degree or a three-year seminary professional degree, and a Master's degree or doctoral degree in a mental health field (Eliason et al., 2013). This indicates that pastors with AAPC certification have experienced specific training in mental health similar to other mental health counselors holding graduate degrees. There are very few practicing clergy with the AAPC certification. Eliason et al., 2013 suggests licensure and certifications for different levels of pastoral service.

The first (not requiring AAPC certification) is pastoral care, representing services like funerals, marriages, and hospital visits. There are CPE courses emphasizing that pastoral caregivers listen and respond to those who may be distressed or confused and coping with a variety of stressors (Sperry, 2016). Sperry goes on to indicate that pastoral

care is viewed as a preliminary form of counseling that is not conducted in a formal counseling setting.

The second is pastoral counseling, involving specified sessions and topics focusing on psychological and religious issues. PCs have further specialized training and certification and provide assistance with emotional stressors including those brought on by physical issues or moral dilemmas (Sperry, 2016). PCs work under the assumption that the only way to effectively deal with crises and personal problems one must first address one's religious and spiritual needs (Sperry, 2016).

The third is pastoral psychotherapy or spiritually oriented psychotherapy, which encompasses pastoral counseling and combines greater education and a focus on the psychological aspects of the parishioner's issues within a religious or spiritual context. Pastoral psychotherapy is empirically based therapy provided by licensed therapists specializing in psychological change and spiritual growth (Sperry, 2016). The goal of pastoral psychotherapy is the reduction of psychological stress; spiritual growth is considered a byproduct of this therapy (Sperry, 2013).

According to Sperry (2013, 2015), providers of pastoral care, pastoral counseling, or spiritually integrated psychotherapy are often presented with the same stressors. Because there is little regulation over pastoral counseling and no regulations governing pastoral care, help seekers rarely know a clergy member's level of training and expertise. This can lead to a member of the clergy providing pastoral care to someone who is suffering from a diagnosable mental illness and in need of specialized care (Sperry,

2013). The ability to provide this specialized care requires additional education and experience.

Because of the different denominations, the different sects, and the different faiths, there are numerous variations on the type of educational experiences held by members of the clergy, which have a profound effect on pastoral care decisions (Bledsoe et al., 2013; Payne, 2014). With the increasing patronage of pastoral counseling, members of the clergy find themselves counseling a greater number of mental health issues, creating the possibility that a high percentage will experience negative results (Stanford, 2007). There is an inherent power dynamic that exists between a counselor and a client, placing the client in a very vulnerable position. Because some members of the clergy provide counseling services that are beyond their ability, they create the possibility for litigation and more (Eliason et al., 2013).

Research spanning all major religions has consistently shown that, from 50% to 80% of clergy rate their mental health training and preparation as inadequate (Leavey et al., 2012). While posing an argument for increased pastoral mental health education, Capps (2014) detailed several reasons why persons entering the ministry in any form must study mental health and illness. The first and foremost reason is the fact that members of the ministry will undoubtedly work with individuals who are mentally ill. According to Payne (2014), there is research regarding education level and referral inclination, but “few if any” (p. 1400) published articles have researched how a secular education versus a theological education affects intervention decisions. Finally, research

has shown that regardless of secular or theological bases, the greater the education level of the clergy member, the more likely she or he is to refer a parishioner to a mental health professional (Hays, 2015; Hedman, 2014; Polson & Rogers, 2007).

The next section provides a description of the religious organization where participants will be recruited. The section contains a brief historical background on the organization. There is also a justification for the use of this organization in the study.

Southern Baptist Convention

The Southern Baptist Convention (SBC) is the largest worldwide Baptist denomination. The SBC has a Congregationalist polity, stressing the autonomy of the local church as one of its basic principles. The SBC was conceived as a cooperative association where multiple churches could pool their resources rather than as a governing body with administrative authority or ecclesiastical control over local churches.

In 1844, the Home Mission Society, which did not condone slavery, refused a slave owner from Georgia an appointment to serve as a missionary, noting that missionaries were not allowed to take servants with them. Responding to this refusal during an 1845 regional convention in Georgia, nine state conventions formed the SBC, which held views on slavery that differed from those held by the Home Mission Society. Citing biblical references, the SBC held that slavery was sanctioned by the Bible and therefore morally axiological for Christians.

The SBC has since shed its historic identity and now includes a number of minority churches and serves a diverse group of minority communities. Although still

concentrated in the southern United States, according to the SBC website, the SBC has grown to roughly 50,000 churches and over 16,000,000 members. In 2012, Fred Luter Jr. was the first African-American to be elected president, further demonstrating the diversity of the SBC. Given the diversity and the size of the SBC, it appeared to be a good source of information regarding the experiences of PCs.

Because the SBC has a number of member churches in the greater Atlanta area that include several different ethnicities and cultures, the SBC was a rich source of meaningful experiential information. By limiting the scope of this study to SBC churches, the impact of interdenominational differences was diminished. Moreover, with National Council of Churches (NCC) (n.d.) reporting that the SBC is the second largest Christian organization in the United States after the Catholic Church, the accounts of its pastor's experiences with pastoral counseling will be a significant contribution to the literature.

Research Methods Used in the Reviewed Literature

There is a paucity of literature available on the counseling and referral experiences of clergy members. In fact, Farrell and Coebert (2008) explain that research regarding the collaboration between members of the clergy and mental health professionals is limited in terms of volume of data. The literature search resulted in 64 cited references. Table 1 above, encapsulates the keyword search results and how they were reduced to obtain the selected references. Table 2 below, summarizes the various methods employed by referenced articles as they pertain to selected major points of this paper. The review of research methods used to study pastoral counseling highlights the

methods that have not been applied. This information is helpful in lighting the path to future productive research.

Table 2

Summary Search Results by Research Method

	Essay	Quantitative	Qualitative	Other[a]	Total
Theoretical					
Theory of planned behavior	1	1			2
Social Constructionism	4				4
Science and Religion					
Relationship	8	0	0	5	13
Secularization	8	1	0	2	11
Pastoral counseling					
Counseling and Referral	6	9	4	4	23
Help-seeker behavior	0	5	0	0	5
Pastoral Mental Health Training	0	5	1	0	6
Total	27	21	5	11	64

[a] Includes meta-analyses, data reviews, textbooks, and textbook chapters.
Note. Results shown are for searches conducted thru November 22, 2017.

As indicated in Table 2, there are 27 essays from peer-reviewed journals that have been cited. Of those 27 essays, five were used to support the use of social constructionism as well as TPB, and 16 were used to establish historical conditions and to outline secularization and the historical relationship between science and religion. There were six essays used in the discussion on pastoral counseling and referral behavior. The balance of this discussion is centered on the quantitative and qualitative research.

Quantitative Research

The summary contained in Table 2 shows 21 quantitative results. Of the 21 results, 2 were used in establishing the relevance of both TPB and secularization theory. The remaining 19 studies were made up of 9 studies on pastoral counseling and referral

behaviors, five studies on help seekers, and five studies on pastoral education. The five help seeker studies surveyed participants regarding their intentions, preferences, or cultural beliefs regarding mental health help seeking from a PC. The five studies on pastoral training and education focus on the amount of mental health training provided to members of the clergy during their undergraduate work and during Master of Divinity (MDiv) programs.

As shown in Table 2, the literature search resulted in nine quantitative studies on pastoral counseling and referral behaviors. All of the resulting quantitative research examining pastoral counseling and referral activities employed surveys to gather data. The nine studies on pastoral counseling and referral behaviors provided information such as the size of the participating churches in terms of membership. They also included demographic information on the clergy member, participants, and descriptive statistics on the frequency of help-seeking and counseling activity. They also included clergy member perceptions on the origins of mental illness, who would best provide counseling for various mental illnesses, and clergy member opinions on efficacy of treatment options.

Below are brief descriptions that outline the differences between each of the quantitative studies. The studies employ Likert scale survey instruments to quantify participant responses to demonstrate statistically the relationships between different variables in the data. While the correlations made in these studies can be statistically significant, they offer little in the way of what motivates members of the clergy to refer parishioners to a mental health professional.

Farrell and Coebert (2008) surveyed 98 clergy members in the state of Hawaii about how they perceive mental illness, what they believe is the cause of mental illness, and who should provide treatment. The authors of this study point out that there have been no studies that show Hawaii's clergy operate in a manner similar to mainland cohorts, making generalizability of this data subject to question (Farrell & Coebert 2008). The impact of Hawaiian culture on the results limits this study's contribution to the literature. Pastoral counseling is rife with complexity (e.g., the existence of a personal relationship) and a plethora of dynamics inherent in face-to-face human exchanges (e.g., the level of distress exhibited by the help seeker). Studies using Likert scale questions are not designed to include many of the psychological nuances apprehended by a qualitative research approach.

Stanford and Philpott (2011) surveyed 1207 members of the clergy from the Baptist General Convention of Texas about what causes of mental illness and who should provide treatment and how it is best treated. Developing statistics on what pastors believe are the causes of mental illness informs the knowledgebase on the extent of mental health training, but does not speak to how we improve collaboration between members of the clergy and mental health professionals. A more in-depth analysis of the pastoral counseling experiences is required.

VanderWaal et al. (2012) surveyed 215 Christian clergy members comprised of more than 50 denominations in Kent County, Michigan on their perceptions and frequency of their encounters with mental illness and drug abuse. They also included

counseling decisions and the likelihood of referral. The quantifying of abstract constructs to predict behavior does not account for the various contexts that are present in human behavior. A qualitative descriptive analysis of pastoral counseling experiences can provide context rich understanding of pastoral counseling and referral activities.

Wood et al. (2011) surveyed 39 members of the clergy to explore the extent of Christian clergy member interaction with persons presenting mental health issues, their perceptions of mental health and mental health professionals, and their referral behavior. Yamada et al. (2012) surveyed 103 Asian Christian clergy members consisting of Chinese-American pastors, Korean-American pastors, and Vietnamese American priests. Both Wood et al. (2011) and Yamada et al. (2012) provided very similar data as those studies described above. Using Likert scale data to quantify various human behaviors does not provide the in-depth meanings of referral behaviors of those engaged in pastoral counseling.

Fallon et al. (2013) conducted an Internet-based, national survey of 676 faith leaders of multiple denominations and religions. They collected the same information listed above for the previous quantitative studies including attitudes regarding mental health counseling, while adding survey items for fatalism, and the health status of clergy members. Using multivariate logistic regression analysis, the authors predicted the likelihood of offering pastoral counseling under multiple combinations of demographic and other data. Again, statistical analyses of psychological behavior offer very little in the

way of context or meaning, both of which can be extremely varied and can substantially impact counseling and referral decisions.

Pickard and Inoue (2013) surveyed 493 PCs who have been asked to provide counseling to older adults. They used the Attitudes towards Older Adults and Mental Illness Scale. Using bivariate logistic regression, the authors attempted to predict the likelihood or non-likelihood of a PC providing an older adult with a referral. This study was limited to older adults. The authors also expressed the need for qualitative analysis. Using regression analysis on demographic data in an attempt to predict the likelihood of a referral does little to aid in understanding the motives and experiences underlying pastoral referral behaviors.

Polson and Rogers (2007) surveyed 51 Protestant church leaders from five denominations (Baptist, Methodist, Church of Christ, Lutheran, and Presbyterian). They found that referrals to a mental health professional are made to approximately 10% of those seeking help. They also found that nine out of 10 of those referrals occurred because members of the clergy did not feel qualified to handle the problem.

Anthony et al. (2015) surveyed 65 African-American members of the clergy on their level of education and on the extent of their knowledge regarding depression. The authors provided statistics on the connection between clergy member education and the decision on whether to provide pastoral counseling or a referral.

The research summarized above does not provide an in-depth understanding of pastoral counseling and referral behaviors, which supports for the need for qualitative

research in this area while also substantiating the gap that exists in the literature. Psychology in its attempt to constitute itself as a member of the sciences adopted the values and procedures that call for the sterilization of data through the isolation of phenomena. Quantifying and performing scientific calculations on abstract constructs can provide the statistical likelihood of a behavior; while a qualitative approach can provide an understanding of what it is like to live the experience including the richness of perception and emotion. Quantifying psychological behavior also assumes that psychological phenomena occurs exclusive of context. Psychological behavior is not properly described when devoid of context (Giorgi, 2009). Chapter 3 presents a more in-depth discussion on the reason for and benefits of selecting qualitative analysis of this topic.

While the correlations, statistical distributions, statistical tests etc. resulting from these studies may be statistically significant, they do not provide an understanding of what clergy members experience when referring parishioners to a mental health professional. Nor do the quantitative studies above provide an understanding of the pastoral counseling experience.

Qualitative Research

Elkonin et al. (2014) gathered data from 15 registered therapists who participated in focus groups. The aim of this qualitative study was to explore and describe their understanding of spirituality and religion. The researchers also explored how therapists perceive the incorporation of spirituality and religion into the therapeutic relationship.

This qualitative descriptive study used Tesch's eight steps of data analysis. While there is significant value in gaining an understanding on how therapists view the incorporation of religion into therapy, it does not address the issue of low pastoral referral rates. Any attempt to understand the low referral rates from members of the clergy would start with the clergy member and not the therapist.

Kramer et al. (2007) conducted a grounded theory study to explore the perceptions of 12 faith leaders from six denominations of Christian churches (Baptist, Lutheran, United Methodist, Catholic, Presbyterian, and a Nondenominational church) from central Arkansas. Specifically, the study focused on the perceptions held by clergy members regarding depression and therapy for depression. The researchers conducted separate focus groups for African-American pastors and European-American pastors "due to concern that there may be differences" (Kramer et al., 2007, p. 4). The information gained from this study is valuable although limited to depression. Additionally, grounded theory research explains processes and creates theory but does not examine the meaning of the referral experience.

Openshaw and Harr (2009) conducted a qualitative study of clergy members from Northeast Texas to explore their perceptions of mental illness and mental health professionals. The researchers conducted 24 interviews with members of the clergy from multiple denominations including Baptist, Buddhist, Catholic, Christian Science, Episcopal, Greek Orthodox, Jewish, Lutheran, Muslim, Seventh-day Adventist, Presbyterian, and Pentecostal. Because there are significant differences in how different

religions and denominations view the causes of mental illness, this study intended to explore and describe the counseling and referral experiences of The Southern Baptist Convention to avoid conflating the results with different religious beliefs.

Stansbury et al. (2012) interviewed 18 clergy members from rural African-American Baptist churches in central Kentucky. This study used a grounded theory approach to explore the perceptions held by African-American clergy members regarding pastoral counseling. The researchers were focused on studying the difference between pastoral care and pastoral counseling not on the experience of referral. Additionally, as noted above, grounded theory research explains processes and creates theory but does not examine the meaning of the referral experience.

There were both quantitative and qualitative methods identified in this review of pastoral counseling and referral literature. Qualitative research on the topic was very limited. A review of the methods used identified no studies on pastoral counseling and referral that employed the phenomenological method of research.

Summary

There is a need for qualitative research into the counseling and referral experiences of members of the clergy. Because there is limited literature on pastoral counseling and referral experiences of Baptist clergy members, searches on the specific topic of this research yielded very little result. There was however a wealth of contextual information regarding the relationship between religion and science, religion and psychology, and religion and sociology including the psychology of religion and the

sociology of religion. This contextual information provided the background that formed the current relationship between science and religion, which is responsible for the social milieu surrounding the attitudes held by American clergy members regarding referrals.

Secularization theories predicted the extinction of institutionalized religion as humankind became more modern. Secularization theories have not held true for the United States. There is abundant literature stating that a large portion of Americans who seek help with emotional issues will seek that help from members of the clergy. Only 10% of those who sought clergy member help are being referred to a mental health professional.

This literature review explored the antagonistic history shared by religion and the sciences of early psychiatry and psychology as well as the secularization theories put forth by sociologists. It explained that in America, rationalization may have led to pluralism but has not substantiated secularization. Also discussed were the substantial accomplishments and the ambitions of both religion and psychology to reconcile the relationship and bridge the gap in matters of mental illness. Psychologists are aware that religious beliefs can provide essential guidance on the appropriate course of conduct while promoting restraint from antisocial and harmful behaviors. Religion and spirituality also provide a coping mechanism allowing individuals greater resilience against the strains and stresses of life.

Bridging the gap is an important social issue. There are a number of problems that have been associated with attempts to diagnose and treat emotional issues religiously or

to assign religious causes to mental illness. In addition, there are undiagnosed and untreated mental illness that may be caused by a lack of referrals to professional mental health services. Because many Americans seek the service of members of the clergy for help with emotional issues, members of the clergy are viewed as a conduit to the solution by acting as the gatekeeper to mental health services. Subscribing to the gatekeeper model espoused by many researchers is seen as a way to increase utilization through referrals.

Increasing pastoral referrals is a hallmark of the gatekeeper model. The gatekeeper model however, has some unintended consequences such as the perceived disempowerment of members of the clergy who would be expected to refer parishioners to what could now be construed as the "superior" mental health professional. Increasing pastoral education in mental health issues also can increase the potential for positive outcomes for help seekers through knowledge-based referrals or through appropriate pastoral counseling.

This phenomenological study was centered on the counseling, education, and referral experiences that can provide significant insights into how those experiences shape the perceptions held by Christian clergy members. Focusing this study on members of the clergy was not an endorsement of the gatekeeper model; the fact that help seekers start with members of the clergy when looking for assistance made interviewing members of the clergy a sensible place to start.

Whether the focus is on increased referrals or increased education, one thing is clear; there is a need for research into the experiences of pastoral counseling and referral. Additionally, researching pastoral attitudes towards mental health professionals may provide insight on ways to increase referrals and promote greater collaboration on the local level. In the next chapter, there is an in-depth discussion regarding the benefits derived from the richness and depth obtained by using a qualitative phenomenological method to research pastors' counseling and referral experiences.

Chapter 3 contains: (a) the research design and rationale, (b) the researcher's role, (c) the method employed including the sample selection, (d) the data collection and analysis plan, (e) reliability and validity, and (f) ethical considerations.

Chapter 3: Research Method

Introduction

Although millions of Americans seek emotional support from members of the clergy for mental health issues, research indicates that only 10% of those individuals seeking help from clergy members are referred to a mental health professional (Anthony et al., 2015; Ross & Stanford, 2014; Stanford & Philpott, 2011). Because 90% of those individuals who seek emotional support from members of the clergy are not referred to a mental health professional, the literature indicates that there are many people with undiagnosed and untreated mental illness.

The purpose of this study was to describe the counseling and referral experiences of clergy members who have provided pastoral counseling for mental health or emotional issues. In addition to those experiences, this study included the exploration of their opinions of, and experiences with, professional mental health services. It explored how those experiences and opinions informed the decision on whether a referral was warranted.

This chapter covers the following topics: (a) the research design and the rationale for that design, (b) the researcher's role in the study, (c) the method employed by this study including the sample selection, (d) the data collection and data analysis plan, (e) reliability and validity, and (f) ethical considerations.

Research Design and Rationale

Research Questions

There were three research questions guiding this study. The main research question of this study was formulated to address the gap in the literature regarding pastoral counseling. The two subquestions were designed to gain a more in-depth understanding of those experiences by examining two of the major considerations that go into understanding this phenomenon.

RQ1: What are the experiences of Southern Baptist clergy members who have been called upon to provide mental health counseling?

SQ1: What are the attitudes and beliefs of Southern Baptist clergy members regarding professional mental health services?

SQ2: How do Southern Baptist clergy members evaluate the emotional issues of parishioners in order to determine whether to provide “counseling”, a referral, or both?

The research questions were constructed to investigate the phenomenon of pastoral counseling, including how members of the clergy perceive mental health professionals and how clergy members make counseling and referral decisions. Greater than 50% of all Christian clergy members are regularly called upon to provide pastoral counseling to individuals troubled by what may be diagnosable conditions (VanderWaal et al., 2012). The literature also indicates that only 10% of those who seek the counsel of members of the clergy are referred to a mental health professional (Anthony et al., 2015; Ross & Stanford, 2014; Stanford & Philpott, 2011). The vast majority of clergy members

do not feel properly equipped to address the emotional problems, mental illnesses, and substance abuse problems presented to them (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013; Stanford & Philpott, 2011).

