“God Is a Keeper”: A Phenomenological Investigation of Christian African American Women’s Experiences With Religious Coping

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Many African Americans utilize religious coping strategies when responding to life transitions and challenges. Although research related to religious coping practices is represented in the literature, studies related specifically to African Americans are limited. Therefore, the purpose of this qualitative phenomenological study (*N* = 7) was to investigate the religious coping practices of Christian African Americans. The following six themes emerged: (1) God is a keeper: Getting through the “valley”; (2) positive religious coping; (3) negative religious coping; (4) spiritual growth; (5) “godly counsel” and “sound doctrine”; and (6) “Black people do not go to counseling.” Implications for counselors in providing more culturally relevant services, assessing for religious coping strategies, and collaborating with local faith communities are included. Recommendations for future research are provided.

Keywords: **African Americans, religious coping, Christian, qualitative, phenomenological**

According to the National Institute of Mental Health (NIMH; 2016), 44.7 million adults live with a mental illness in the United States. However, less than 50% of those adults participate in mental health services. Although the value of mental health treatment is not relegated to a particular group, participation in mental health treatment among the general population remains inconsistent. Notably, African Americans are less likely than other racial and ethnic groups to attend counseling services, but they live with more severe conditions because these matters remain unaddressed (Fripp & Carlson, 2017; National Alliance of Mental Illness [NAMI], 2018). The American Psychiatric Association (APA; 2017) reported that only 1 in 3 African Americans who need mental health treatment receive it, utilizing services at lower rates than non-Hispanic Whites. Similarly, Dalencour et al. (2017) noted that between 2008 and 2012, roughly 30% of African Americans with a mental illness utilized services to treat their condition. Although poverty and exposure to violence are not exclusive to African Americans, these experiences exacerbate the development of mental health conditions (Kawaii-Bogue, Williams, & MacNear, 2017), resulting in post-traumatic stress disorder, major depression, suicide, and attention deficit hyperactivity disorder among this particular population. African American women, in particular, often face the pressure to adhere to the “strong Black woman” image (Matthews, Corrigan, Smith, & Aranda, 2006, p. 258), as they are expected to manage stressors without assistance.

Better mental health can increase overall wellness, build resilience, and provide individuals with the necessary tools and coping skills to combat mental health symptoms. Although these benefits reduce the negative psychological, behavioral, and emotional impact of life stressors, certain factors prevent African Americans from seeking services for symptomology. NAMI (2018) reports that a lack of understanding about the benefits of mental health is a contributing factor that distances African Americans from the services they need. They are often unfamiliar with the warning signs of mental health symptoms and report apprehension about accessing care (Avent Harris & Wong, 2018). For

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African Americans that do access care, they can receive the wrong diagnosis or be prescribed higher dosages of medication (NAMI, 2018). Additionally, when African Americans believe there is a mental health problem, they take concerns to a primary care provider versus a mental health professional (Hays & Lincoln, 2017). Often, African Americans feel most comfortable seeking support for emotional and mental health concerns from their religious communities (Avent, Cashwell, & Brown-Jeffy, 2015).

Faith and spirituality are reliable resources for African American communities (Hays & Lincoln, 2017; NAMI, 2018; Young, Griffith, & Williams, 2003) and can provide a means to cope when engagement in counseling services is low. Turner, Hastings, and Neighbors (2018) conducted a study with a large number of participants (N = 5,008) focusing on the mental health help-seeking patterns of African American and Black Caribbean adults. These researchers sought to understand the relationship between race, ethnicity, religion, and help-seeking. Their results indicated that older adults with a stronger connection to their religion were more likely to participate in counseling (Turner et al., 2018). In many ways, this finding conflicts with some previous findings that suggest higher religiosity might decrease mental health treatment usage (Avent Harris & Wong, 2018). Researchers must continue to investigate this phenomenon and seek opportunities to harness religious coping as a pathway to mental health and wellness among African Americans.