Research Approach

Those and other quantitative studies on pastoral counseling reveal the voluminous and multifaceted nature of this phenomenon. Given the sometimes-conflicting nature of the various considerations involved in providing pastoral counseling, such as the feeling of responsibility to provide for the flock, and the feelings of inadequacy when it comes to counseling the mentally ill, a qualitative approach was decided upon to accommodate the contextual nature of the phenomenon. A phenomenological research approach was chosen for its ability encompass the depth, complexity, and context inherent in researching human experience and behavior (Giorgi, 2012).

Qualitative research is exploratory in its nature. It is often used to understand the underlying reasons, motivations, and opinions that influence psychological behavior. Qualitative inquiry provides insights that help develop ideas or hypotheses for future research and often reveals trends in thought and delves deeper into a problem. The following is a detailed explanation of the rationale for choosing a qualitative phenomenological approach.

As mentioned above, quantitative research was initially eliminated as a viable approach because the human interactions associated with pastoral counseling are

dependent upon context. Quantitative research in psychology is used to measure, predict, test, and compare results of quantified abstract constructs and looks to generalize the findings. Various types of quantitative research can accommodate multiple contexts through isolation and manipulation of several independent variables to test how each statistically contributes or influences the dependent variables while controlling for situational influences. This sterilization from situational influences through the segregation of psychological phenomena from its usual contexts is necessary to generalize across contexts. However, it is this sterilization that introduces the potential contamination of the data by removing context, which is a valued component of some qualitative research.

Isolating the situational variables involved in pastoral counseling removes the contextual influences, the subjectivity, and the meaning of the participants' own perceptions. This study was intended to explore and describe the lived experiences, including perceptions and contexts of PCs who have provided both pastoral counseling as well as a referral to a mental health professional.

After eliminating quantitative research, various qualitative methods were considered for their ability to address the research questions. According to Creswell (2013), five common qualitative research approaches are case study, ethnography, grounded theory, narrative, and phenomenology. Each approach was assessed for whether it fit the research goals and whether it could be used to answer the research questions. Below is an evaluation of the five approaches.

Case studies involve collecting multiple types of data such as audiovisual material, documents, reports, and observations. A case is defined as having common boundaries of either space or time or both. Data collection occurs over a period of time, in a natural setting within the case boundaries (Creswell, 2013). Sample size can consist of a single case, multiple cases, or a site. The analysis strategy for this type of research involves an analysis of provided descriptions, development of themes to develop a detailed analysis of one or more cases. The scope of this research study is wider than a single case. There was no single case, context, or physical site being researched that provided the commonality required for a "case" (Creswell, 2013, p. 98). Case studies were deemed unsuitable for this study because the unit of analysis was not a single case, the phenomenon does not occur in a single geographic location, and the goal was not to create a detailed analysis of an individual case.

Ethnography collects data mainly through observations, interviews, and additional sources during lengthy time spent in the field. Ethnological studies focus on the shared patterns of cultural groups. Data is analyzed from the descriptions provided by the culture-sharing group and themes are developed to describe the workings of the group. An ethnographic study was ruled out because participants of the current study may or may not share similar cultural backgrounds and the unit of research was not a particular cultural group. Additionally, the study's objective did not involve the description of group functioning but rather the understanding of the essence of a common experience.

Grounded theory studies are primarily accomplished via interviews. Sample sizes can consist of 20 to 60 participants. Interview data is analyzed using open, axial, and selective coding. Grounded theory studies seek to generate theory grounded in field data. This approach was eliminated because the establishment of a theory is not one of the goals that was set for the research. Instead, the goal was to discern and describe the essence of the pastoral counseling experience including how that experience informs members of the clergy to provide counseling, a referral, or both.

Narrative research also primarily uses interviews as well as documents in the collection of data. The analysis strategy for this type of research involves an analysis of the stories collected during interviews, followed by the re-storying of the data through collaboration between researcher and participant, usually in a chronological order to develop a detailed story (Creswell, 2013). Narrative research was deemed inappropriate because it was the researcher's intention to conduct a study that resulted in a rich detailed description of an experience shared by PCs. As previously stated, one of the goals that was set for this study was to understand and describe the lived experience of pastoral counseling. It was not intended to tell a chronological story about pastoral counseling.

Phenomenological research provides a description of the shared meaning of a lived experience obtained from interviews (Creswell, 2013). Creswell also asserts that sample sizes for this approach can vary, from as few as three or four to as many as 10 to 15. The raw data after being transcribed is analyzed to develop meaning units from

significant statements. The meaning units are used to construct a description of the essence of the phenomenon.

After reviewing the five qualitative approaches listed above, a phenomenological approach was decidedly the best fit for this research. What follows is more in-depth look at phenomenology and the Husserlian philosophy from which it was constructed. Additionally, there is a discussion on the phenomenological research method created from modifications to that philosophy as described by Giorgi (2009).

Phenomenology

A descriptive phenomenological method (DPM) was decided upon to research and understand pastors' counseling and referral experiences. A DPM (Giorgi, 2009) was selected as opposed to an interpretive heuristic phenomenological method (Moustakas, 1994). While a detailed review or an exhaustive analysis of the various forms of phenomenological methods was outside of the scope of this study, a brief comparison between descriptive (eidetic) and interpretive (heuristic) methods of phenomenology is included to bolster the justification for selecting DPM.

While both methods have Husserlian philosophical underpinnings, there seems to be differences in the description of the reduction. Moustakas (1994) states "I, as a conscious person, am not set aside. On the contrary, with an open, transcendental consciousness, I carry out the epoché." (p. 87). This does not appear to be consistent with the reduction posited by Husserlian phenomenology (Giorgi, 2006). Because I did not claim any prior knowledge or previous experience in pastoral counseling, it seemed to be

more appropriate to use the reduction outlined by Giorgi (2009) where I bracket or suspend any of my predilections.

Moustakas (1994) also assumes the researcher has a personal stake in the phenomenon when he states that the research topic is something the researcher has searched to understand personally in one's own world (Moustakas, 1994). This is another aspect of Moussakas' heuristic approach that does not appear to fit this particular research situation. I had no personal stake or preference in the results of this study except to ensure the integrity of the data collection, the accuracy of the analysis, the anonymity of participants, and the reliability of the reporting.

Last, Moustakas (1994) considers the research participants to be additional researchers. This could have been problematic because as Giorgi (2009) points out, the participants would need to be trained in assuming a phenomenological attitude; otherwise, the descriptions provided by participants are simply empirical inputs. I preferred that the participants not engage in the phenomenological reduction when sharing their experiences. The goal was to examine the experience in the context rich and subjective world of the participant. As the researcher, I preferred to be the instrument of data collection and analysis while I attempted to be devoid of personal biases.

The DPM is founded on Husserlian phenomenological philosophy and modified by Giorgi (2009) for psychology. This method allows one to explore and describe the lived-context of the participants (Giorgi, 2009). It also allows the researcher to maintain the participants' voice without distorting their point of view through analysis. Instead, the

perspective of the subjective psychological participant is what is of interest (Giorgi & Giorgi, 2003).

For Husserl, knowledge starts with consciousness. He believed that acts of consciousness directed toward an object (or intentional consciousness) brings that object to the present. Husserl refers to the act of consciousness as the noesis and the object of consciousness as the noema. This noesis noema view of psychological phenomena can add a level of rigor to the description of the experience (Giorgi, 2009). Giorgi (2009) also suggests that the noetic noematic view is a means of intricate examination of the consciousness of the other and is a precise exposition of those parts of an experience that hold the lived meanings. Because of these intricacies, phenomenological research recruits fewer participants but provides a significantly more in-depth study of a phenomenon.

Rationale

Pastoral counseling and referral activity is a psychological phenomenon that occurs in natural world contexts. There are many different contextual aspects that might affect a pastoral counseling experience such as multiple relationships with help seekers and their families or the power dynamic that exists in the pastor-congregant relationship. The research method for the study needed to be suitable for researching and describing the commonalities of a contextual psychological phenomenon. Creswell (2013) points out phenomenological research is best suited for problems that involve a need for a deeper understanding of a common experience lived by several individuals.

A phenomenological approach was selected for this study because of the need for a deeper understanding of pastoral counseling and referrals. Phenomenological research is an exploration of how people perceive the meaning of a phenomenon as opposed to how that phenomenon may exist independent of the person. The research focuses on what people experience as well as their interpretation of the experience.

Another reason phenomenology was considered the most appropriate approach to examine pastoral counseling was how it provides a mechanism for the researcher to explore the multiple participants' perspectives of the experience. By analyzing the multiple perspectives of a particular phenomenon, one can begin to make some generalizations from the perspective of those who have experienced that phenomenon. Part of the researcher's role was to use these generalizations to describe the essence of pastoral counseling. The following further explains the role of the researcher in the study.

Role of the Researcher

I was responsible for selecting and interviewing all participants in this study. Because I was solely responsible for this research, I performed all transcription of the interviews. I performed all of the data entry of the transcribed interviews. Once all of the interview audio recordings were transcribed, they were entered (text and audio files) into NVivo software where meaning units were identified in the text and the themes were developed. To bolster the validity and reliability of the data, both the meaning unit identification and theme development was manually coded by me using NVivo and was not be performed using NVivo's automated theme creation functionality. The

Dissertation Chairperson from Walden University was asked to perform quality control checks of the analysis. There is a more detailed discussion on reliability and validity later in this chapter.

My specific role during the collection of data was to perform the interviews, observe the behavior during the interview, and to provide probing questions that focused and guided the participant through a detailed explanation of the experience of pastoral counseling. I took great care in gently guiding the participant without influencing, interfering, or leading the participant. I also promoted the free flow of information without interrupting the participant's thought process. It was important that I endeavored to abate consciously any biases and preconceptions.

Phenomenology provides a method for minimizing the effect of the researcher's personal biases by assuming a phenomenological attitude. As the sole researcher, I assumed a phenomenological attitude. According to Giorgi (2009), phenomenologists must first shed their natural attitude and assume a phenomenological attitude. He explains that the phenomenological attitude or phenomenological reduction requires one to accept that the objects of intentional consciousness that are presented must be accepted as being presented in the exact way they were experienced, without any presuppositions regarding whether they even actually exist. There is another significant shift in attitude that is part of the reduction.

The second part of the reduction involves the bracketing of biases, experiences, and personal feelings because of their potential impact on the analysis, this is also known

as epoché. Epoché is ancient Greek for "suspension." It is a term used in phenomenological research to represent the suspension of one's own natural attitude and judgments to analyze the presented experiences as they occurred in the world of the participant. For Husserl (1962), epoché represents the absence of any judgment on whether the external world does or does not exist. Giorgi (2009) clarifies the primary meaning of Husserl's transcendental reduction as completely accepting that the objects of intentional consciousness exist precisely as they were experienced without judging whether they actually exist at all. It should be pointed out that the reduction starts with the assumption of a phenomenological attitude and remains present through analysis and report.

Relationship to Participants

I did not have a prior relationship with any of the participants in this study. Each of the participants were clergy members that I met face-to-face for the first time at the initial interview. Single interviews were scheduled; there was no need for follow-up contact with a participant for clarification. No participants were coerced or enticed to participate.

Biases and Personal Beliefs

Through the phenomenological reduction, biases were suppressed. To paraphrase Merleau-Ponty (1962), the most significant lesson learned from the reduction is that complete reduction is impossible. With that in mind, I believe it would be helpful if I

sought to describe my personal beliefs and feelings regarding pastoral counseling and their referrals to mental health professionals.

I am baptized as a Christian. I was raised in the Christian faith and I have since leaned towards being an agnostic. I have over 20 years accounting experience and a number of years as a math and accounting instructor and several years as a software consultant and instructor. I also have a Master's degree in psychology. As an accountant, I have a lot of experience performing analyses and reconciliations. It is this analytical side of my personality that might negatively influence epoché. Many of my previous financial analyses were predicated on historical trends making it more difficult to suspend prior feelings and biases.

Because of my studies in psychology and empirically based therapies, as well as the research on the negative outcomes resulting from pastoral counseling, my views on pastoral counseling might be biased away from pastoral counseling and more towards mental health professionals. These biases, personal beliefs, and experiences might have had an influence on the data analysis by affecting the perceptions and descriptions of the phenomena if the epoché had not been practiced and the phenomenological reduction was not applied.

Methodology

Participant selection began after receiving Walden University Institutional Review Board (IRB) approval. The approval number for this study was 08-23-17-0369237. Participants in this study were selected from churches within the greater

Atlanta Metropolitan area. Large sample sizes are not required for phenomenological studies. The next section discusses how many participants were selected.

Sample Size and Participant Selection Strategy

Phenomenology uses relatively small, purposeful sample sizes (Finlay, 2014). As noted previously, Creswell (2013) suggests sample sizes as small as three to four or as large as 10 to 15. This is because there is a point of diminishing returns that exists in qualitative sampling (Mason, 2010). Meaning more data does not necessarily equal more information.

For this study, the sample size consisted of nine participants who provided the amount of data necessary to create a full and rich description of pastoral counseling and referrals. Because of the criteria (detailed in the next section) that was used in the selection of participants, the sample was considerably homogeneous. Mason (2010) posits that studies with homogeneous samples may only need six interviews to develop meaningful themes. In this study, interviews continued until data saturation was achieved. Both sampling and interviewing were done until saturation was reached as pointed out by Creswell (2013).

The sample for this study was drawn from churches that are affiliated with the Southern Baptist Convention (SBC). Ordained members of the clergy from SBC churches were interviewed for this study. With many of the SBC member churches located in the Atlanta Metropolitan area being of different ethnicities and cultures, the SBC was a rich source of meaningful experiential data.

Although Mason suggests the first six interviews may provide the researcher with enough data to achieve data saturation, a minimum of eight interviews were planned with nine interviews being conducted achieving data saturation. After six interviews, it was felt that data saturation had been achieved. Two additional interviews were planned although three additional interviews were actually conducted until a total of nine interviews were completed. Data saturation was recognized once it became apparent that the continued collection of data was failing to shed additional light on the phenomenon. Specifically, it was when the meaning units being generated by additional interviews no longer warranted the creation of additional themes. While it was originally thought that eight interviews would generate a spectrum of meaning units and useful themes, this study included nine interviews and achieved data saturation; it did not become necessary to conduct additional interviews. The following outlines the strategy that was used to recruit participants and the criteria used in their selection.

Participant Selection and Recruitment Strategy

The recruitment strategy employed two recruiting techniques. Both e-mail recruiting and snowball recruiting were used to recruit participants. The recruitment strategy began with targeted e-mails to generate participants. Some participants referred additional individuals that became participants.

The e-mail strategy used to recruit participants consisted of three steps. The first step involved creating a list of e-mail addresses, physical addresses, and phone numbers for SBC churches in the Atlanta Metropolitan area. This was accomplished using the

SBC website, which provided the e-mail address, mailing address, and phone number for each of the member churches.

The second step was to send an e-mail (see Appendix A) with a consent form to each of the churches on the above referenced list that invited members of the clergy to participate in the study. Initially, e-mails were sent to 200 churches in the Atlanta Metropolitan area in hopes of at least a 6% response rate. According to Sappleton and Lourenço (2016), response rates can vary widely. They suggest the inclusion of a question in the subject line of the e-mail helps to promote it being opened. Because 12 participants were not secured during the initial 200 invitations, additional churches were e-mailed an invitation.

The e-mails were addressed to SBC member churches, church secretary, church pastor, or the individual named on the SBC website designated to receive e-mails for an individual SBC church. The e-mail directed the reader to the consent form for the criteria necessary for participation in the study. Potential participants were asked to respond only if they meet the criteria outlined in the e-mail. Each participant met the requirements listed below.

The first requirement was that a participant had to be an ordained member of the clergy who is or has been responsible for providing pastoral counseling. The second requirement was that each participant must have provided counseling for at least five individuals during the last 24 months. The third requirement was centered on referrals. One of two conditions had to apply to each participant. The participants had to be a

member of the clergy who has at least considered, if not provided, a minimum of three referrals to a mental health professional during the last 24 months.

The reason for requiring at least five help seekers and three referral considerations was Giorgi's (2008) recommendation that participants have more than one instance of data for description. He recommends that participants have a minimum of "three different instances of the individual's experience of the phenomena" (p. 37). He adds that having multiple instances helps to gain an understanding of a participant's experience of the phenomenon.

The last step in the recruitment strategy involved both selecting participants and contacting all those who responded. Each offer to volunteer was assigned a number indicating the order in which it was received. Responses numbered one through 12 would have been selected to participate. Only one response was received from the 400 e-mails that were sent. That one participant received an e-mail (see Appendix B) expressing my thanks and alerting him that he had been selected to participate and that he would be receiving a phone call (see Appendix C) to establish a date and time for the interview. I also informed him that I would be bringing an informed consent form to the interview to be read, discussed, and signed. Once data saturation was achieved, there were no remaining respondents who had not been interviewed therefore no respondents received the e-mail (see Appendix D) thanking them for their interest and informing them that their participation was not be needed.

The call mentioned above was made to the one respondent from the e-mail campaign that was participating in the study and was intended to build rapport, confirm participation, and establish a date and time for the interview. During the call, the participant was reminded of the voluntary nature of the study. I also informed him that I would bring multiple copies of the informed consent form to the interview to be signed and kept.

That first participant suggested a possible participant and volunteered that individual's name and e-mail address for potential participation. After gaining Walden IRB approval for a change in participant recruitment that included snowball recruiting, this additional method was employed; and generated eight of the nine participants. Potential participants were contacted via phone (see Appendix E), e-mail (Appendix A), and were provided with an informed consent form. Those potential participants used the informed consent form to help them make a decision on whether to volunteer for the study. None of the referred potential participants wished to decline participation and did not indicate such when they responded to the e-mail. No explanation would have been needed. The participants who read the informed consent form and wished to volunteer were offered the options of phoning me directly or responding to my e-mail and requesting that I call them to establish the date and time for an interview.

Data Collection

Data was collected via nine face-to-face semi structured interviews. The estimated duration of the interviews was between 60 and 90 minutes with the actual interviews

ranging from 30 to 45 minutes. The actual duration of the interviews varied based on the level of detail provided by the participant. The goal of each interview was to obtain as comprehensive a description as possible of the pastoral counseling experience.

Because there is a significant confidentiality aspect to pastoral counseling, the plan was to conduct the interviews in a closed private area away from others. To make the interview process as unencumbered as possible for the participant, the interviews were planned to take place in or about the participant's church. Preferably, the interviews took place in the same location where pastoral counseling takes place. All but one interview was conducted in the pastor's private office. As discussed in the previous section, the date and time of the interviews were scheduled during the confirmation phone call made to each participant, was scheduled at the participants convenience, and was mutually agreed-upon.

After greetings and introductions and after arriving in the office where the interview was held, the participant signed the informed consent form. Once again, it was stressed that participation was voluntary and could be terminated at any time without explanation. Each participant was asked a series of demographic questions. The participant was cautioned about providing information that may identify individual help seekers. Terms such as Mr. or Mrs. X were used to describe help seekers. During an interview, a participant inadvertently revealed name and location information that might be used to identify a help seeker; that information was edited during transcription.

The participants were informed that there would be no files using the participant's name. They were informed that data collected from them would be stored under pseudonyms created by me with actual identities known only to me. The computer files have been password protected and stored on external drives, and have been kept under lock and key. The audio recorder wasbe set up and turned on.

Using the interview guide (see Appendix), I was able to ensure that each interview provided a detailed description of the phenomenon. The interview guide contained the interview questions, each with corresponding questions used to probe for additional data within the specific topic. Before ending the interview, the participants were asked if they felt the description of pastoral counseling was complete. The participants were asked if there was any aspect of pastoral counseling that had not been covered. Several participants, immediately prior to the conclusion of the interview, decided to provide additional information after being asked if there was anything they would like to add.

Once the data collection portion of the interview was completed, I expressed my gratitude and prepared to leave. I requested permission to contact the participant in the very near future should the need arise. According to Sousa (2014), researchers may return to a participant prior to the start of data analysis in the event that further explanation or clarification becomes necessary. Participants were not asked to verify the analytical write-up of their descriptions, which will be explained in the section entitled reliability

and validity. Participants were offered a copy of the transcript of the interview. A brief summary of the study and the results were e-mailed to each participant.