The Role of Religious Coping in Mental Health

Although researchers are intrigued by religion's role in mental health outcomes, religious coping remains a complicated construct to unpack. Religion is often a source of support and provides a sense of meaning when experiencing difficult life stressors (Park, 2005). According to Jackson and Bergeman (2011), multiple benefits for religiosity include resilience, broader support system, sense of meaning and hope, and perceived control over circumstances. Religious coping is often accessible and includes but is not limited to prayer, meditation, and worship (Pargament, Smith, Koenig, & Perez, 1998).

Pargament, Feuille, and Burdzy (2011) recognize Pargament et al.'s (1998) Brief Religious Coping (Brief RCOPE) scale as the most common assessment of religious coping. In this quantitative assessment, individuals can identify the particular religious coping strategies they use (e.g., *looked for a stronger connection with God*). Pargament et al. (1998) found that religious coping can be classified as negative or positive. Usually those who employ adaptive coping strategies create opportunities to incorporate belief in God in a healthy way, coalescing religious strategies with coping tools received in mental health treatment. However, it also is possible for individuals to engage in maladaptive forms of religious coping. This is characterized by depending solely on God for action and often blaming God when adverse circumstances persist (Avent, 2016; Pargament et al., 1998). Maladaptive religious coping is linked to negative health outcomes (Pargament et al., 2011). Further, there are psychological implications of negative religious coping. When individuals depend solely on spirituality without therapeutically confronting traumas and emotional symptoms, they miss opportunities to uncover and appropriately heal from past and present hurts (Avent, 2016). Although African Americans are known to use faith and spirituality to address emotional, physical, and psychological concerns, the research remains limited on *how* these strategies are enacted.

Although there is extensive research with the Brief RCOPE, Pargament et al. (2011) recommend further investigation into the instrument's application with diverse populations. The brief nature of the assessment allows counselors to obtain information in a short amount of time; however, it might limit the amount of data collected and other styles of religious coping can remain unaccounted for. Thus, it

is important for counselors and counseling researchers to seek more information about the religious coping practices of individuals, such as African Americans, who are historically underrepresented in mental health research and central to the conversation on mental health and spirituality.

African Americans' Use of Religious Coping

The Pew Research Center (2018) reported that African Americans are more likely to identify as Christian than other Americans in the United States. Eighty-three percent of African Americans believe in God with absolute certainty (Pew Research Center, 2018) and 75% consider religion to be important in their lives. Seventy-five percent of African Americans report that they pray daily (Pew Research Center, 2018). Given the salience of religion in the lives of African Americans, it is imperative for counselors to consider how these beliefs inform coping practices. Chatters, Taylor, Jackson, and Lincoln (2008) reported that African American and Black Caribbean women were more likely to use religious coping than men, and those who are married utilized religious coping more than those who are unmarried.

Although African Americans have increased their proximity to mental health resources, preferences toward religiosity over formal help-seeking remain (Dempsey, Butler, & Gaither, 2016; Hardy, 2012). Hankerson, Watson, Lukachko, Fullilove, and Weissman (2013) conducted a series of focus groups with African American pastors of a predominantly Black megachurch in New York to learn more about individuals' experiences with depression and the role and responsibilities of churches to respond to this diagnosis. Through consensual qualitative research, the scholars found that pastors prayed with members and provided them scripture-based guidance. The pastors also mentioned referring parishioners to more formal counseling services depending on the severity of the issue. However, the church remains an integral part of African Americans' coping support systems (Campbell & Littleton, 2018). Similarly, Avent et al. (2015) found that Christian African Americans seek out religious supports for a diverse range of life circumstances, often going to their pastor for guidance rather than a professional counselor. These strong ties to faith communities and reliance on religious coping support warrant additional attention from counseling researchers and practitioners.

The integration of an individual's religious and spiritual background is not only culturally responsive, but it is considered ethically responsible in treatment (American Counseling Association, 2014; National Board for Certified Counselors, 2016). However, given the dearth of literature that exists that focuses explicitly on Christian African American experiences with religious coping, counselors may feel ill-prepared to have these critical conversations and unequipped to integrate these interventions and techniques in the therapeutic relationship. Therefore, the purpose of this study was to investigate the religious coping practices of Christian African Americans. The research question that guided the study was, "What are the experiences of Christian African Americans who use religious coping practices?"