Immediately upon return from each interview, the contents of the digital recorder were transferred to an MP3 file created for each interview and saved on an external hard drive under a pseudonym created by me. Once the data had been transferred, the MP3 audio files were transferred and saved separately on a thumb drive and the digital recorder was erased and reused. The external hard drive containing the MP3 file and the thumb drive containing all of the MP3 audio recordings is secured under lock and key. The origins of the interview questions and their connection to the research questions as well as the steps taken to analyze the data are detailed in the following section.

Interview Questions and Data Analysis Plan

Each of the open-ended and semistructured interview questions were intended to address the main and sub research questions referenced throughout this dissertation. The data gathered from the face-to-face interviews were intentionally focused on pastoral counseling and referral behavior. An appendix lists each research question and the corresponding interview question designed to examine it.

Before data analysis began, audio files were transcribed from the recorded interviews into a word file. The transcribed word files were then copied to an analysis worksheet and into NVivo qualitative data analysis software. The NVivo file records will be stored under pseudonym filenames for five years.

The actual steps outlined by Giorgi (2009), were followed while having assumed and while maintaining a phenomenological attitude. The first step was to read the entire transcript to get a "sense of the whole" (p. 128). Because the descriptions provided by participants can include backward references, it was necessary to read the transcript in its entirety before I could begin to develop meaning units or themes. I used the transcribed NVivo files to scroll through the entire transcript for each participant. I also listened to the entire MP3 audio recording of each interview while reading the transcript to absorb conversational inflections that might add additional context. This reading of the entire transcript allowed me to approach the next step in the analysis with a firm grasp of the overall description of the phenomenon.

Step two of the analysis was to delineate meaning units. Because the entire description of the experience was too large to be analyzed as a whole, the transcribed data was separated into units of meaning (Giorgi, 2009). Delineation of meaning units should be done from a perspective sensitive to the appropriate discipline. Since this psychological perspective was used while in the phenomenological reduction, the resulting meaning units were derived from a psychological phenomenological perspective. Scrolling through the transcript using NVivo, a backward slash ("\") was inserted at the end of each unit of meaning within the transcript without removing any of the provided description. Inserting the slash marks did not remove any of the information and maintaining the completeness and integrity of the data.

The third step of Giorgi's (2009) method was to take the participant's expressions that were supplied in the natural attitude, and transform them into expressions that are sensitive to phenomenology and psychology. The results of this transformation should carefully reflect a description of the exact characteristics of the phenomenon as presented to the researcher. Using imaginative variation, the essential components of the pastoral counseling experience were identified. This was done using an analysis worksheet that provided the ability for multiple interrogations of each of the meaning units. Once the meaning units were refined into psychological impressions they were coded in NVivo by scrolling through each of the meaning units and coding life world descriptions to develop psychological terms. These expressions were then channeled through the researcher's phenomenological attitude where interconnected meaning units were grouped into themes. This step also involved a degree of generalization, to facilitate integrating the data from multiple participants into single structures.

The last step was to summarize the structures into the essence of the phenomenon. Although individual facts may have been dissimilar, the psychological meanings could be the same. It was this use of psychological expressions that could be expressed in ways that allow the data from multiple participants to be integrated. This allowed for general structures to be achieved based on data received from several participants.

Issues of Trustworthiness

Reliability and Validity

Reliability and validity are criteria used in logical empiricism and seem to have been forced upon phenomenological research (Giorgi, 1989). Giorgi (1988) also points out that use of the terms reliability and validity differ in cross-paradigmatic understanding. He goes on to say that, it cannot be assumed that reliability and validity have the same connotation in logical empiricism as they do in the framework of phenomenology.

Reliability and validity are observed in the reduction and as a result of Husserl's intentionality. Husserlian intentionality in Giorgi's phenomenological method separates the act (noesis) from the object (noema) and allows the descriptions of the researcher to transcend his or her own consciousness (Giorgi 1988). He goes on to suggest that the reduction allows the researcher to capture the essence of an experience, negating the necessity for additional judges. Giorgi's (2009) method also provides reliability in that the researcher rigorously tries to avoid inaccurately describing the experience by applying imaginative variation in the pursuit of obtaining an accurate description.

Terminology used in quantitative research such as internal validity, external validity, reliability, and objectivity correspond to terms in the qualitative research lexicon as credibility, transferability, dependability, and confirmability respectively (Lincoln & Guba, 1985). Giorgi (1988) posits that components of the Husserlian based method speak

directly to trustworthiness. Steps were taken throughout this research study to ensure trustworthiness. Each of these terms are addressed below.

Credibility

In phenomenology, credibility has involved using participants to confirm the results of the study. Giorgi (2008) expressed opposition to using participants to validate research results. The role of a participant is to provide descriptions from the perspective of a natural attitude, which is in contrast to the phenomenological attitude used to produce psychological descriptions. Engaging participants to perform an evaluation of their psychologically reinterpreted descriptions is outside of the scope of a participant's role. Because the method, the theoretical assumptions, and philosophical assumptions are known, supervisors are able to provide vital checks and balances throughout the various stages of research (Sousa, 2014). For this study, expert consultation was used to add a level of credibility. The Dissertation Chairperson was asked to review meaning units, themes, and structures to buttress confidence in the results. Additionally, the completed meaning units, themes, and structures were subsequently reviewed by a second committee member and a University Research Reviewer who was also a specialist in qualitative methods.

Transferability

In qualitative research, transferability refers to the transfer of results to other contexts. From the qualitative perspective, generalization of results is dependent upon the researcher who is performing the generalization. It is up to that researcher to decide if the

results match the other context. For this study, transferability was enhanced by thoroughly describing the context and maintaining detailed field notes. This allows subsequent researchers to determine whether the results fit the desired context.

Dependability

Dependability is the equivalent of quantitative reliability that speaks to replication. Using NVivo provided the ability to attach the MP3 audio files to the text files within each of the participant data records. I believe this increased the dependability of the study because the audio files contain both pitch and tone that is missing from transcribed text and detailed field notes provide greater detail regarding context. Combining those functions with NVivo's audit trail functionality allows for replication and provides all subsequent researchers with the ability to perform independent research on the data that was collected during interviews.

Confirmability

Because researchers have unique perspectives they each bring to a study, confirmability in qualitative research speaks to the extent to which research results can be corroborated. As stated previously in this section the Dissertation Chairperson periodically reviewed and provided input on the research that was conducted. In addition to any field notes, detailed notes were maintained during the analytical process indicating the reasoning used in developing meaning units, themes, groupings, and structures.

Ethical Procedures

In accordance with Walden University's Institutional Review Board (approval # 08-23-17-0369237 expiring August 22, 2018) this study interviewed members of the clergy affiliated with the Southern Baptist Convention. Because of the confidential nature of counseling, great care was taken to maintain confidentiality of every participant. Because the participants of this study were asked to describe an experience that, in itself, involves confidentiality, each participant was cautioned not to use identifying characteristics when referring to individual help seekers. When describing situations involving specific help seekers, as previously discussed, participants were asked to use the names Miss X, Mr. X, or Mrs. X. Pseudonyms consisting of alphanumeric characters were used to identify participant records. There is no cross key identifying the connection between pseudonyms and participants.

Interview attendance was limited to one participant and myself and was conducted in a private location. There was one exception. One of the pastors requested we meet at a coffee shop away from the church. The remaining eight interviews were conducted in the private offices of each pastor. As discussed in the data collection section above, prior to any interviews all participants signed an informed consent form. The informed consent form clearly informed participants of their right to discontinue participation in the study for any reason with no explanation required. It also included background information on the study, informed participants of what was expected of them, listed any risks and benefits, payment for their participation, privacy information,

and contact information. Also previously discussed, all data files used in this study are being kept on a separate external hard drive that has been stored under lock and key while not in use.

Summary

Using a descriptive phenomenological approach, pastoral counseling and referral behaviors were researched and analyzed. Phenomenology is both a philosophy and a research method used to understand human behavior. Giorgi's (2009) modified Husserlian approach to descriptive phenomenology focuses on intentional consciousness or acts of consciousness directed to objects. Using this noesis and noema relationship to identify and separate the act from the object allowed for a detailed analysis of the essence of pastoral counseling. Using a phenomenological method to analyze the structures of consciousness through a theoretical lens of TPB and a conceptual framework of social constructionism helped to contextualize the socially interactive nature of this phenomenon.

Understanding pastoral counseling from the perspective of the clergy member is a critical step in understanding the relationship between the help seeker and the clergy member. There are a significant number of help seekers that turn to members of the clergy for assistance with mental health issues. Only 10% of those who seek help from members of the clergy are referred to a mental health professional. This means that there are a significant number of individuals with undiagnosed and untreated mental health issues (Anthony et al., 2015; Ross, & Stanford, 2014; Stanford & Philpott, 2011). This

research was also an important step in understanding how, if needed, to increase referrals from members of the clergy to mental health professionals.

Chapter 4 includes the results of this study. It also contains information on the settings of the interviews, relevant demographics of the participants, data collection, data analysis, and evidence of trustworthiness.

Chapter 4: Results

Introduction

This phenomenological study was conducted to explore and describe the pastoral counseling and referral experiences of Southern Baptist Convention (SBC) clergy members in the Atlanta, Georgia metropolitan area. In addition to describing the experience of pastoral counseling and referrals, this study was designed to examine the process by which PCs make the decision on whether to provide counseling, provide a referral to a mental health professional, or to both. This study included the clergy members' attitudes and opinions about mental health professionals including the qualities that clergy members look for in a mental health professional.

Social constructionism and the theory of planned behavior guided this research in answering the following three research questions:

RQ1: What are the experiences of Southern Baptist clergy members who have been called upon to provide mental health counseling?

SQ1: What are the attitudes and beliefs of Southern Baptist clergy members regarding professional mental health services?

SQ2: How do Southern Baptist clergy members evaluate the emotional issues of parishioners in order to determine whether to provide "counseling", a referral, or both?

The information gained from this research could promote collaboration between members of the clergy and mental health professionals. There is potentially important information to be gained from the so-called "gatekeepers of mental health services." This

chapter will include information on the interview settings followed by the participant demographics, data collection, data analysis, evidence of trustworthiness, and data analysis results.

Interview Settings

Each of the face-to-face interviews was conducted in a place chosen by the participant. Eight of the nine interviews took place at the church in the private office of the pastor. One interview was conducted in a coffee shop that was selected by the pastor, and is described below. Prior to each interview, there was a discussion about confidentiality, the voluntary nature of the study, the ability to discontinue at any time without explanation, and that the interview would be audio recorded. The informed consent form was thoroughly explained and the participants and I each signed two copies of the informed consent form allowing each of us to retain a copy. None of the participants discontinued any of their interviews.

I was not made aware of any personal or organizational conditions that might have influenced any participant or their interview experience. One interview was conducted in a public place, a coffee shop that was virtually empty, allowing for considerable privacy at a table in the corner of the shop. There was an intermittent stream of customers coming and going and there was one couple that entered the coffee shop who were obviously known to the pastor, and exchanged greetings with the pastor. This occurred during the final minutes of the interview, subsequent to the completion of data

collection. Therefore, this encounter occurred too late to have influenced the participant, the data provided, or the interpretation of the data.

Demographics

To qualify for this study, each participant had to be an ordained member of the clergy, affiliated with the Southern Baptist Convention, had to have counseled at least five help seekers within the past 24 months, and considered at least three help seekers for referral within the past 24 months. Selected demographic information for each of the nine participants appears in Table 3 below.

Table 3

Participant Demographic Information

Participant	Age	Ethnicity	Title	Experience	Education
Mr. A	64	African-American	Assoc. Pastor	23 years	BA
Mr. B	36	European-American	Assoc. Pastor	8 years	MA
Mr. C	30	European-American	Assoc. Pastor	5 years	BA
Mr. D	37	European-American	Assoc. Pastor	13 years	MA
Mr. E	45	African-American	Pastor	17 years	BA
Mr. F	37	European-American	Pastor	10 years	MA
Mr. G	62	European-American	Pastor	20 years	MA
Mr. H	56	European-American	Pastor	31 years	MA
Mr. I	54	European-American	Pastor	30 years	PhD

The participants were assigned and identified by the pseudonyms Mr. A through Mr. I, which are not related to the participant's actual name. They are merely intended to distinguish the participants from one another. Each participant is the pastor or associate pastor of a medium or large Southern Baptist Convention church in the Atlanta Metropolitan area. As previously discussed in Chapter 3, the participants were asked a series of demographic questions. The participants ranged in age from 30 to 64, all with

college degrees and varying amounts of experience. Five of the participants were born and raised in in north Georgia while one is from rural Alabama, one is from Detroit, Michigan, one is from Philadelphia, Pennsylvania, and one is from the Bronx, New York. The views and opinions shared by the participants and detailed in the results section did not vary by geographic origins, age, race, or education.

Data Collection

This study included nine participants. E-mails were sent to 400 Southern Baptist Convention churches in the Atlanta Metropolitan area. After receiving the first response and conducting the first interview, snowball recruiting was employed and generated the remaining eight participants. Once a participant was suggested as a referral, a search was performed on the SBC website to ensure that the potential participant's church was associated with the SBC. After an SBC affiliation was confirmed, the potential participants were contacted via phone (see Appendix E), followed by an e-mail (Appendix A) outlining the study, providing the researcher's contact information, and including an attached copy of the informed consent form.

Of the eight referred potential participants that were e-mailed, seven responded via e-mail indicating their willingness to participate in the study and one responded via phone by leaving a voicemail indicating a willingness to participate. A second phone call was made to each of the referred potential participants to arrange a convenient date and time to conduct the interview.

The duration of the interviews ranged from 30 to 60 minutes with the first 10 to 15 minutes involving administrative duties consisting of introductions and consent form explanations and signings. The remaining time was spent on data collection. Data was collected via face-to-face interviews using an interview guide with 15 questions to maintain consistency. All interviews were audio recorded to protect the integrity and ensure the accuracy and completeness of the data collected. Upon completion of each interview, audio files were transferred from the digital recorder to the external hard drive that was maintained and secured in my office. All audio files were transcribed to text in a Microsoft Word file. Each participant was assigned an alphanumeric control number and an individual computer subfolder was set up on the external hard drive for each participant. Each participant folder contains a scanned copy of the signed consent form, an MP3 audio recording of the interview, a Microsoft word transcription of the interview, and a Microsoft word analysis of the interview. An additional folder was set up on the external hard drive to house the entire research study NVivo file where all of the individual participant folder contents were also stored.

Data Analysis

After completing each interview, as stated above, the audio recording was transcribed into an individual MS Word file. After transcribing an interview, I listened to the entire audio file while reviewing the full transcript for accuracy. After ensuring the accuracy of the transcription, data analysis began by rereading each transcript in its entirety to get a sense of the overall description provided by the participant. After getting

a feel for the whole, the next step was to reread the transcript carefully and deliberately, while inserting a slash mark at each point where I perceived a shift in the participant's descriptive focus.

This process step is performed to delineate meaning units, representing smaller, more manageable sections of the description (Giorgi, 2009). Using Giorgi's descriptive phenomenological method involves multiple interrogations of each meaning unit. To facilitate this, each of the meaning units was copied into an individual cell in the first column of a four-column analysis worksheet where all delineated meaning units were analyzed in a series of interrogations to isolate the "psychological implications of the life world descriptions" (Giorgi, 2009, p. 131).

For each of the meaning units contained in the first column, a multiple series of analysis iterations were conducted in the remaining columns. With each iteration, I sought greater refinement of the psychological implications of each of the meaning units. During each iteration of this refinement, free imaginative variation was used to identify the essence of the experience. While refining the psychological, I also began to identify various generalizations that allowed me to assimilate the data from the individual participants into a single structure representing the phenomenon experienced by multiple participants.

During the multiple iteration analysis, similar psychological implications began to emerge that were expressed by multiple participants. For example, all of the participants in this study expressed feelings of inadequacy when asked about providing mental health

counseling. Mr. F said, “It always makes me feel inadequate to respond depending upon the person’s situation.” Mr. D said, “I always felt unqualified.” Mr. H said, “It is challenging for me. I am not a psychologist and I am not a therapist.”

Another theme that emerged from the expressions of multiple participants is the desire to refer help seekers to a mental health professional that can provide Christian-based counseling. Mr. E stated, “I do like it when a mental health professional has a faith component.” Mr. B stated that there are “A few different Christian-based practices in the county where we refer people in our congregation.” Mr. C made it clear that when it comes to referring someone to a mental health professional or facility, “As long as I felt that this was a Christian mental health facility or care in some way, I would do it in a heartbeat.” The complete structure is presented in an appendix. Greater detail on these and other themes and subthemes is provided in the results section later in this chapter.

Evidence of Trustworthiness

Giorgi (2008), states that while phenomenological researchers often employ participants to review the results of the analysis in an effort to establish credibility, he expressly opposed this method of validating research results because the role of a participant is to describe an experience using a natural attitude. Participants should not validate study results because they are not trained in the psychological attitude.

For this study, credibility was established by the periodic quality evaluations by the Dissertation Chairperson. Because the method has been established and the theoretical and philosophical assumptions have been clearly identified, supervisory

review can produce the important checks and balances needed at the various research stages (Sousa, 2014). Such reviews included a review of the establishment of meaning units, an examination of the procedures for analyzing meaning units, and the consideration of the psychological implications derived from those meaning units.

Transferability in qualitative research is the ability to apply the study results to another context. In qualitative research, the generalization of the study results depends upon the perspective of the researchers performing the generalizations as to whether results suit the contexts of those research studies. The transferability of the results of this study were enhanced through notes that describe the context in which the study was conducted. A detailed description of the context provides a better understanding for subsequent researchers to determine if the results match a desired context.

Dependability in qualitative research is equivalent to what quantitative researchers call reliability and refers to the replication of results. Dependability for this study was achieved through a combination of components. The notes on context described above combined with the availability of MP3 audio files, provides a replica of the actual interview raw data. Subsequent researchers are able to use this raw data in conjunction with the interview transcripts and analysis worksheets that detail the steps used to transition from the natural attitude descriptions contained in the transcripts to the psychological implications identified on the analysis worksheets.

All dependability data including the MP3 audio files, the interview transcripts, and the analysis worksheets were uploaded into NVivo software. By combining the data

and the functionality of NVivo, including the audit trail functionality, subsequent researchers are provided with the tools necessary to conduct independent research on the data that was gathered during the face-to-face interviews.

Confirmability in qualitative research refers to the degree to which research results can be corroborated. Each researcher brings a unique perspective to qualitative research. As previously mentioned the Dissertation Chairperson periodically conducted quality control reviews and provided input on the research method and the execution of the analysis. The delineation of meaning units, the emergence of groupings and themes, and the development of structures were also subject to review.

Data Analysis Results

I conducted this research to provide a description of pastoral counseling and referral experiences of Southern Baptist Convention clergy members. I was particularly interested in what they experience when they are asked for help with an emotional issue, their feelings about mental health professionals, and how they decide whether to refer an individual to a mental health professional.

Using face-to-face interviews and a series of interview questions, I sought to answer the following research question and sub-questions:

RQ1: What are the experiences of Southern Baptist clergy members who have been called upon to provide mental health counseling?

SQ1: What are the attitudes and beliefs of Southern Baptist clergy members regarding professional mental health services?

SQ2: How do Southern Baptist clergy members evaluate the emotional issues of parishioners in order to determine whether to provide “counseling”, a referral, or both?

Interview questions were assembled and used to address each research question and elicit responses with full and rich details of the essence of their experiences, opinions, and beliefs. Throughout the remainder of this chapter, the themes and subthemes that emerged during data analysis will be presented in order by research question. Themes and the subthemes that comprise them will be presented with the quotes used in identifying those subthemes. As mentioned above, the thematic structure is presented in an appendix.

The initial series of interview questions were focused on the first research question involving the experience of pastoral counseling (see Appendix). During the analysis of these questions, a number of themes and subthemes emerged. Those themes and subthemes are presented below in order by research question, theme, and subtheme.

Pastoral Counseling Experience

The first set of interview questions were centered on pastoral counseling experiences and resulted in the emergence of two themes: providing care and paying attention. Each of the themes will be discussed in detail including a discussion of the various subthemes that comprise each theme.

Theme 1: Providing care. This theme incorporated four subthemes. Those subthemes are counseling is a job requirement, PCs feel honored and feel it rewarding,

personal feelings and spirituality, and feelings of inadequacy. The following section details each of the subthemes.

Counseling is a job requirement. When asked what it is like to be asked for help with an emotional issue, all of the nine participants felt that counseling is a responsibility that comes with the position. For example, Mr. B made it very clear by saying, "you have to be available [to people] when they really need [someone]." Even when not asked, some PCs will often offer counseling. Mr. C shared the following: "To provide counseling is very simple really, they just have to ask and not even in most cases, there may be times that I offer."

Honored and rewarding. The next subtheme that emerged was honored and rewarding. PCs consider it an honor to be called upon to provide pastoral counseling. All of the nine participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. E, Mr. F, Mr. G, Mr. H, and Mr. I) expressed how they feel honored by this spiritual calling. For example, there is a feeling of gratification and honor when it comes to pastoral counseling as described by Mr. A who spoke of being gratified by the honor of helping when he stated "I feel it rewarding to… be able to aid somebody in that area… so its a rewarding feeling." Mr. C's initial response was, "Oh goodness, it is such an honor."

The discussions above indicate that the participants feel that it is an honor. They also consider it a job requirement. This job requirement is the responsibility of shepherding the flock.

Personal feelings and spirituality. In conjunction with this responsibility to shepherd the flock, PCs fulfill this obligation by using personal feelings and spirituality to determine the appropriate counseling course of action. All participants believe that fulfilling this responsibility requires the use of personal feelings, experience, and spiritual guidance. For example, it was clearly described by Mr. C when he said:

> You know it is sometimes it is a gut thing. I hate to be that way and that is there is not a lot you know medical that goes into that but I feel like it is spirit led. As a pastor, I just look for signs of where the spirit is leading the conversation and then go from there. It may be one thing for one person and it may be one thing for something else.

Mr. H made it clear that he uses his experience to assess a help seeker's needs when he said, "And so, what I typically try to do is discover what the root cause is, as best I can, to their difficulty."

Feelings of inadequacy. Although pastors feel a responsibility to provide pastoral counseling, seven of the nine pastors interviewed (Mr. B, Mr. C, Mr. D, Mr. F, Mr. G, Mr. H, and Mr. I), considered pastoral counseling and mental health counseling to be two separate and distinct functions, and expressed feelings of inadequacy when it comes to providing mental health counseling. For example, Mr. C points out that "if you wanted to get right down to it, I cannot diagnose anyone." This was reinforced by Mr. F who stated, "It always makes me feel inadequate to respond depending upon the person's situation."

Theme 2: Paying Attention. The next theme under pastoral counseling experience is paying attention. This theme incorporates six subthemes. They are listening, feedback, cathartic listening, emotionally taxing, relationship status, reluctance, teenagers, and weaponization.

Listening. The first subtheme is listening and it is a big part of pastoral counseling. This was established and confirmed by eight of the participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. E, Mr. F, Mr. G, and Mr. H) when for example, Mr. A said, "You have to be a decent listener. You know… you got to be able to listen to folk and find out where they are at." In addition, Mr. B said, "the biggest thing that I do Charles is that I listen…. that is my goal is to just listen."

Feedback. PCs use help seeker feedback to determine the efficacy of the counseling that they have provided. A majority of the participants (Mr. A, Mr. C, Mr. E, Mr. G, and Mr. H) alluded to help seeker feedback as a means of determining whether or not the counseling approach was effective. For example, when discussing how the decision to proceed with counseling is made Mr. C stated, "You just hope that in the moment that they feel an immediate positive response to how I reacted to it." Mr. G said, "I think it is in relationships that we find whether we have done what we needed to, based on the feedback that I received."

Cathartic listening. Being a good listener is not only to determine counseling direction and efficacy. The next subtheme is Cathartic listening. PCs will use listening as a counseling approach that often provides help seekers with a cathartic release. This was

expressed by five of the nine participants (Mr. B, Mr. C, Mr. D, Mr. E, and Mr. F). For example, Mr. B said, “often times with emotional problems people just want you just to listen and hear them out.” Additionally, consider Mr. C who said, “In pastoral care, more often times than not, someone wants to be listened to, period. They come asking for advice but many times they just… they want to get whatever it is off their chest.”

Emotionally taxing. Included in the theme of paying attention, there were some negative subthemes such as the emotionally taxing subtheme. This subtheme was expressed by five of the participants (Mr. A, Mr. B, Mr. F, Mr. G, and Mr. I) who expressed that listening to the problems presented by help seekers can be emotionally taxing. For example, Mr. A expressed concerns about constantly being exposed to emotional problems when he said, “you’ve got to look at burnout.” Mr. F said, “Where some of the problems you hear in pastoral counseling sometimes is really stressful.”

Relationship status. Another negative subtheme of the paying attention theme is the relationship status subtheme. This subtheme represents the change that can occur in an existing relationship once intimate details have been shared. Five participants (Mr. A, Mr. C, Mr. D, Mr. F, and Mr. H) spoke of this situation. For example, Mr. A said, “When you look at how things change.... How people change when they tell you all their business it is like you cannot be friends again.” Mr. H provided this example:

> Let us say for example you have a gentleman that comes in who is a member of the church. He walks in and he spills his guts. Well how is he going to look at you

> on Sunday morning? He is going to sit there and recognize that I know all of his dirty laundry. It may bring with it a degree of shame and embarrassment.

Reluctance. That shame and embarrassment may be a contributing factor in the next subtheme that emerged. The reluctance subtheme became apparent when six of the participants (Mr. A, Mr. D, Mr. E, Mr. F, Mr. H, and Mr. I) relayed a concern that help seekers will often display a reluctance to share negative information that may be necessary in addressing the problems being presented. For example, Mr. D said, "Sometimes that issue might be way deeper than a parishioner might want to share with their pastor." when speaking about having the information necessary to provide adequate counseling Mr. H said, "Some people are reluctant to share. I have to wonder sometimes when people are telling you their problems whether they are being totally transparent."

Teenagers. Two of the pastors in this study gave rise to the next subtheme labeled the teenagers subtheme. Mr. B and Mr. C revealed that teenagers present a unique set of challenges. The teenager subtheme is important to Mr. B because he used to be the youth pastor at his church. He said:

> Some different issues with students… they struggle greatly in those years with trying to figure out who they are,… Thoughts that they are having that they have never had before… and problems that they are dealing with, whether it be with their friends, whether it be with family, and their brains have not developed yet to the point where sometimes they can process appropriately what they need to do.

Mr. C said that he is, “very aware of the mental issues, the mental things that are plaguing teenagers, the anxieties and stresses that are prevalent in teens.”

Weaponization. The last subtheme of the paying attention theme is the weaponization theme where help seekers attempt to weaponize PCs. Mr. E and Mr. F spoke of help seekers who intended to gain the support of PCs to achieve an advantage in disputes with friends or family. Mr. E put it this way:

> If I am getting pulled into an argument, you know [laughter]… [Sometimes] the husband is trying to make a point to the wife, you know what I mean? You know, hey, you are a guy, so you are going to back me up. I do not like those scenarios.

Mr. F expressed the same sentiment when describing some of the difficulties experienced by PCs when he said:

> Getting dragged into somethings that a pastor probably should not get dragged into i.e. family drama where me as a pastor my view is I am here to help but not to be dragged in and used as a weapon inside of family drama and dramatic events. That is a difficulty for me that I see within pastoral counseling.

Attitudes Toward Mental Health Professionals

The attitudes of PCs toward mental health professionals was the focus of the second research question. As discussed above the results are organized and presented by research question, theme, and subtheme (see appendix). An appendix shows the relationship between research questions and interview questions.

The second set of interview questions, which were focused on the second research question, were designed to provoke a description of the participants' attitudes and opinions toward mental health professionals. There were two themes that emerged during the analysis of the responses to these questions. The two themes are opinions and provider criteria. The first represents PC opinions of mental health professionals and the second represents the provider criteria used to determine if a particular provider should receive referrals. Those themes are presented below.

Theme 1: Opinions. This first theme of pastoral counseling attitudes toward mental health professionals is comprised of three subthemes. The subthemes are pastoral counseling has not helped, first-hand experience, and pastoral counseling can help.

Pastoral counseling has not helped. It was a common thread between all participants that pastoral counseling may turn out to be inadequate and subsequently require a referral to a mental health professional. All of the participants expressed the need for help seekers to see a mental health professional if pastoral counseling has not adequately addressed the situation. For example, when speaking about the effectiveness of pastoral counseling for individuals with long-term problems Mr. B said, "Being able to say, hey listen I can only handle this [situation] so far but I would love for you to be able to talk to somebody who is trained in these areas, to help you even further."

When discussing the fact that counseling has not worked Mr. I said, "And I have to be able to recognize when that is the case and referral those people to other individuals that can provide the help that they need."

First-hand experience. The next subtheme that is part of the opinions theme is the first-hand experience that three of the participants (Mr. B, Mr. D, and Mr. E) had with mental health professionals. For example, Mr. B shared a personal experience:

> I I love it [mental health professionals] and here is why, because I have been to one. I suffered a light stroke last year. And through that I had some mental health issues myself. Whether it be with anxiety, whether it be with "am I ever going to be okay again", here is a profession [pastor] where I love being around people but yet after my stroke and my heart surgery I did not want to be around anybody. And, so, I suffered some depression.... I was able to go to a counselor and be able to get some help and it helped me tremendously.... I would recommend a mental health professional in a second.

Mr. E also shared a personal experience when he said, "I have used mental health professionals in my marriage. I have used mental health professionals for my children. I am open to it. And I do recommend mental health professionals for people that need it."

Pastoral counseling can help. The next subtheme of the opinions theme is that pastoral counseling can help most people in need of assistance. This subtheme was raised by two of the participants (Mr. F and Mr. I) who believe that pastoral counseling can be of value to most people who are not suffering from serious mental illness. Mr. F said, "When it comes to pastoral counseling that is one that typically the degree of importance or risk rather is not as large as the risk dealing with mental health and mental health counseling." And Mr. I provided an example of pastoral counseling success:

> This young man saw the error of his ways and understood that what he was doing was detrimental so he had a conversion experience. And he got off the drugs and he started coming home at night. He started trying to be the husband that he needed to be and the father he needed to be.

Theme 2: Provider criteria. This second theme of pastoral counseling attitudes toward mental health professionals is made up of four subthemes. The subthemes are Christian counselors, secular counselors, provider ambition, and mental illness can be demonic. The subthemes are presented below.

Christian counselors. PCs prefer to refer to Christian counselors. All of the nine participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. E, Mr. F, Mr. G, Mr. H, and Mr. I) were very clear in their preference for Christian mental health professionals. This preference is extended to Christian-based facilities as well. Some of the participants expressed a moderately strong view on preferring Christian counselors while others were absolute in a Christian prerequisite for referrals. Regardless of the strength of the expression, the participants clearly prefer Christian mental health professionals, for example,

Mr. F said, “As a believer, I prefer to find or get a reference to another believer in that field. Knowing just how different one may think about the same issues.” Mr. G put it this way:

> I think I am very careful at who I would send somebody to. I would want them to be a Christian-based person if we are dealing with a spiritual issue as well to

> understand where they are coming from. I think it is important that that person would have that perspective as well.

Secular counselors. This sentiment was shared through the affirmations of Christian counselors, with some insinuating a disdain for secular mental health professionals as expressed by Mr. E when he said,

> I think the mental health profession is totally agnostic [laughter] which might not be the best thing. So I do look for that. They may not have to believe exactly what I believe, but you know.... I think that they have gotta believe in faith.

In a slightly stronger statement, Mr. H said:

> I personally believe that anybody that works in the realm of mental health should have a biblical background, you know, a Christian perspective. I realize that there are many secular counselors out there that do not adhere to biblical principles. That is a problem. But, on the other hand there are those that adhere to biblical principles and I am grateful for them.

Provider ambition. The next subtheme is the provider ambition subtheme. Although the importance of a mental health professional being a believer was a consistent theme expressed by every participant, five of the participants (Mr. A, Mr. B, Mr. D, Mr. E, and Mr. I) also included the additional criterion restricting a provider's financial ambitions. The belief is that a mental health professional should not be in counseling strictly for financial gain. Their ambitions should be more concerned with the empathy

aspect of counseling and not focused on building a business. For example, Mr. A made it clear while elaborating on counselors that would not be suitable when he said:

> You know.... You can tell if someone is in it for the money, or somebody in it to build a business. Some people may be in it to just to have a job.... So being a mental health professional, my feelings about it is of one being totally compassionate to someone.... You know.... You can tell if someone is in it for the money, is somebody in it to build a business.... Someone would be in it to just to have a job

In addition, Mr. B said that he prefers, "Honest folks and people that truly have the compassion to be able to want to help people more than just for their business."

Mental illness can be demonic. The last subtheme under the provider criteria theme is that mental illness can be demonic subtheme. This subtheme was expressed by two participants (Mr. H and Mr. I). Mr. H explains:

> I do not want to sound super spiritual here, but I believe as well, some of the issues people face are demonic.... and I think that people buy into the lies of the enemy and believe them. Satan is a liar and he.... If he can lead people to believe his lies he has got them trapped. And that is where people find themselves in their self-imposed prisons because they have rejected the truth of God's word and instead have believed a lie.

Mr. I said:

> If they are obsessed with the dark side of things, in particular [are they listening to] some of the Satanic type music that is out there. Have they been involved in any of the occult or any of the occult activities? That could give me a window into why they are suffering the way that they are in these other areas.

Decision to Counsel or Refer

The third and final research question examined how PCs determine the approach to be taken when solicited by a help seeker. The third series of interview questions addressed this last research question (See Appendix). They were intended to draw out an explanation of how PCs determine whether to provide counseling, or a referral, or both. As previously mentioned, the results are presented in order by research question, theme, and subtheme (See Appendix). There were two themes that emerged. The two themes are assessment criteria and referral required.

Theme 1: Assessment Criteria. The assessment criteria theme contains five subthemes. They are pastoral counseling limits, scriptural guidance, existing relationships, habitual behavior, and marriage counseling. The following contains a detailed presentation of each subtheme.

Pastoral counseling limits. Seven of the nine participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. F, Mr. H, and Mr. I) expressed that PCs must be aware of their limitations. For example, Mr. A plainly said, “You have to know what your limitations are…, and knowing my limitations you know because if I can’t give them my best, I can’t give them nothing.”

Mr. I said:

> At the same time I have to realize that I have limitations. And there are some people that struggle with things that are beyond my expertise. And I have to be able to recognize when that is the case and referral those people to other individuals that can provide the help that they need.

Scriptural guidance. The second subtheme of the assessment criteria theme is the scriptural guidance subtheme. PCs use scriptural guidance as one of the tools to determine the counseling approach. All of the participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. E, Mr. F, Mr. G, Mr. H, and Mr. I) consider Scripture a viable source of guidance.

For example, Mr. C said, "what I can say is [that it is] Spirit led." Mr. F was clear when he said, "it is scriptural counseling based on the Bible."

Existing relationships. The next subtheme in the assessment criteria theme is the existing relationships subtheme. PCs use information from existing relationships to determine a counseling approach. There were six out of nine participants (Mr. A, Mr. B, Mr. C, Mr. D, Mr. G, and Mr. I) that commented on the benefit of having an existing personal relationship with a help seeker. For example, Mr. B said, "Knowing the person, a lot of times I know people personally so…" Mr. I simply said, "Because you know the person seeking assistance and a lot of times when people ask for help."

Habitual behavior. The next subtheme is the habitual behavior subtheme. This subtheme was discussed by three of the participants (Mr. A, Mr. H, and Mr. I) who talked about dealing with emotional problems over a long period of time. For example, Mr. A

said, “We wait for so many years to go by so much time go by before we really realize that dag-on-man! I need some help!” Mr. I said:

> and sometimes the problem has gone on for so long that it is more difficult to deal with.... Now I have discovered that there are some people, they have become so comfortable in their dysfunction that they do not know if they can live without it.

Marriage counseling. This subtheme involves mild to moderate marital problems. The issue was raised by four of the participants (Mr. B, Mr. D, Mr. H, and Mr. I). It became clear that PCs do attempt to counsel married couples seeking marriage counseling with some of those couples ending up with a referral to a mental health professional. For example, in discussing marriage counseling Mr. B said, “A lot of times with adults it is more of the marriage thing.” Mr. H takes a scriptural approach to marriage counseling. He was quoted as saying, “In fact I had a couple in here just last Thursday that their marriage is in real trouble and so we went back and explored the Scriptures for you know, what does God have to say.”

Theme 2: Referral required. The referral-required theme is the last theme of the decision to counsel and refer. There are three subthemes of the referral-required theme. They are serious marital problems, suicidal thoughts, and obvious mental illness.

Serious marital problems. Five of the nine participants (Mr. B, Mr. D, Mr. E, Mr. F, and Mr. H) expressly believe that while some marriages might benefit from pastoral counseling, those marriages in crisis that may be on the verge of divorce require an immediate referral to a mental health professional. For example, when discussing those

issues that may require an immediate referral, Mr. E made it very clear when he said, “I would say, people that have a very difficult marriage issues. Not all, but maybe those encountering divorce, maybe someone’s encountering divorce a lot and trying to figure out what the problem is.” Mr. F said this, “How serious is this? Is this a few days away from going to get divorce papers? Does the person have divorce papers in their hand? I would say severity of the issue dictates my reference to a referral.”

Suicidal thoughts. Next is the suicidal thoughts subtheme. Three of the participants (Mr. B, Mr. C, and Mr. F) mentioned suicidal thoughts as a situation deserving an immediate referral. For example, when asked about immediate referrals, Mr. B simply said, “The biggest thing is.... With teenagers that they are thinking about suicide. Mr. F recalled a situation involving suicidal thoughts:

> Within the last year, I had someone share suicidal thoughts. So I had to immediately report and get this individual plugged in with a professional to receive counseling. I had to do the police; I had to call the police and everything so that is something I do not play with.... I would definitely say suicidal thoughts.

Obvious mental illness. The last subtheme is the obvious mental illness subtheme. Six of the nine participants (Mr. C, Mr. E, Mr. F, Mr. G, Mr. H, and Mr. I) acknowledge that obvious mental illness should immediately be referred. For example, Mr. E said:

> Now if someone is suffering from something like bipolar disease or something like that, I think you need to bring a professional into the table.... If someone’s

> dealing with depression, alcoholism, drugs, things that can bring along with it a need to actually talk things out with someone one-on-one. A professional that can help them process what they need to do step-by-step

Mr. F said, "I would also refer signs of schizophrenia, bipolar, depression, extreme anxiety or anything in that area. Anything in that area is an instant referral."

Additional Findings

While analyzing the interview data there were additional findings that emerged. The findings were expressed by individual participants. Therefore, they did not constitute the establishment of a theme or subtheme. They are presented below. Mr. C pointed out that he believes there is a reduced stigma associated with seeking help from a mental health professional. In discussing the use of a mental health professional he said, "maybe it is that people are more and more willing to see them because lots of the stigmas that came in the past with mental health have fallen apart… so more and more are more willing to take part in it." Mr. D made it a point to inform me that Christian counseling is on the rise. He explained that, "One of the biggest [most common] degrees at my seminary was a counseling degree. That was one of the biggest masters degrees that we had." Mr. F expressed the need for immediate mental health referrals in life-threatening situations. While discussing situations that require an immediate referral Mr. F said:

> Number two; is this a situation where the individual's life is threatened by someone else or themselves? Or are they threatening someone else's life? So those are triggers to calling and referring immediately… I will say serious, I will

> just go back to mental health again. The risk of a life of a person or a person taking someone else's life or someone taking the person's life I would say that that would be mandated to report.

It was also Mr. F who raised the idea of sexual abuse requiring a mental health referral when he said, "Sexual abuse is another one for mandatory report." Lastly, Mr. F contends that there is not enough focus on mental health in this country when he said, "So I do not think enough money effort and time is spent working on the mental health counseling, mental health professionals in our country. I think a lot could be avoided if we had a better mental health system."

Summary

I conducted the research into the first research question to understand the experience of providing pastoral counseling. Investigating the second research question, I researched the attitudes and opinions held by PCs regarding mental health professionals. In addition, I also sought to understand the third research question that was centered on the process by which PCs determine when and if a referral to a mental health professional is needed.

I gained a better insight on the first research question and determined that the pastoral counseling experience includes obligatory counseling that is considered part of the job and is an important component in caring for the flock. PCs feel a sense of calling that is a source of honor and reward when helping people cope with difficult situations. PCs use Scripture to guide their counseling efforts and rely on help seeker feedback to

determine its efficacy. Because pastoral counseling involves the sharing of intimate personal details, PCs often experience an unintended change in the pre-existing personal relationship with the help seeker.

The pastoral counseling experience requires the ability to listen. Listening is a major part of pastoral counseling. Listening not only allows the counselor to identify the issues causing distress, it also provides help seekers with a cathartic release that often arrests the distress. Being a good listener is also important because help seekers are often reluctant to share embarrassing details requiring PCs to formulate the extent of the problem through observation and listening.

The second research question regarded PC attitudes and opinions of mental health professionals. The results of this study provided insights into the criteria used by PCs to determine if a mental health professional is suitable to receive referrals. It was revealed that not only do PCs prefer a Christian-based mental health professionals and facilities, but they also look for altruism and consider ambitious financial motivations an undesirable quality.

The last research question was centered on what goes into the determination on whether to provide counseling or to provide a referral. There are several factors that play a role in formulating a suitable approach for a help seeker. PCs use information gained through the existence of an ongoing personal relationship with the help seeker that provides PCs with a priori determinations of the intended approach. Although obligated to counsel, PCs feel the need to recognize their limitations when it comes to mental

health counseling; often resulting in the suggestion of a referral after having provided pastoral counseling.

Chapter 5 provides an overview of this study and the resulting findings. It will include an introduction section, and interpretation of the findings, limitations of this study, recommendations for future research, social change implications, and the conclusions derived from this research.

Chapter 5: Summary, Recommendations, and Implications

Introduction

In this chapter, I interpret the findings in Chapter 4 regarding the pastoral counseling and referral experiences of SBC clergy members. I integrate the findings from Chapter 4 with the literature and with the conceptual framework. At the start of this research, a literature review was conducted and presented in Chapter 2. This review of the literature provided the then prevailing zeitgeist on pastoral counseling that was used as a baseline for comparison. The results of this study were compared to the knowledge base of literature to determine the contributions made by this research. According to the literature review, a significant gap in the literature exists regarding pastors' counseling and referral experiences. There was a modicum of research studies on pastoral counseling, none of which focused on the pastors' lived counseling and referral experiences. This study was conducted to fill that gap and to gain a better understanding of pastors' counseling and referral experiences from the pastor's perspective.

In addition to pastors' counseling and referral experiences, this study included an examination of what motivates pastoral counseling and referral behaviors. This study also delved into the attitudes and opinions held by SBC clergy members toward mental health professionals. The data provided insight into pastoral counseling as well as the criteria used by pastors when deciding whether to provide counseling, a referral, or both. This study revealed the criteria used in determining if a mental health professional was a

suitable candidate for referrals. Rich descriptions were obtained along with insights that could set the stage for additional research.

Employing a purposeful sample, nine participants were selected. Each participant was required to: (a) be an ordained member of the clergy affiliated with the SBC, (b) have counseled at least five help seekers during the past 24 months, and (c) to have at least considered three individuals for a referral to a mental health professional.

This study used Giorgi's modified Husserlian approach to the descriptive phenomenological method (Giorgi, 2009). Using this method I analyzed the essence of the lived experience of providing pastoral counseling and furnishing help seekers with mental health referrals .

While analyzing the data, six themes emerged. (See Appendix for a table showing the relationship between the research questions and the themes and subthemes that emerged during the analysis.) Below, the emergent themes and subthemes are presented for each of the research questions.

The first research question and the first series of interview questions (see Appendix) were focused on pastoral counseling experiences. An analysis of the responses to those interview questions resulted in two themes: Providing Care and Paying Attention. The second research question and its corresponding interview questions were centered on the attitudes and opinions held by PCs toward mental health professionals. This resulted in two themes: Opinions and Provider Criteria. The third and final research question and interview questions sought information on how PCs decide when and if a

referral is necessary. The two themes emerged: Assessment Criteria and Referral Required. Additionally, 27 subthemes emerged during data analysis (see Appendix).

The remainder of this chapter includes an interpretation of the findings. The interpretation will be presented according to research question, theme, and subtheme. This will be followed by a discussion on the limitations of the study, future research recommendations, social change implications, and conclusions.

Interpretation of the Findings

The analysis of the intrapersonal details that were offered during the interviews quickly began to reveal the multiple interpersonal themes inherent in the pastoral counseling experience. The data collected from this study provided insight into the experience of pastors providing counseling and providing referrals to mental health professionals. Members of the clergy feel they have answered a religious calling that inspires a sense of duty and responsibility to care for the flock. It is this sense of duty and responsibility that motivates the obligatory responsibility to counsel an individual seeking help with emotional issues.

As stated above the analysis resulted in the emergence of six themes (see appendix). There were also 27 subthemes that emerged. The themes were: (1) providing care, (2) paying attention, (3) opinions, (4) provider criteria, (5) assessment criteria, and (6) referral required. In the sections that follow, the subthemes and the themes they comprise will be discussed in detail using a social constructionism and the theory of

planned behavior. Chapter 2 introduced social constructionism as the conceptual framework with the theory of planned behavior as the theoretical foundation.

Social constructionism posits that reality is constructed through perceptions that are developed via social exchange (Galbin, 2014, 2015; Schilbrack, 2012). Using a social constructionism framework in describing pastoral counseling experiences provided an understanding of how the pastoral counseling decisions are perceived by the congregation and the pastor and how these perceptions are developed through social interactions. Because counseling involves an interaction between at least two people, it is inherently social. Social constructionism was used as a conceptual framework to examine the themes, and subthemes that emerged during this study.

Using social constructionism allowed me to consider the impact that the social exchange between PCs and help seekers has on pastoral counseling behaviors. This is because, as previously mentioned, the foundation of social constructionism posits that truth and knowledge are constructed by social interaction (Galbin, 2014, 2015; Schilbrack, 2012). Pastoral counseling encompasses more than the reality that is socially constructed and shared by counselor and client; it also has a religious component that inserts a preconceived affirmation of the behavior. Religion itself is a prime example of social constructionism. Religious beliefs are shared by the group and not necessarily by outsiders; these beliefs are perpetuated through social interactions or fellowship and have been established by predecessors. Religious beliefs would therefore adhere to the foundational tenants of social constructionism.

The theory of planned behavior addresses the factors that influence a PC's intention to engage in a particular behavior, such as counseling or recommending a referral. The factors include how that behavior is viewed by the actor, how it is viewed by others, and the actor's self-efficacy and control beliefs regarding the behavior. This theory fit well with the determinants considered by pastors when solicited for support by help seekers. They include how the pastor perceives the counseling behavior in a particular situation and how the congregation feels about the behavior. They also include what the pastor believes about controlling the factors effecting the outcome; meaning how effective will the counseling approach be.

Pastoral Counseling Experience

As previously mentioned, the initial set of interview questions were concentrated on pastors' counseling and referral experiences and the analyses of those questions resulted in two themes. They are, Providing Care and Paying Attention. The interpretation of the findings for these two themes and their related subthemes is presented below.

Theme 1: Providing Care. The majority of individuals who become pastors do so in response to a spiritual calling. This calling brings with it a sense of responsibility and duty. According to Civish (2013), this calling fills an individual's life with purpose and serves to integrate that individual into the community. All of the participants expressed being summoned to a spiritually specialized role in the church. Scholars have characterized this calling as an understanding that God has "called" an individual to a

particular type of work that can be performed purposefully and in a prosocial manner (Bott, Duffy, & Douglass, 2015).

Answering the call and becoming a member of the clergy readily provides an individual with a respected position in the religious community. Pastors are viewed as quasi-patriarchal to members of the congregation. They are ascribed respect and their behaviors are considered directed by God. Answering the call is the fulfillment of a spiritual obligation to God and community. This spiritual obligation is the result of religious beliefs held by the pastor (Rogers, Yuvarajan, & Stanford, 2013; Stansbury et al., 2012).

These religious beliefs of the pastor as well as the congregation are long lasting, ontological explanations of the world and make up the foundational convictions held by individuals (Rogers, Yuvarajan & Stanford, 2013). This represents the socially constructed reality that exists in religion. Those explanations and convictions held by both the pastor and the congregation establish a shared positive view of pastoral behaviors. The positive views that are held by the congregation are apparent throughout the subthemes below. The providing care theme has four subthemes: (a) counseling is a job requirement, (b) honored and rewarding, (c) personal feelings and spirituality, and (d) feelings of inadequacy.

Counseling is a job requirement. Individuals who answer the call to pastor have taken on the obligatory responsibility of providing counsel to members of the

congregation. This is done in fulfillment of their duty to shepherd the flock. All of the participants consider counseling to be a job requirement.

The literature review in Chapter 2 revealed a limited amount of literature on pastoral counseling. Stansbury et al. (2012) clearly outlined that pastors consider pastoral counseling to be the number one most important function performed by pastors. The pastors in this study expressed this feeling of responsibility.

All of the participants seem to have a pragmatic attitude toward the responsibility of providing counseling. Mr. A said, "It is my job you know… [if somebody asks] I cannot say no." In addition to his responsibility, Mr. B added his concern for the help seeker by saying, "you have to be available [to people] when they really need [someone]." Mr. C and Mr. D indicated that there might be instances when help need not be solicited, sometimes it is offered. Mr. C said, "That is part of the job. That is why I am here. Is to provide that when needed and to extend that invitation even if it is not asked for." This proactive pastoral counseling was mentioned in the literature by Rogers, Yuvarajan, and Stanford (2013), who explained that it is the nature of a pastor to be poised and ready to seek out and respond to help seekers.

Pastors that provide obligatory counseling, do so under the auspices of church orthodoxy. As mentioned above the religious beliefs of the individual have long been held by the entire congregation and are considered unquestionable (Rogers, Yuvarajan & Stanford, 2013). This exemplifies the jointly constructed view of the world that is used as the basis for the shared reality that exists in religion. This illustrates how pastoral

counseling is a good fit with social constructionism. When viewing pastoral counseling behavior through a social constructionism lens, it is the influence of religious dogma and church doctrine that help socially construct the reality, for the pastor and others, that the counseling behavior of the pastor is good and necessary.

It should be noted that pastoral behaviors are not indiscriminately socially constructed as acceptable. The behavior must conform to accepted religious norms. As noted by Schilbrack (2012) religion itself is a demonstration of how the construction of reality is not unrestrained, but is instead confined to the sociocultural structures that have been previously established. This means that pastoral counseling must adhere to the biblical principles that govern the faithful in the same way social constructionism posits that a perceived reality is socially constructed; and conforms to the beliefs held by predecessors. This also represents how pastoral counseling can be understood using social constructionism.

Although providing pastoral counseling is considered a job requirement, it also requires a determination by the pastor. This means that once counseling has been requested it will almost certainly be provided although the pastor must still make a decision on the counseling approach while continuously considering a referral. The pastor also considers whether the help seeker will embrace a particular counseling approach and whether the counseling approach ultimately will be effective. The help seeker's acceptance of the counseling approach and the effectiveness of the approach are discussed later in this section. These components of the decision-making process can be

directly related to the pastor's intention to provide counseling as outlined by the theory of planned behavior.

The theory of planned behavior is the theoretical framework of this study as detailed in Chapter 2. The appropriateness of providing counseling is determined by the opinions and views of the behavior that are held by the pastor and the congregation, which represent the social and personal norms that are identified as two of the components of the theory. As discussed above, pastoral counseling behaviors have been sanctioned by church doctrine, members of the congregation, as well as the pastor's personal beliefs. This satisfies the normative beliefs and subjective norms that suggest an individual is likely to engage in a certain behavior, in this case pastoral counseling.

The literature review contained in Chapter 2 did not specifically identify counseling as a pastoral job requirement. However, the literature does identify pastoral counseling as one of the top priorities for pastors (Stansbury et al., 2012). It was also suggested by Rogers, Yuvarajan, and Stanford (2013), that PCs are expected to be poised and ready to provide counseling to congregants. This suggests that the job requirement findings are consistent with the literature.

Honored and rewarding. This subtheme is also related to the spiritual calling previously discussed. The honor and reward are inextricably tied to fulfilling God's calling to provide care when members of the flock need guidance. As noted in the previous section, the literature review revealed little information about the obligation and responsibility associated with pastoral counseling. However, no literature was found that

specifically addressed the lived experience of pastoral counseling from the pastor's psychological perspective.

All of the participants expressed how they feel honored and find pastoral counseling personally rewarding. When asked what it is like to provide counseling, Mr. C's immediate response was, "it is such an honor." The data collected from the interviews clearly indicate that pastors consider it an honor to provide pastoral counseling and feel that the experience is personally rewarding.

When an individual considers a behavior to be honorable, the individual believes that the behavior conforms to certain moral and ethical standards and that this honorable attribution of the behavior is a reality shared by others. When viewed through a social constructionism lens, this collective view of a behavior as being honorable is important to the socially constructed acceptability of pastors providing counsel. It affirms the belief that the counseling behaviors of pastors are worthy of approval. Additionally, a behavior that is sanctioned by God and Scripture, such as pastoral counseling, is considered sacrosanct and above reproach.

Using the theory of planned behavior to understand this subtheme, as with the previous subtheme, this subtheme too satisfies to the social and individual norms outlined in the theory that influence the decision to provide counseling. As discussed previously, PCs believe their behavior to be authorized by God and approved by the congregation. Therefore, the social and individual norms have been satisfied and according to the theory, the likelihood of engaging in the behavior is influenced by the honor and reward

felt by PCs; suggesting an increased willingness to engage in the behavior. This willingness satisfies the behavioral beliefs of the theory. The control beliefs are influenced by several of the subthemes that follow.

Although the literature does not specifically mention the feelings of reward and honor that come from pastoral counseling, the literature supports this finding. When considering the description by Civish (2013) of how answering God's call provides one's life with purpose, it makes sense that a life with purpose would provide an individual with personal reward. According to Bledsoe et al. (2013), members of the clergy regularly report a deep feeling of satisfaction from their work. The research also suggests that pastors feel an obligation to provide counseling because of their calling (Rogers, Yuvarajan, & Stanford, 2013; Stansbury et al., 2012). Satisfying an obligation to God could provide a sense of reward to an individual with religious beliefs.

Personal feelings and spirituality. As discussed above, God's spiritual intervention in pastoral counseling was mentioned by all of the participants. The participants spoke of a type of spiritual intuition that is said to come with God's calling. The descriptions also told of how PCs are spiritually moved to provide various types of counseling to certain help seekers. This means that while pastors feel obligated to provide counseling, the direction that the counseling will take is often based on personal feelings or is revealed to the pastor by spiritual means.

As previously mentioned, the literature review contained in Chapter 2 revealed very little information from the PC's perspective. However, the responses provided

during the interviews indicate that PCs are guided by personal feelings when deciding what is best for a particular help seeker. When asked for help, PCs look inward for what they feel is best and try to discern what comes to them spiritually.

When asked how a PC determines what a help seeker may need, the responses shared the common theme that personal feelings and spiritual inclinations guide pastoral counseling decisions. Mr. B was quite clear when he said, "it just depends on how I feel about the situation." PCs spiritually discern their personal feelings and experiences to determine what a help seeker needs. Mr. I linked his experience directly to spirituality by saying, "It is a spiritual process, trying to uncover what actually is the source of the individual's problem."

Using social constructionism to understand this phenomenon reveals its similarity to a calling from God in that they are both religious experiences where one is receiving spiritual direction. In the same way that receiving a calling is endorsed by congregational beliefs, being moved by theistic experiences is also favorably viewed by others because it too is considered to be God's will. While they are both experienced individually and not as the result of a social exchange, the reality associated with the experience is shared by the pastor and others and is the result of long-held socially constructed beliefs.

These socially constructed beliefs also contribute to the normative beliefs and subjective norms referenced by the theory of planned behavior. The control beliefs are strengthened by the belief that the pastoral counseling behaviors are directed by spiritual guidance. This guidance is believed to provide an element of efficacy to the behavior that

satisfies the control components of the theory. This allows the PC and others to, in effect, have faith that the counseling decisions are appropriate. Whether it is God's oversight or the enraptured obedience to God's word, spiritual guidance provides each of the participants with a measure of edification. The satisfaction of the personal and social norms, the behavioral beliefs, and the control beliefs increase the intention to engage in counseling behavior.

The literature confirms that members of the clergy use personal feelings and spiritual guidance to determine how to proceed with pastoral counseling (Bledsoe et al., 2013; Stanford & Philpott, 2011). There are no efficacy claims made regarding these assessments. The literature simply confirms the use of personal feelings and spirituality to determine the pastoral counseling approach. The participants in this study used a combination of personal feelings and spiritual guidance to make those determinations.

Feelings of inadequacy. It has been established earlier in this theme that pastors are likely to provide counseling in fulfillment of a calling and a job requirement. Although their first instinct is to provide counseling, seven of the nine participants expressed feelings of inadequacy when it comes to providing mental health counseling. In addition to feeling inadequately trained in mental health counseling, research has shown that members of the clergy do not feel competently trained in applying the criteria that is needed to determine if a referral is necessary (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013). Research consistently reports that between 50% and 80% of clergy rate their mental

health training and preparation as inadequate (Leavey et al., 2012). It has also been determined that members of the clergy undoubtedly and often unknowingly will counsel the mentally ill (Capps, 2014).

The feelings of inadequacy when it comes to providing mental health counseling became apparent when the participants shared their thoughts on mental health counseling. When it comes to discussing the mental health implications of pastoral counseling Mr. D said, “I always felt unqualified.” Mr. G made it very clear by saying, “In mental health counseling, I feel very inadequate.” PCs respect the fact that their specialty is in ministering to the flock which can require providing emotional support in the form of pastoral counseling, but that should not be confused with providing therapy for mental illness.

The social constructionism implications of the feelings of inadequacy subtheme became apparent when considering the context in which the feelings were derived. These feelings are a socially constructed reality based on interactions with help seekers as well as interactions with others through comparisons. The feelings of inadequacy are inherently social because feelings of inadequacy are experienced through a perceived deficiency in a personal attribute when compared to a social standard. In this case, PCs feel this shortcoming when comparing their ability to a competent other’s ability to diagnose mental illness.

In terms of the theory of planned behavior, feelings of inadequacy in providing mental health counseling would have an effect on the previously discussed decision that

is made by a pastor upon being solicited by a help seeker. When a help seeker is believed to be suffering from a mental illness the intention to provide counseling would be unacceptable according to the personal and social norms governing the pastor's behavior. It would be irresponsible for someone who is untrained to provide counseling to a mentally ill person, meaning the intention and the anticipated outcome would also indicate the unlikelihood of engaging in the behavior. Last, it is also clear that the self-efficacy and control beliefs, given the feelings of inadequacy, would not be favorable. According to the theory, the factors that govern one's intention to engage in a behavior would combine to suppress the intention.

The literature clearly indicates that pastors feel inadequately trained in providing mental health counseling. There is also literature that suggests PCs are not properly trained in performing mental health assessments (Anthony et al., 2015; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013; Stanford & Philpott, 2011). The literature also suggests that PCs will provide counseling rather than refer a help seeker to a mental health profession. As noted earlier in this theme the participants felt compelled by a spiritual obligation to provide counseling, not by a distrust of mental health professionals. The findings for this theme are supported by the feelings of inadequacy that are identified in the literature.

Theme 2: Paying Attention. The second theme under pastoral counseling experience is paying attention. Eight of the participants expressed how their ability to provide pastoral counseling relies on their ability to focus on what the help seeker is

saying. Being attentive to what help seekers are saying is another factor in how PCs determine an approach. On occasion, listening to a help seeker has been the entire approach. This theme incorporates six subthemes: (a) listening, (b) feedback, (c) Cathartic listening, (d) emotionally taxing, (e) relationship status, (f) reluctance, (g) teenagers, and (h) weaponization.

Listening. The first subtheme under paying attention is listening. Listening to help seekers is a basic and well-known aspect of providing numerous types of counseling. Psychoanalysis has been described as the ability to listen. Therapeutic listening is different from social listening. Therapeutic listening requires the listener to hear without a personal agenda. Allowing the help seeker to be heard is positively correlated to establishing an effective therapeutic relationship as well as positive outcomes from treatment (Maggio, 2014). Additionally, PCs consider listening a show of empathy.

It was eight of the nine participants that made it a point to indicate that listening is a fundamental part of pastoral counseling. Mr. A remarked, “You have to be a decent listener.” The pastors explained how listening is the only way to know exactly what a help seeker needs. It is the first step of the informal assessment process.

Because listening to someone as she or he speaks, by its nature, represents a social interaction, the social constructionism implications of the listening subtheme are apparent. The reality that exists is constructed through the social interaction between pastor and help seeker. Listening to the help seeker allows the PC to construct in his own

mind the reality faced by the help seeker. By attending to the help seeker, the PC extends an empathetic understanding intended to provide comfort.

It has previously been established that pastoral counseling behaviors satisfy the social and personal normative beliefs that, according to the theory of planned behavior, contribute to one's intention to engage in a certain behavior. The behavioral beliefs and the control beliefs are both affected by the knowledge constructed while listening to the help seeker. If the help seeker is presenting a situation that can be easily addressed the perceived control over the outcome is increased. According to the theory, the likelihood of engaging in a behavior increases with greater perceived control over the outcome. If being presented with a more complicated or complex problem, the likelihood decreases. Listening provides the information necessary to determine the amount of control the pastor believes he or she has over the outcome.

There is literature that supports the importance of listening. Listening to the client is a critical part of establishing a therapeutic relationship (Maggio, 2014). This theme is supported by literature that specifically suggests that the most important part of pastoral counseling is carefully listening to a help seeker (Boyd, 2003).

Feedback. Listening to help seekers prior to counseling provides a basis for the pastor to decide on a counseling approach. Alternatively, feedback is what help seekers have to say during and after pastoral counseling. PCs use feedback to determine the success or failure of the counseling approach. The search for literature in Chapter 2 did not reveal any literature that pertains to using feedback to determine efficacy of pastoral

counseling. Five of the participants told of using the feedback they received from help seekers as an indicator of how to proceed. The participants explained how they looked for a favorable reaction from help seekers to determine the effectiveness of counseling. Mr. E said, “I rely on what I see and what I hear.”

The participants made it clear that pastoral counseling efficacy is determined through a socially constructed reality that is based on how the pastor perceives the feedback provided by the help seeker. Similar to the previously discussed subtheme of listening, receiving feedback involves an exchange between two people and therefore is fundamentally a social interaction. The socially constructed reality stems from how the help seeker reacts to counseling. Positive reactions produce a knowledge that the counseling has been effective, suggesting that no referral is necessary.

As discussed previously, according to the theory of planned behavior, pastoral counseling behaviors fulfill the personal and social normative beliefs that increase the likelihood of a pastor providing counseling. The previous subtheme also discussed the behavioral beliefs and the control beliefs that are constructed when listening to help seekers. For this subtheme, it is not the complexity of the situation that governs the behavioral intentions to provide counseling. Instead, it is how the pastor perceives the help seeker’s reaction to counseling that has an impact on the behavioral and control beliefs. Favorable feedback received from help seekers would increase the likelihood of additional counseling and would reduce the likelihood of a referral.

Using feedback to determine the efficacy of pastoral counseling did not appear in the results of the literature review presented in Chapter 2 and was not a focus of this research. However, a subsequent search of feedback in mental health counseling revealed considerable research literature on using client feedback for a number of reasons such as auditing outcomes and efficacy research. Counselors frequently depend on their own perceptions when evaluating the therapeutic alliance and intervention outcomes (Shaw & Murray, 2014). They also posit that client feedback is a more accurate outcome predictor. While there was no research specific to PCs, the literature supports the use of feedback.

Cathartic listening. In addition to listening to help seekers to determine a counseling approach and counseling efficacy, PCs use listening as a form of pastoral care that is believed to provide a psychotherapeutic release. Counseling is at its core; founded on the possibility that one person can resolve problems by talking to another. Five of the participants expanded on that thought by explaining that help seekers often want nothing more than the opportunity to talk about their problems and have someone listen.

As with the previous listening subthemes, this subtheme shares the social constructionism implications of an exchange between PC and help seeker. It is this interaction that constructs the shared reality that the help seeker has found relief by discussing the issue. When a help seeker believes the emotional issue has been resolved and indicates such, that socially constructed knowledge that the help seeker has been helped is now a reality shared by the pastor and the help seeker. It is important to point out that according to Reinhard et al. (2014), virtually every client will offer untrue

information at one time or another. Desirability bias could lead help seekers to withhold negative information or overstate positive information that would mislead PCs into terminating counseling prematurely and eliminate the perceived need for a referral.

Using the theory of planned behavior to analyze the intention to engage in additional counseling reveals how this subtheme fulfills the same personal and social norms of previous counseling behavior and listening subthemes. The difference lies in the behavioral and control beliefs. Because the help seeker has indicated that the situation has been remedied, it is believed that the desired result has been achieved. This reinforces the control belief that simply listening, as a counseling approach has led to a successful outcome. As previously discussed, the stronger the control beliefs, the more likely one is to engage in a behavior.

There was no literature on PCs using listening as a method of intervention. There is literature showing that listening is an important aspect of most therapeutic approaches and provides a necessary voice to the help seeker (Maggio, 2014). There was no literature suggesting that listening is in and of itself an entire therapeutic approach and there is no literature suggesting its use by PCs.

Emotionally taxing. While listening to help seekers discuss their emotional issues can provide a curative effect for the help seeker, for the PC it can often result in pathos. PCs believe that they experience a greater emotional burden than mental health professionals do because of the personal nature of the existing relationship between pastor and congregant. The literature review presented in Chapter 2 established that

members of the clergy maintain personal relationships with congregants and are frequently the first responders when it comes to crises that are experienced by members of the congregation.

According to Doehring (2013), being a member of the clergy can be a very stressful job because unlike mental health professionals, members of the clergy are personally involved with their congregation. Help seeker problems are presented to clergy members in addition to the exacting weekly responsibilities of sermon preparation and planning, conducting worship services and providing organizational leadership (Bledsoe et al., 2013). PCs must manage the blurred boundaries between their personal, social, and professional roles in often-nebulous situations (Doehring, 2013).

During data collection, five participants expressed concerns about the constant exposure to help seeker problems. Mr. A said, “You’ve got to look at burnout.” While burnout is a concern, the idea that mental health professionals should be detached from personal feelings is not what these five participants believe. Mr. A’s point is well taken. Any number of occupations can lead to burnout, but research shows that members of the clergy are faced with special circumstances such as the never-ending flow of help seekers requests and the constant requirement of ministering to congregants in need (Doehring, 2013).

The social constructionism implications of this subtheme are slightly different from the previous paying attention subthemes. While the interaction component is the

same, the resulting socially constructed reality of experiencing stress is limited to the pastor instead of it being a joint reality experienced by both parties.

When looking at this subtheme through the theory of planned behavior, the personal and social norms are fulfilled by the same religious beliefs that support pastoral counseling and listening behaviors. The control beliefs are also satisfied in a way similar to the previous behavioral and listening subthemes. The difference here is that the willingness to engage in the behavior may be diminished by the stress it causes but this is overruled by the personal nature of the relationship and the obligation to help that that is felt by PCs.

The literature confirms that pastoral counseling can be a stressful endeavor. One reason is that they are often called upon to counsel personal friends (Doehring, 2013). The literature also suggests it to be stressful because in addition to counseling, there are numerous other pastoral duties that need to be performed on a daily and weekly basis (Bledsoe et al., 2013).

Relationship status. In the previous subtheme, the impact of having an existing relationship with help seekers intensified the feelings of responsibility to provide help. In the relationship status subtheme, five participants expressed concern over how their existing personal relationships with help-seeking congregants can change after those help seekers have shared personal information. The literature review found no research on the effect that pastoral counseling has on the personal relationships that exist between the pastor and the congregation.

Mr. A explains that the change in the relationship occurs because help seekers are often ashamed of what they have shared. It was also explained that the concerns are not limited to the help seeker. Mr. F explained that, “having a relationship with the person and knowing that counseling may jeopardize that relationship with the individual, individuals’ family, or other parties involved.” It became clear that help seekers often feel shame and embarrassment after sharing compromising information with PCs. The shame and embarrassment can become the prominent aspect of the personal relationship between pastors and help seekers.

The social constructionism view of this subtheme demonstrates how an interaction between two individuals can construct a reality that differs from the one that existed prior to the interaction. Both members of the interaction now perceive a new reality surrounding the relationship. While the pastor’s opinion of the help seeker may not have changed, the altered state of their relationship produces a type of tension brought on by the feelings of disgrace felt by the help seeker.

As previously discussed, the social and personal norms of the theory of planned behavior are satisfied by the beliefs of the pastor and the congregation. Because PCs cannot guarantee that the relationship will remain intact, the control beliefs of the theory suggest that PCs have little control over the outcome. A reduced level of control over the outcome suggests a decreased likelihood of engaging in a certain behavior. As in the previous subtheme, this diminished control beliefs are overshadowed by the feelings of obligation to provide counseling.

While there is literature on dual relationships and the ethics implications in counseling, there were no articles related to the multiple relationships maintained by PCs with help seekers. Kane (2013) suggested that problems could arise when members of the clergy have personal relationships with those they counsel. Kane's research was limited to Catholic priests and was not specifically focused on relationships or the change that occurs in the relationship dynamics.

Reluctance. The previous subtheme discussed the embarrassment felt by help seekers once they have shared compromising information with their pastor. This subtheme also incorporates an element of shame. Six of the participants explained how help seekers can be reluctant to share any shameful information. Some of that information might be important in properly addressing their emotional needs. Practically every client lies at one point or another (Reinhard et al., 2014). They also explain that lying may include saying things that are not true (falsification), omitting things that are the truth (omission), and by denying things that are true (concealment).

Looking at this subtheme through a social constructionism lens reveals a socially constructed reality that corresponds to the previous subthemes of the paying attention theme. This reality is constructed through a social exchange between pastor and help seeker. This subtheme differs from the others because the reality that is created can be a false reality if the help seeker's shame manifests itself in an attempt to mislead the pastor. Because there is an existing relationship between pastor and help seeker, the pastor may be aware of information that allows the pastor to discern the dishonesty. If the counselor

has experience with the activity or is familiar with the specific situation being described by the help seeker, there is a greater chance of detecting inaccuracies (Reinhard et al., 2014). Mr. H said, "Some people are reluctant to share. I have to wonder sometimes when people are telling you their problems whether they are being totally transparent."

The theory of planned behavior suggests that a pastor's intention to provide counseling would be influenced by any reluctance to share necessary information. If a PC detects misleading information, the behavioral and control beliefs would be reduced. This would result in a reduction in the willingness to provide counseling. Because of the misrepresentations presented to the pastor, there would be a diminished belief in the ability to control the factors that would affect the outcome. Therefore, the theory of planned behavior suggests a reduced likelihood of the pastor engaging further counseling if falsehoods are detected.

There was no literature found regarding a help seeker's reluctance to share certain details with a PC. However, there is literature that supports the idea that help seekers withhold shameful information from counselors. Shame is a critical view of one's self while guilt is a critical view of one's behavior. Research shows that that 41% of help seekers report withholding relevant information (DeLong & Kahn, 2014). They go on to say this is partly due to shame or guilt. This supports the participants' view of help seeker reluctance.

Teenagers. Mr. B and Mr. C felt the need to express the fact that teenagers present a different set of challenges than adults do. Because teenagers are still developing

physically and emotionally, they can present issues of struggling to fit in or difficulties with their sexuality that are unique to younger adults. The fact that teenagers may be bothered by a different set of stressors is a developmental issue. The analysis of teenage developmental issues is outside of the scope of this research and was not part of the literature review.

However, in analyzing pastoral counseling of teenagers, similar to adults, teenage help seekers contribute to a socially constructed reality of their situation. The distinguishing social constructionism aspect is how PCs view teenage realities. Many adults have a preconceived socially constructed view of a number of teenage anxieties. That view may include the pastor's first-hand experience of having coped with those same anxieties being expressed by the teenage help seeker. During Mr. B's interview, he was quoted as saying, "With the students, I can give more advice… Cause I have been in their situation many years ago."

In applying the theory of planned behavior to this subtheme, as with the previous pastoral counseling subthemes, the personal and social norms are again satisfied by the religious beliefs concerning pastoral counseling. Similar to other subthemes of this theme, the behavioral and control beliefs will determine the likelihood of providing counsel. While there may be preconceived notions regarding many teenage anxieties, some can be more complex and may require professional help. As suggested by the theory, when the complexity of the situation increases, the perceived control over the outcome decreases, as does the likelihood of providing counseling.

The literature review in Chapter 2 found no literature pertinent to teenagers presenting issues to PCs that differ from the issues presented by adults. There is a multitude of literature on teenagers and the issues they present. There is no literature specific to pastoral counseling of teenage help seekers. In fact, Gibson and Cartwright (2014) suggest that there is very limited research on the counseling experiences of young people. They posit that the lack of literature stems from the long-held view that children and younger teenagers cannot provide legitimate observations of their counseling experiences.

Weaponization. Doehring (2013) explained that PCs are often personally involved with help seekers and their families. The literature review contained in Chapter 2 uncovered no literature specific to the weaponization of PCs. Although there was no literature that specifically addressed how help seekers may attempt to position PCs as allies in a dispute, two of the participants raised concerns over this issue. Mr. E and Mr. F expressed concerns over help seekers who intended to exploit pastoral assistance to achieve an advantage over family and friends in a disagreement. Mr. E put it this way:

> or if I am getting pulled into an argument, you know [laughter]… [Sometimes] the husband is trying to make a point to the wife, you know what I mean? You know hey, you are a guy, so you are going to back me up. I do not like those scenarios.

Mr. F expressed the same sentiment when describing some of the difficulties experienced by PCs when he said:

> Getting dragged into somethings that a pastor probably should not get dragged into for example family drama where me as a pastor my view is I am here to help but not to be dragged in and used as a weapon inside of family drama and dramatic events. That is a difficulty for me that I see within pastoral counseling.

Mr. E and Mr. F were discussing situations involving conflicts between the help seekers and others. The social constructionism significance of this subtheme lies in the conflicting positions that are at odds in the dispute. The help seeker is attempting to establish a socially constructed reality that is shared with the pastor who (presumably) will advocate for the help seeker's position over another.

This attempted manipulation was apparent according to the pastors in this study. The spurious request for help would violate the pastor's personal norms and would negatively influence the pastor's behavioral intentions to provide counseling. The pastor in turn would consider the behavior undesirable. Regardless of the control beliefs, it is unlikely, according to the theory of planned behavior that the pastor will engage in the behavior. Meaning the PC is unlikely to accommodate the help seeker in this situation.

There was no literature found on the weaponization of PCs. This topic was not part of the original research. Subsequent searches revealed no literature on the weaponization of PCs.

Mental Health Professionals

The second set of interview questions were intended to reveal how members of the clergy view mental health professionals. The questions were focused on the attitudes

and opinions held by members of the clergy toward mental health professionals. There were two themes derived from the responses to these questions. The two themes are opinions and provider criteria. The findings are interpreted below and are presented in order by subtheme.

Theme 1: Opinions. PCs consider mental health professionals to be a necessary part of good mental health. Pastors understand that there are times when pastoral counseling needs to be augmented with a professional mental health provider. Historically, the rapport between members of the clergy and mental health professionals reflected an element of mistrust (Bledsoe et al., 2013). This perceived mistrust has presumably led to members of the clergy only referring 10% of help-seeking congregants to a mental health professional. Although members of the clergy may not feel adequately prepared to provide counsel for a mental health issue, they often attempt to help individuals with mental issues rather than offering a referral (Farrell, & Coebert, 2008).

PCs have definite opinions about mental health professionals in general and on when a mental health provider may be required. These opinions are influenced by the effectiveness of pastoral counseling and by any professional counseling that may have been received by the pastor himself. These opinions are represented in the subthemes that are presented below. The opinions theme includes three subthemes: (a) pastoral counseling has not helped, (b) first-hand experience, and (c) pastoral counseling can help.

Pastoral counseling has not helped. Each of the participants told of instances where pastoral counseling was not enough. Each provided situations where pastoral

counseling did not provide the help seeker with the needed relief. There were various emotional situations that required a referral after having tried pastoral counseling.

During the interviews, all of the participants told of cases where help seekers needed to consult a mental health professional after receiving pastoral counseling. Mr. A explained that when pastoral counseling proves ineffective, “in some cases… it is time for a referral.” This occurs through help seeker feedback or through observations made by PC.

The decision to refer after providing pastoral counseling is certainly a socially constructed reality similar to that of the feedback subtheme that was previously discussed. PCs rely on help seeker feedback to determine the efficacy of their counseling and use negative feedback as a determining factor in providing a referral. It is a socially constructed reality when PCs and help seekers jointly determine that further counseling is required.

When considering the components of the theory of planned behavior and applying them to this subtheme, the social and personal norms of referral behaviors are influenced by the religious inclinations of the mental health professional and will be discussed in the Christian counselor subtheme later in this section. The intention to refer is also shaped by the behavioral and control beliefs outlined by the theory. The behavioral beliefs represent the willingness to refer, which has been jointly established by the pastor and the help seeker. This agreement on the approach increases the likelihood of a referral. The control beliefs that are centered on ensuring a positive outcome are established by the training

and experience of the mental health professional and are accepted by the pastor and the help seeker. Because the personal and social norms, the behavioral beliefs, and the control beliefs are present, that would indicate an increased likelihood of engaging in the behavior of providing a referral.

This finding is consistent with and supported by the literature. The participants in this study tend to provide individual counseling. The literature suggests that PCs who provide one-on-one counseling show a greater likelihood of providing a referral to a mental health professional (Yamada et al., 2012). It is thought that part of the reason for this is that one-on-one counseling may give the PC the opportunity to notice the extent of the problem and that it is beyond the pastor's ken.

First-hand experience. This subtheme of the opinions theme provides a basis of opinion that is supported by the personal experiences of PCs. Three of the participants recounted personal experiences of having been counseled by a mental health professional. The literature review contained in Chapter 2 did not find any research suggesting that a pastor's experience with receiving professional mental health services later influenced their pastoral counseling and referral decisions.

Each of the three participants suggested that their willingness to refer someone to a professional is based, in part, on their own experience with having been counseled by a mental health professional. Mr. B made it clear that his opinion of mental health professionals was altered after suffering a stroke where he became very depressed and needed help from a professional. Mr. B said, "I suffered some depression.... I was able to

go to a counselor and be able to get some help and it helped me tremendously.... I would recommend a mental health professional in a second."

The personal experiences of the participants listed above regarding their interactions with mental health professionals are a socially constructed positive opinion of mental health professionals. Social constructionism obviously aided in the construction of the reality that these PCs believe when it comes to the value of mental health professionals. PCs who have experienced professional mental health counseling regard the experience as beneficial.

In terms of the theory of planned behavior, the social and personal norms are satisfied by the opinions expressed above regarding the benefit of using a mental health professional. The behavioral and control beliefs are also positively influenced by the beneficial results expressed by the participants. Each of these factors contribute to increased likelihood of PCs providing the referral.

There was no literature found that pertains to PCs who have previously solicited a mental health professional for help with an emotional issue. Additionally, there was no research on how that experience might influence referral decisions. While the participants expressed a certain comfort level with referring to a mental health professional because of their previous experience, there was no literature found to support this view.

Pastoral counseling can help. Two of the participants, Mr. F and Mr. I, declared that most people could benefit from pastoral counseling. Pastoral counseling would help as long as they are not troubled by serious mental illness. Mr. F explained that the

pastoral counseling could handle those problems that do not require a mental health professional.

Similar to previous subthemes, the success or failure of pastoral counseling is determined by a jointly constructed reality. This reality is shared by the pastor and the help seeker. Also previously discussed, is how this reality is socially constructed by positive feedback supplied by the help seeker to the pastor.

According to the theory of planned behavior, the belief that pastoral counseling can help most people shares the same fundamental theoretical factors that were applied to any of the providing care subthemes. The personal and social norms are satisfied by religious beliefs, the behavioral aspects of providing counseling indicates a willingness to engage in the behavior, and the control beliefs regarding the outcome are heightened by the belief that pastoral counseling can be successful. All of those factors combine to indicate the likelihood of providing counseling.

No literature was discovered in the literature review that explored the benefits of pastoral counseling from the perspective of the PC. Two of the participants in this study expressed the view that most people can benefit from pastoral counseling, even those with mental health issues. Although it is unknown, whether this view is common among PCs, there was no literature located that supports this position.

Theme 2: Provider criteria. PCs must determine if a mental health professional is suitable to receive referrals. This is primarily accomplished by considering the mental health professional's religiosity, their financial ambitions, and the root cause of mental

illness. This theme has four subthemes: (a) Christian counselors, (b) secular counselors, (c) provider ambition, and (d) mental illness can be demonic.

Christian counselors. It was widely established by the responses to the interview questions that PCs prefer to collaborate with mental health professionals who provide Christian counseling. All of the participants expressed attitudes and opinions that indicated they prefer referring help seekers to mental health professionals with a Christian counseling practice. It is commonly known that alcoholics anonymous, narcotics anonymous, and other recovery programs have a long history of being spiritually based and recently, mental health clinicians have begun to recognize the importance of spirituality in delivering mental health services (Leavey et al., 2012). Additionally, there has been an increase in the number of Christian counselors that provide spiritually based therapies (Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012).

The idea that PCs prefer collaborating with Christian counselors is a clear demonstration of social constructionism at work. The obvious basis of the preference is the commonality of religious beliefs that support the shared reality that exists for the pastor and the professional. It has been previously established that religious beliefs epitomize social constructionism.

According to the theory of planned behavior, the intention to provide a referral to a Christian counselor satisfies the personal and social norms because of the shared worldview. The willingness or behavioral intention as well as the control beliefs are

dependent upon the circumstances being presented. As previously noted, some help seekers present situations too complex to be addressed by pastoral counseling. Under those circumstances, the intention to refer would be greater. Because of the shared worldview, the pastor is more likely to perceive a greater chance of a positive outcome. The intention to provide a referral would be stronger while the intention to provide counseling would be weaker.

The literature supports the idea that PCs prefer mental health professionals whose professional practices are sensitive to religious and spiritual beliefs (Bledsoe et al., 2013). The participants in this study were unanimous in their preference for Christian counselors. It was expressed that similar religious views makes it easier to refer help seekers to a Christian mental health professional.

Secular counselors. While discussing the positive attributes of Christian counselors, Mr. E and Mr. H included their thoughts on secular counselors and the role they might play in mental illness. It was clear from the previous subtheme that PCs prefer Christian counselors. This subtheme confirms the sentiments expressed in the previous subtheme. Mr. E said, "I think the mental health profession is totally agnostic [laughter] which might not be the best thing." Mr. H said, "I realize that there are many secular counselors out there that do not adhere to biblical principles. That is a problem." This position is supported by research showing that secular mental health professionals have a tendency to be less religious and they are viewed as attributing less value to religious and spiritual concerns (Openshaw & Harr, 2009).

Because this subtheme is a negative view of secular counselors, that makes it essentially an expression of favor towards Christian counselors. Therefore, this subtheme results in the same social constructionism and theory of planned behavior interpretations as the previous subtheme.

Provider ambition. Thus far, in the provider criteria theme, it has been established that PCs are preferred over secular counselors. The provider ambition subtheme is an additional criterion. It suggests that the altruistic ambitions of mental health professionals should far outweigh the financial ambitions. There was no literature discovered in the literature review contained in Chapter 2 that identified a mental health professional's financial aspirations as criteria for receiving a referral. This was expressed by five of the participants. Mr. A would not trust some counselors because, "You can tell if someone is in it for the money, or somebody in it to build a business." Mr. B prefers counselors who are, "people that truly have the compassion to be able to want to help people more than just for their business.

Clearly, PCs believe that mental health professionals must show more concern for the help seeker rather than the help seeker's money. Christian counselors should be committed to providing help seekers with the best care possible regardless of any financial aspirations. Mr. A said he could tell if, "someone is in it for the money."

Through some form of interaction with mental health professionals, PCs determine whether a professional counselor is financially motivated or truly compassionate. This social interaction would provide the basis for the perceived reality of

the pastor regarding the altruistic nature of the professional counselor. Another means by which pastors can determine the perceived commitment of a mental health professional is through client feedback. A shared reality is constructed when a previous client of the mental health professional shares with the pastor a first-hand account of the commitment shown by the professional.

This subtheme influences the behavioral willingness component of the theory of planned behavior and influences the intention to provide a referral. Because the professional must be a Christian, the social and personal norms are satisfied as well as the control beliefs. If the mental health professional proves to be more concerned with financial gain, then the weaker the intention to refer will be.

Another criterion used by PCs in determining if a mental health profession is suitable to receive a referral is the professionals' level of altruism. Five participants suggested that a mental health professional should be more compassionate than they are financially ambitious. There is no literature available to support this view.

Mental illness can be demonic. Two of the participants explained that Christian counselors are also valuable because as Mr. H put it, "some of the issues people face are demonic." He went on to explain that secular counselors do not address that, "Satan is a liar… he can lead people to believe his lies he has got them trapped." Mr. I explained that some people have, "been involved in any of the occult or any of the occult activities which can lead to demonic possession."

Like religious beliefs, demonic possession is a socially constructed reality. Before the 17th century, mental disorders were considered to be the result of demonic possession and most illness was considered in a spiritual context (Sullivan et al., 2014). Demonic possession is a socially constructed religious belief that became institutionalized centuries ago; and through social interaction has continued to be considered a reality.

The literature supports the idea that some members of the clergy consider some mental illnesses demonic. Many religions have their own belief systems regarding mental illness. These belief systems include views on the natural and supernatural origins of mental illness and its treatment. According to the literature, Christians generally assign natural causes to mental illness, although some will consider supernatural factors such as demonic possession (Mercer, 2013).

Decision to Counsel or Refer

The last research question was focused on the decision to provide counseling versus providing a referral. The last set of interview questions were intended to reveal how PCs decide on whether to provide counseling, provide a referral, or both. This theme contains two subthemes. The two themes are assessment criteria and referral required. The findings for these two themes are discussed below and they are presented in order by theme and subtheme.

Theme 1: Assessment criteria. PCs use various criteria to decide whether to refer help seekers to a mental health professional. Some referral decisions are based on the complexity of the situation being presented by a help seeker. PCs must consider

whether those situations are beyond their capabilities. They also look to Scripture for counseling guidance. In addition to using Scripture, PCs often use information gained through existing relationships to determine the severity of a situation and decide whether a referral is warranted. The assessment criteria theme has five subthemes: (a) pastoral counseling limits, (b) scriptural guidance, (c) existing relationships, (d) habitual behavior, and (d) marriage counseling. The findings for each is presented below.

Pastoral counseling limits. PCs must be aware of their limitations when being solicited by help seekers. Certain mental illnesses are outside of the capabilities of counselors without mental health training. Research shows that PCs do not feel adequately trained to handle serious mental health issues (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014; Leavey et al., 2012; Pickard & Inoue, 2013; Sorensen, 2013). Seven of the nine participants discussed knowing their limitations. When talking about some reasons for referrals Mr. F listed his concerns, "knowing the limits of my capacity… knowing my limitations as a pastor dealing with counseling."

Similar to the feelings of inadequacy subtheme previously discussed, the knowledge that pastoral counseling has limits is a reality that has been socially constructed over time by comparing one's own capabilities to that of a socially acceptable standard. In order to determine if a specific help seekers request is beyond the limits of one's capabilities, there must be an interaction between pastor and the help seeker. This social interaction constructs the reality that the help seeker's situation might be beyond the scope of pastoral counseling.

It has been previously established that pastoral counseling behaviors satisfy the personal and social norms that influence the intention to engage in behavior. According to the theory of planned behavior, interpreting the self-view of a pastor's counseling limitations is similar to the interpretation of previous subthemes that identify the situational complexity as a deciding factor in both behavioral beliefs and control beliefs. When situational complexity is high, the intention to provide counseling is reduced. This means that if a help seekers request is beyond the limits of a PC, the likelihood of the pastor providing counsel is low.

The literature supports the idea that PCs are aware of their limitations. PCs often expressed concern over their lack of adequate mental health training (Anthony et al., 2015; Bledsoe et al., 2013; Hedman, 2014). The participants spoke of the need to be aware of their limitations.

Scriptural guidance. The scriptural guidance subtheme was discussed by all of the pastors in this study. Each of the participants expressed the need to consult the Bible for answers to pastoral counseling questions. One of the common thoughts that was expressed was the importance of allowing Scripture to influence counseling behaviors. Scripture is considered a viable source of guidance for PCs who believe that even mental disorders can benefit from Scripture. "if someone is suffering from something like bipolar disease… but even if someone were suffering from that, I do not think we leave out the scriptural support" (Mr. E).

Using Scripture to guide behavior is a long-held belief that is considered virtuous by the religious faithful. This belief is based on a socially constructed reality that is shared by millions. The reality that the Bible represents the true word of God is one of Christianity's foundational religious beliefs. Mr. H was very clear about it when he said, "my approach to helping people is biblically based… my obligation is to point them to the truth. And God's word is truth from cover to cover." As noted previously, religious beliefs are the epitome of social constructionism.

Using the theory of planned behavior to interpret this subtheme, the intention to engage in a behavior that is provoked by Scripture would satisfy the social and personal norms of the theory because of the shared respect for the Bible. The behavioral beliefs are satisfied by the pastor's desire to consult Scripture. The control beliefs are increased as a result of the efficacy associated with the Bible. All of these factors combine to indicate a high likelihood that PCs will consult Scripture for counseling guidance.

There is literature that supports the notion that PCs use Scripture to determine the pastoral counseling approach. The use of particular types of pastoral counseling interventions are significantly influenced by a counselor's personal spirituality (Sutton et al., 2016). They go on to say consulting Scripture is a common practice among Christian counselors.

Existing relationships. Dual relationships are considered unethical by mental health professionals because they can produce conflicts of interest that are thought to influence the judgment of clinicians (Kane, 2013). Unlike mental health professionals,

members of the clergy are not prohibited from engaging in duel relationships. Members of the clergy are often involved in personal relationships with those who solicit counseling. Some help seekers may even be close personal friends of their PCs.

Six participants spoke of the beneficial aspects of having an existing relationship with those seeking help. Each of the six participants discussed knowing the help seeker prior to the solicitation of help. They pointed out that many of the people who seek their assistance are considered friends. Even when a help seeker does not have a personal relationship with a PC, there is the possibility that the pastor has a social relationship with members of the help seeker's family or friends. One of the participants made it clear that his children play with the children of help seekers and their entire families share multiple relationships.

Mental health professionals are barred by a code of ethics from having multiple relationships with clients. Professional relationships require a different set of boundaries than personal relationships do. Maintaining both personal and professional relationships with help seekers involves socially constructing multiple sets of boundaries. Having multiple sets of boundaries can make it difficult to maintain a therapist client relationship (Kane, 2013).

PCs on the other hand, consider having an existing relationship with a help seeker to be advantageous. Having an existing relationship with a help seeker can provide PCs with additional information they consider valuable in assessing help seeker needs. This additional information is obtained from any combination of existing relationships with

help seekers, their associates, or family members. This additional information would have been socially constructed during personal interactions occurring prior to the solicitation of help.

As in previous subthemes of this theme, the social and personal norms are satisfied by religious beliefs. This subtheme affects the behavioral intention and control beliefs outlined in the theory of planned behavior that would influence of pastor's intention to provide counseling or a referral. Increased complexity represents decreased control over the outcome. As previously discussed, the intention to provide counseling weakens as the complexity of the situation increases.

As noted above, the mental health community frowns on counselors having relationships with help seekers that are outside of the professional relationship. There is very little literature on this topic because PCs are not bound by the same code of ethics that govern the behavior of mental health professionals. Kane (2013) posited that one of the reasons that clergyman members invite dual relationships is because they are not taught how to show empathy while maintaining a professional relationship and remaining aloof with help seekers.

Habitual behavior. PCs believe that emotional issues worsen over time. Some individuals have engaged in problematic behavior over an extended period. PCs believe that as a result of this behavior over a prolonged period of time, help seekers may develop serious mental health issues. The mental health implications of habitualized behavior is outside of the scope of this research. There was no literature researched on

this topic. This theme was created based on the participants' belief that it is more difficult to assist help seekers who have engaged in certain behaviors over long periods of time.

Three participants spoke about help seekers who cope with emotional issues for long periods of time and how their condition may have worsened as a result. The pastors asserted that some help seekers might not be immediately aware of their need for help. As a result, before seeking help, some help seekers have spent years behaving improperly before realizing they need help to change their behavior.

PCs believe that habitual behavior can be the result or the cause of long-term mental illness. Chronic psychological and behavioral issues are seen as more difficult to treat. This belief is constructed through observation and social interaction with help seekers and their cohorts.

The intention to provide counseling is affected by this subtheme in the same manner as the previous subtheme by influencing the behavioral and control beliefs that applied to the theory of planned behavior. If the habitual behavior has developed into a more complex mental health situation, then the pastor has a reduced perceived control over the outcome. As previously noted when the situational complexity is higher, the perceived control is lowered and the intention to provide counseling is weaker.

While this topic was not part of the original literature review, a subsequent literature search revealed the existence of literature on habitual behavior. The literature supports the position held by the pastors in this study. Habitual behaviors can be difficult

to change due a lack of ability to self-monitor and correct certain behaviors as they occur (Hermsen, Frost, Renes, & Kerkhof, 2016).

Marriage counseling. PCs consider mild to moderate marital problems to be within their purview. Pastors believe there is Scripture that is dedicated to maintaining a healthy marriage. PCs do not view marriage simply as a legal institution. Pastors believe marriage is a religious institution that joins a man and a woman and marital problems should fall under the auspices of pastoral counseling. During the face-to-face interviews, four participants explained that less severe marital problems could be handled without involving a mental health professional.

The severity of the marital issue is a socially constructed reality between the pastor and the help-seeking couple. Although the help seekers may express their feelings and beliefs regarding the problem, PCs construct the reality through observation and through verbal exchange and social interaction with the help seekers. Because marriage is considered a religious institution, the idea that marriage counseling is within the pastor's scope, is a socially constructed reality that has existed for quite some time.

As with previous subthemes of the assessment criteria theme, pastoral marriage counseling is considered acceptable under the personal and social norms of the theory of planned behavior. The intention to provide marriage counseling is dependent upon the complexity of the marital problems being presented. Moderate to mild marital problems are assumed to be less complex and as previously indicated, less complexity translates into greater control beliefs and an increased likelihood to provide marital counseling.

Marriage counseling was not a specific focus of the literature review conducted in Chapter 2. A subsequent search focused on Christian marriage counseling found literature germane to the topic. According to Mutter (2013), there is no comprehensive source of literature on marriage counseling that represents Christian psychology. The literature also suggests that Christian couples in distress prefer to consult clergy members before a mental health professional (Bannister, Hae Seong, Taylor, & Bauerle, 2015). Because of this preference, the literature appears to support the idea that mild to moderate marital problems can be addressed by pastoral counseling.

Theme 2: Referral required. Certain help seeker issues require an immediate referral to a mental health profession. Marriages on the verge of divorce that have serious issues are considered to be too intricate for pastoral counseling. Suicidal ideation and life-threatening situations should be immediately referred to a mental health professional. If PCs are solicited by help seekers with obvious mental illness, immediate referrals should be issued. The referral required theme has three subthemes: (a) serious marital problem, (b) suicidal thoughts, (c) and obvious mental illness. The findings for these subthemes is presented below.

Serious marital problems. The previous theme included a subtheme for marriage counseling that pertained to mild to moderate marital issues. This subtheme involves serious marital problems that could result in divorce. In discussing serious marital problems, five participants verbalized that when marriages are in turmoil where divorce looms require an immediate referral to a mental health professional.

All of the subthemes of this theme represent socially constructed realities created through the interactions between pastors and help seekers. Pastors determine the severity of marital problems through a social exchange with the married couple. The reality that some problems are more severe than others is determined by socially constructed standards of behavior. Whether those standards have been violated is one of the determining factors.

PCs view serious marital problems and their intricacies as too complex for pastoral counseling. As with each of the remaining two subthemes, pastors believe they have less control over the outcome when situations appear to require professional assistance. If providing pastoral counseling indicates a reduced amount of control over the outcome, the likelihood of providing counseling will be reduced. Providing a referral, on the other hand provides a greater amount of perceived control over the outcome because mental health professionals are more equipped to handle serious marital problems. If the intention to provide a referral increases in perceived control, the likelihood of providing a referral is greater.

As discussed in the previous subtheme, marriage counseling was not a specific focus of the literature review. However, a subsequent search for literature on Christian marriage counseling provided pertinent information. The participants in this study explained that once a PC has met with a couple and determined that the marital issue presented would require more than pastoral counseling, a referral is immediately suggested. Bannister et al. (2015) explains that Christian counselors employ a

combination of empirically based and spiritually based therapies. They also explain that while help seekers prefer Christian-based counselors to secular counselors; once they have been referred to a professional they expect more focus to be placed on applying the techniques and modalities of psychoanalytic therapy. This not only supports the idea that PCs should refer serious marital problems; it also supports the fact that Christians prefer Christian counselors and PCs should know their limits.

Suicidal thoughts. Another of the subthemes of the referral required theme is suicidal thoughts. Pastors believe that help seekers who express suicidal ideations need immediate professional help. Out of concern for the well-being of those individuals who appear to be severely troubled, once someone reveals suicidal thoughts, PCs feel obligated to immediately refer the individual to a mental health professional.

Mr. B, Mr. C, and Mr. F feel that situations involving suicidal thoughts should be referred to a professional. In discussing scenarios that would result in an immediate referral, the participants offered a scenario where teenagers might be thinking about suicide.

As explained above this reality would have been socially constructed through an interaction between pastor and help seeker. This interaction would involve the help seeker expressing suicidal thoughts to the pastor. Through this exchange, the reality is constructed that a referral is needed.

The behavioral intentions associated with this subtheme clearly indicate that providing pastoral counseling is unlikely. Providing pastoral counseling in response to

suicidal thoughts inspires a perceived lack of control over the outcome because of the required specialty that is not available through pastoral counseling. As in previous interpretations, there is a perceived control over the outcome that comes with providing a referral. Because the PC believes the mental health professional is adept at handling suicidal thoughts, the belief is that referring the help seeker provides greater assurance of a positive outcome. The stronger control beliefs that result from a referral increase the likelihood that a referral will be provided.

Although the literature review in Chapter 2 did not specifically search for suicidal ideations, several of the articles included in the search results do address suicidal thoughts. Abu-Raiya, (2013) found that religion can reduce the likelihood of suicidal thoughts. Behere et al. (2013) reported that suicide rates are negatively correlated with religiosity. This appears to support the participants' beliefs that suicidal thoughts require a referral because suicidal thoughts occur less frequently in members of the religious community.

Obvious mental illness. This subtheme is very similar to the previous subtheme because of the obvious need for a mental health professional. Individuals clearly grappling with a serious mental disorder need professional help. Six of the participants mentioned the need for immediate referrals when help seekers exhibit obvious mental illness. Pastors explained that in severe cases individuals might need to be sedated. Individuals can sometimes behave erratically and display apparent mental illness. Others

may be experiencing audible or visual hallucinations, or other clear signs of mental illness.

The social constructionism and theory of planned behavior implications for this subtheme are the same as the suicidal thoughts subtheme. The circumstances that socially construct the reality that pastoral counseling would not ensure a positive outcome are directly related to weaker behavioral and control beliefs and indicate a reduced likelihood that pastoral counseling will be provided. Those same control beliefs are increased when considering the intention to provide a referral.

According to Capps (2014), PCs undoubtedly will counsel mentally ill individuals. He also expressed that pastors often unknowingly provide counseling to people with serious mental disorders. The literature supports the fact that it would be inappropriate for someone who is not a trained or experienced mental health professional to provide psychological counseling to an individual with a serious mental illness.

Limitations of the Study

The first limitation of this study is the sample size of nine participants. The smaller sample size is reflective of the phenomenological nature of this research. The smaller sample size restricts the generalizability and the transferability of the results. Generalizing the results would be inappropriate because the number of participants was too small to be representative of the population.

This study was limited to clergy members affiliated with the Southern Baptist Convention. As mentioned above transferability is dependent upon the views of the

researcher that is attempting to transfer the results to another context. While steps were taken to bolster the transferability of the study results, transferability is considered inexpedient due to the small sample size and the homogeneity resulting from purposeful sampling. Transferability would be somewhat limited to SBC or similar Christian organization clergy members.

Purposeful sampling was used to ensure the relevance of experiences for all of the participants that were included in the sample. All of the participants were members of the southern Baptist convention, all have provided counseling, and all have considered issuing referrals. This combination of criteria could have introduced bias.

The data that was collected was self-reported and consisted of individual perspectives of personal experiences, beliefs, and opinions and therefore is unverified. Data was collected during a single face-to-face interview conducted with each participant with no follow-up interviews and may or may not have been influenced by the participant biases. While the data was not verified, it was audio recorded, maintaining tone, pitch, and context.

Another limitation of this study is that the sample consisted solely of men. It is important to note that the Baptist Faith and Message (BF&M) statement of the SBC recognizes scriptural language regarding the official position of pastor. The BF&M states that Scripture requires pastors to be men. The inclusion of women may have resulted in different perspective on pastoral counseling experiences. While the addition of these

experiences may have influenced the results, it is unclear whether the influence of those experiences would have been material.

Recommendations

There are a number of opportunities for further research based on the results of this study. There are three major areas for future research that were indicated from the original focus of this study. They are (a) pastoral counseling referral rates, (b) the growth of Christian counseling, and (c) Christian counseling outcomes. In addition to the three areas derived from the original focus of the research, several of the subthemes that emerged from this study appear to represent gaps in the current knowledge base that might also inspire further study. They are (a) feedback, (b) cathartic listening, (c) relationship status and existing relationships, (d) teenagers, (e) weaponization, (f) first-hand experience, (g) pastoral counseling can help, and (h) provider ambition. The major area recommendations and the subtheme recommendations are outlined below. The research recommendations should be qualified by the limitations discussed above.

The interpretation of the findings included results that indicate a departure from the literature when it comes to pastoral referral behaviors. As previously discussed, according to the literature referral rates have remained at roughly 10% for some time (Anthony et al., 2015; Ross, & Stanford, 2014; Stanford & Philpott, 2011). The findings of this study suggest that referrals made by PCs are considerably more frequent than the one in 10 posited by the literature. Additional research is recommended to determine if the 10% referral rate is still applicable.

In addition to the referral rates, if in fact, the rate has increased; additional research is suggested to determine the impetus for the increase in referrals. It was suggested by one of the participants that the stigma attached to seeking mental health help has considerably subsided among the members of his church. If there is a reduction in the stigma effect, the research recommendation should include investigating whether the reduced stigma applies outside of the church.

While a reduction in stigma may be responsible for an assumed increase in referrals, it was suggested by another participant that the number of Christian counselors is rapidly increasing. He believes it is this growth in the number of Christian counselors that has prompted an increase in referrals. Further research can determine the extent of the contribution made by stigma reductions and Christian counselor growth on increased referrals.

Research suggests that 30% of help seekers who receive assistance from PCs report negative outcomes (Stanford, 2007). Further research is necessary to determine if this holds true. With the willingness to providing a mental health referral that was suggested by the findings of this study, further research can determine if that willingness affects pastoral counseling outcomes.

As discussed above there were individual sub themes that appear to represent gaps in the literature. These gaps could warrant future research. Each of the subthemes and the implications for future research are discussed below.

The use of client feedback to determine counseling outcomes appears in training and efficacy research. However, there is no research on the efficacy of using help seeker feedback in a pastoral counseling setting. Given the multiple relationships that exist between pastor and congregant, and the different power dynamics associated with the pastor-congregant relationship and how that influences a therapeutic relationship, further research is needed.

Allowing help seekers the opportunity to express how they feel about a particular crisis is thought to provide the help seeker with a cathartic release. Research is needed to determine the efficacy of such an approach. There was no research outlining the benefits of using cathartic listening as an approach. Additionally there was no literature on when its use may be appropriate.

There is no literature on the change in relationship status experienced by PCs. Research is needed to determine if the changing relationship dynamics influencing the seeker outcomes. In addition to the change in relationship status, the existing relationships subtheme can be included in this research recommendation. Meaning research is also needed to understand how an existing personal relationship between a PC and help-seeking congregants affects counseling outcomes.

Little is known about the pastoral counseling outcomes for help-seeking teenagers. The literature suggests that younger help seekers are incapable adequately describing their counseling experiences. Research is needed to understand the efficacy of pastoral counseling of teenagers.

The participants in this study raised the issue of weaponization. Pastors often have personal relationships with those they counsel and their family and friends. As a result, PCs are often solicited for allegiance in a dispute against family or friends. There is no literature on the frequency of this occurrence, the mental health implications for the help seeker, and the stress it may place on the PC.

Another finding of this study was that PCs who have received mental health counseling in the past now express a greater willingness to provide help seekers with a referral. They explained that they personally know the benefits of mental health counseling. Further research can identify any relationships that may exist between personal counseling experience and referral behaviors.

The idea that pastoral counseling can help most individuals including those suffering from certain diagnosable mental illnesses was expressed by some participants. Further research can explore whether these beliefs are the result of a faith in God and Scripture or the efficacy of pastoral counseling. Little is known about the efficacy of pastoral counseling. There is literature that suggests 30% of those who seek the help of a PC experience a negative outcome (Stanford, 2007). Additional research is needed to determine if this still holds true.

The last subtheme that indicated there might be a benefit derived from further research is the provider ambition subtheme. PCs are more comfortable referring help seekers to Christian-based mental health professionals who have demonstrated more altruism and less financial ambition. It has been suggested by the participants of this

study that mental health professionals who are not motivated by money will provide a more empathetic counseling experience. Research can determine if the level of financial ambition demonstrated by Christian counselors has an impact on client outcomes.

Social Change Implications

By examining pastoral counseling and referral behaviors from the PC's perspective, this research provides an insight into the factors that influence pastoral counseling decisions and the decisions on whether to provide help seekers with a referral. As a part of the decision to provide a referral, PCs determine if a mental health professional is suitable to receive a referral. According to the results of this research, that determination is based on the professional's beliefs and professional practice. Specifically, PCs prefer to refer help seekers to faith based mental health professionals.

The literature continues to maintain that members of the clergy are the gatekeepers of mental health services (Hays, 2015; VanderWaal et al., 2012; Yamada et al., 2012). Mental health professionals can benefit from the knowledge gained through this research. Because PCs are more likely to refer help seekers to a mental health professional that provides Christian-based counseling, mental health professionals may consider the integration of new faith based intervention strategies into their practice. Recent history has seen an increased interest in the integration of religion and psychology leading to operationalized therapies that are gaining empirical support (Garzon, Hall, & Ripley, 2014).

Conclusion

Research has indicated that Millions of Americans seek pastoral assistance with emotional issues. These emotional issues may represent disorders that would benefit from professional mental health therapies. The literature revealed a reluctance on the part of PCs to refer help seekers to mental health professionals. The literature substantiated this reluctance with research that discovered that only 10% of pastoral counseling help seekers receive a referral to a mental health professional while prevalence rates are significantly higher. The data collected in this study revealed several factors that may contribute to the perception that PCs are reluctant to refer help seekers to a mental health professional.

Based on the findings of this study, members of the clergy have answered a call from God to provide care and guidance to members of the congregation. This calling requires clergy members to seek out and assist those in need. This mandated assistance results in obligatory pastoral counseling being provided to all but a very few help seekers. This information provides an alternative perspective on the reluctance to refer. The reluctance to refer help seekers was thought to be the result of clergy members distrusting mental health professionals. The participants of this study made it clear that they provide pastoral counseling because it is a job requirement, not because of a mistrust of mental health professionals. PCs are not distrusting of mental health professionals. PCs are more concerned with the religious beliefs of the professional. More specifically, they are

concerned with whether those beliefs are applied in the professional's practice. This preference for Christian counselors is further discussed later in this section.

PCs are motivated by a sense of duty that is rewarding and spiritually fulfilling. Pastoral counseling behavior is sanctioned by the congregation and its religious traditions. The pastor and the congregation share a socially constructed goodness that is associated with pastoral counseling behaviors. Although the literature suggests the above referenced reluctance also causes the pastors to counsel mentally ill help seekers, the pastors in this study were clear that pastoral counseling is provided out of obligation and concern.

The literature also suggested that most PCs do not feel adequately trained in mental health counseling. The participants in this study confirmed those feelings of inadequacy. The obligatory nature of pastoral counseling forces them to provide some sort of counseling even when a referral is imminent. There are occasions where counseling takes the form of allowing help seekers the opportunity to express their current circumstance. PCs often provide a sympathetic ear to help seekers that simply need to express themselves for a cathartic release.

The participants in this study also expressed how the feelings of empathy associated with providing counseling often result in personal stress. Listening to the emotional issues of help seekers can be very taxing on PCs. While stress from pathos is a concern, the tension that is placed on the relationship between pastor and congregant also influences pastoral counseling behavior. The pastors expressed concern over how some

relationships have changed when the previously social relationship between pastor and congregant changes to a pseudo-professional relationship between counselor and help seeker.

Help seekers as well as PCs are cautious of the change in relationship and both realize that it stems from embarrassing information shared by the help seeker. Both the pastor and the help seeker might find it difficult to maintain their previous relationship after the sharing of such information has occurred. This may be the reason that the participants in this study often perceived that help seekers are reluctant to share the information that is needed to address the situation. According to PCs, this also happens with teenage help seekers in addition to the fact that they express a unique set of anxieties when compared to adult help seekers.

PCs also experience being solicited by help seekers who are trying to gain an advantage in a dispute with family or friends. PCs assume a quasi-patriarchal position within the church. Some help seekers that are involved in a dispute attempt to gain pastoral support for their viewpoint.

Previous research has posited that the low referral rate is due to a distrust that exists between PCs and mental health professionals. According to the participants in this study, it is not a reluctance to provide a referral; it is the obligation of the pastor to provide counseling. Once counseling has been provided, if it is determined that the counseling has not helped, PCs expressed a willingness to provide a referral to a mental health professional.

According to the participants of this study, the perceived reluctance to provide a referral is the result of the pastor's obligation to provide help. This has manifested itself in PCs providing counseling to the vast majority of help seekers. The motivation to provide counseling is not an attempt to avoid providing a referral; it is to satisfy an obligation to provide counseling. PCs believe that counseling can help most people that are experiencing emotional crises. For those help seekers experiencing serious emotional issues that have not been satisfactorily addressed by pastoral counseling, the participants were unequivocal in stating they would refer help seekers to a professional.

PCs prefer Christian-based counselors to secular counselors. This is not necessarily based on a distrust of empirically based therapies; it is because most mental health professionals are not religious. PCs are comfortable with referring people to mental health professionals as long as the mental health professional has a Christian-based approach to mental health therapies. PCs are more comfortable with Christian mental health professionals because of the shared, socially constructed religious worldview. The results of this study show that PCs are convinced of the value of Scripture. It is important to PCs that mental health professionals use faith based counseling because of the perceived healing power of Scripture. Referring someone to a secular counselor leaves that person open to being misled.

It was also revealed that PCs understand the limits of pastoral counseling. Situations that go beyond those limits need to be referred to a mental health professional. PCs will consult Scripture to guide their pastoral counseling decisions while using

information gained through previous or existing relationships with help seekers to strengthen the accuracy of assessments.

The goal of this research was to understand and present the pastoral counseling and referral experiences of SBC PCs. As discussed in previous chapters, 25% to 40% of Americans turn to members of the clergy for emotional support (VanderWaal et al., 2012). According to the 2014 data provided by the Pew Research Center, there are 172.8 million Christian Americans. It makes sense that if 25% to 40% of Americans seek help from members of the clergy, at least 25% of Christians would. This means that potentially 43.2 million Christians could be affected by the results of this research.

Help seekers in America tend to consider clergy members to be the first option when seeking emotional assistance, which has led to the gatekeeper model posited by several researchers (Bledsoe et al., 2013; Leavey et al., 2012; Pickard & Inoue, 2013; Stansbury et al., 2012; VanderWaal et al., 2012; Yamada et al., 2012). Because of the gatekeeper model, PCs are considered a focal point of mental health services. The current literature posits only 10% of help seekers are referred to a mental health professional by PCs. The other 90% represent a possible 38.9 million Americans who could be suffering with diagnosable and treatable mental illnesses.

As a result of this research, it is abundantly clear that PCs are more than willing to refer help seekers to a mental health professional as long as that professional meets certain guidelines. Mental health professionals claim to be less religious than the general public (Openshaw & Harr, 2009). Additionally, the curriculum of most psychology

programs do not include classes on the integration of spirituality and religion (Rogers et al., 2013). Furthermore, the lack of spiritual and religious sensitivity is a contributing factor to the PC's reluctance to providing mental health referral (Hedman, 2014).

Armed with this information, mental health professionals can help reduce the number of Americans enduring undiagnosed and untreated mental illness by incorporating religious and spiritual sensitivity into their practice. Counselors can integrate religion and spirituality into their practice through various means and techniques (Rogers et al., 2013). If this information led to more Christian counseling being offered and if it resulted in only a 10% increase in referrals, it will have affected close to 4 million people.

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Appendix A: Introduction E-mail

To: *church@domain*
From: charles.profit2@Waldenu.edu
Subject: Research Study

To: *church@domain*

From: charles.profit2@Walden.edu

Subject: Research Study

My name is Charles Profit. I am a PhD student attending Walden University. I am conducting a study on pastoral counseling experiences. I intend to gain a better understanding of pastoral counseling and the experience of helping someone.
This will be done via face-to-face interviews. I will ask participants to discuss pastoral counseling. Interviews will last about one hour. Participation is voluntary. You can withdraw at any time. I will not name your church in any report. Nor will it be in the doctoral project report. The study data will remain confidential. The attached "informed consent" form provides more detail. Interested candidates can reply to this e-mail. You may include a contact phone number. It will be used only to schedule an interview.
Thank you for your consideration.

Sincerely,

Charles M. Profit

Appendix B: Accepted to Participate e-mail

To: *participant@domain*

From: charles.profit2@Walden.edu

Subject: Research Study: Thank you for agreeing to participate.

Dear *participant*,

Thank you for responding to my e-mail and expressing your interest in participating in my research study. I will contact you by phone in the near future. I will use the number provided. At that time, we can arrange a convenient time for an interview.

Thanks again, I look forward to meeting you.

Sincerely,

Charles M. Profit

Appendix C: Participant Volunteer Confirmation Script

Hello, may I speak with Pastor Smith.

If Mr. Smith is not available or voicemail

Hello Mr. Smith, my name is Charles Profit. I am the PhD student who is conducting the research on pastoral counseling that sent you an e-mail. I would like to arrange a convenient time to conduct the interview. Please give me a call at 678-697-8167 at your earliest convenience. If I have not heard from you by (the day after the call is made) I will try you again at this number. Thank you.

If Mr. Smith is available

Hello Mr. Smith, my name is Charles Profit. I am the PhD student who is conducting the research on pastoral counseling that sent you an e-mail. I have received your response indicating you wish to volunteer for the study. First, I would like to thank you for making time in your schedule to be interviewed. I really appreciate it. What day and time would be good for you to meet with me to discuss pastoral counseling? I have my schedule in front of me and would like to arrange a date and time that is mutually convenient. Okay, [month/day/year] at [00:00 AM/PM] will be fine. I will bring two copies of an informed consent form with me with one for you to sign and one for you to keep. It is also important that you know the donation to your church will be made whether you complete the study are not. Your participation is voluntary and you can stop at any time. Okay great. Thank you again and I look forward to seeing [month/day/year] at [00:00 AM/PM]. I will see you then.

Goodbye.

Appendix D: e-mail to Respondents Not Required to Participate

To: *participant@domain*

From: charles.profit2@Walden.edu

Subject: Research Study

Dear *participant*,

Thank you for replying to my e-mail for research volunteers. I have reached my authorized number of participants. I appreciate your willingness to share your pastoral counseling experiences. Again thank you for your interest, I wish you all the best.

Charles

Appendix E: Snowball Recruiting Phone Introduction Script (live and voicemail)

Hello, may I speak with Pastor Smith.

If Mr. Smith is not available or voicemail

Hello Mr. Smith, my name is Charles Profit. I am a PhD student that is conducting a research study on pastoral counseling. I was given your name and contact information by [referrer] who suggested you might be interested in participating in my study. I will be sending you an e-mail copy of the informed consent form that explains this study in greater detail. If after reading the informed consent form, you decide to volunteer, we can arrange a convenient time to conduct the interview. You may call me at 678-697-8167 at your convenience or you may respond to my e-mail and I will call you. If you decide not to participate, you may simply reply to my e-mail indicating your decision. If you decide not to participate, you do not need to provide an explanation and you will not be contacted further. Thank you in advance for your consideration.

If Mr. Smith is available:

Hello Mr. Smith, how are you? My name is Charles Profit. I am a PhD student that is conducting a research study on pastoral counseling. I was given your name and contact information by [referrer] who suggested you might be interested in participating in my study. I would like to send you an e-mail copy of the informed consent form that explains this study in greater detail. If, after reading the informed consent form, you decide to volunteer, we can arrange a convenient time to conduct the interview. If after

reading the informed consent form you decide not to participate in the study, you may simply reply to my e-mail indicating your decision. I will send the e-mail immediately following this conversation. Do you have any questions before I send the informed consent form? Okay, thanks you for considering participating in my study. I hope to hear from you soon. Take care, goodbye.

Appendix: Interview Guide

	Interview Questions	Probing Questions
RQ1	Tell me, what is it like to be asked for help with an emotional problem?	Tell me, what have been your experiences in providing mental health counseling as a part of pastoral counseling? Tell me, when comparing mental health counseling, and pastoral counseling, how are they similar? Tell me, what difficulties does each present?
SQ1	Tell me, What are your feelings regarding mental health professionals?	Tell me, what experiences have you had with mental health professionals? Tell me, what are your feelings about referring someone to a mental health professional? Tell me, what situations might require a mental health professional? Tell me, do you have any mental health professionals in your congregation?
SQ2	Tell me, what goes into your decision to provide counseling, a referral, or both?	Tell me, what goes into your decision on whether a referral is necessary Tell me, what are the most important factors that suggest a referral is needed? Tell me, what type of problems would be referred? To whom would you refer for particular types of problems? Do you follow up with help seekers after a referral?

Appendix: Interview Questions and Research Questions

	Research Questions	Interview Questions
RQ1	What are the experiences of Southern Baptist clergy members who have been called upon to provide mental health counseling?	Tell me, what is it like to be asked for help with an emotional problem? Tell me, what have been your experiences in providing mental health counseling as an element of pastoral counseling? Tell me, when comparing mental health counseling, and pastoral counseling, how are they similar? What difficulties does each present?
SQ1	What are the attitudes and beliefs of Southern Baptist clergy members regarding professional mental health services?	Tell me, what are your feelings regarding mental health professionals? Tell me, what are your feelings about referring someone to a mental health professional?
SQ2	How do Southern Baptist clergy members evaluate the emotional issues of parishioners in order to determine whether to provide “counseling”, a referral, or both?	Tell me, what goes into your decision on whether to provide pastoral counseling, mental health counseling, or a referral, or a combination of them?

Appendix: Themes and Subthemes

Research questions	Themes	Subthemes
Pastoral counseling experience	Providing care	Counseling is a job requirement
		Honored and rewarding
		Personal feelings and Spirituality
		Feelings of inadequacy
	Paying attention	Listening
		Feedback
		Cathartic listening
		Emotionally taxing
		Relationship status
		Reluctance
		Teenagers
		Weaponization
Mental Health Professionals	Opinions	Pastoral counseling has not helped
		First-hand experience
		Pastoral counseling can help
	Provider criteria	Christian counselors
		Secular counselors
		Provider ambition
		Mental illness can be demonic
Decision to counsel or refer	Assessment criteria	Pastoral counseling limits
		Scriptural guidance
		Existing relationships
		Habitual behavior
		Marriage counseling
	Referral required	Serious marital problems
		Suicidal thoughts
		Obvious mental illness