Methods

The purpose of phenomenology is to unearth the essence of individuals' experiences with a particular phenomenon (Moustakas, 1994). This research approach assumes that multiple realities can co-exist simultaneously and juxtaposes more positivist, quantitative perspectives that suggest a certainty in knowledge (Hays & Singh, 2012; Hays & Wood, 2011), and participants can share their personal experiences with the phenomenon under investigation (Hays & Wood, 2011). In this case, this methodological approach seemed to be most appropriate to investigate the experience of African

Americans in using religious coping to respond to life stressors. More specifically, in regards to counseling research, phenomenology is often used to explore issues related to culture and diversity (Flynn, Korcuska, Brady, & Hays, 2019).

Research Team

The research team consisted of the first and second authors. Both team members identify as Christian African American women with personal experience and professional interest in the study's phenomena. The first author is an assistant professor with a background in teaching and conducting qualitative research. The second author is a master's-level counseling student with previous research experience.

The research team remained intentional throughout the methodological procedures to minimize the influence of their own biases and expectations. For example, the team met before data collection to engage in bracketing. Through bracketing, the research team discussed their own experiences and how they may impact their relationship to the study and understanding of the data. The bracketing continued through the data analysis process when the team members identified any reactions to the data and agreed to hold each other accountable in minimizing the impact of their own biases on the findings (Hays & Singh, 2012).

Participants

One of the critical elements of the phenomenology approach is the intentionality in choosing participants; eligible participants are considered those who have an in-depth and intimate knowledge of the phenomena (Hays & Singh, 2012). Eligible participants were adults who identified as African American and Christian, recruited through purposive and snowball sampling methods via social media postings and email, and invited to tell others who may be interested (Hays & Singh, 2012).

In total, seven participants responded and completed the interview. This number of participants is sufficient for phenomenology methodology (Creswell, 2013). All the participants identified as heterosexual women. The recruitment was open to men as well. Two men indicated interest in participating but did not follow through with completing the interview. Of the seven participants, five indicated their relationship status as married and two described themselves as single. The participants' ages ranged from 26–58 years old, and the mean annual income of participants was $69,071. This study revealed a mix of denominations: Two participants identified as non-denominational, and one participant each identified as Methodist, Christian, Pentecostal, Protestant, and Presbyterian, respectively. Three participants graduated with their master's degree, one graduated with a doctorate, two graduated with bachelor's degrees, and one indicated that she was currently attending college. Three participants indicated they had participated in counseling services, three indicated they had not, and one indicated participation in pastoral counseling.

It is important to situate the current study's participants' demographics within the context of the larger society. Generally, African American women earn less than African American men and White men and women (Hegewisch & Hartmann, 2019). The median income of the current participants is higher than the median income of African American households in the United States (i.e., $40,258; Fontenot, Semega, & Kollar, 2018). According to the U.S. Census Bureau (2017), 24% of African American women have at least a bachelor's degree. In the current study, all of the participants were in college or had obtained at least a bachelor's degree. The demographics of the current study are promising and reflect within-group differences among African Americans in regards to education and income.

Data Collection

Participants completed a demographic questionnaire and a semi-structured interview. The first author created the interview protocol questions based on what is known in existing literature and areas that warrant further exploration (Hays & Singh, 2012). For instance, there is existing research on religious coping practices; however, the questions in this interview protocol seek to understand Christian African Americans' perspectives in particular. The qualitative nature of this study created an opportunity for participants to give their feedback on Pargament et al.'s (1998) classifications of negative and positive religious coping. The semi-structured format of the interview allowed the researchers the flexibility to follow up on participants' responses and explore topics that emerged during the conversation (Hays & Singh, 2012). The interviews ranged from 26 to 48 minutes, with a mean of 36 minutes.

The interview protocol included the following questions: (1) If you have participated in counseling before, please tell me why you chose to go to counseling and about the process; (2) In what ways, if any, have you been encouraged to seek out professional counseling? In what ways, if any, do you feel you have been discouraged from seeking out professional counseling? (3) How would you define religious coping? (4) What are some ways you use your religious practices to cope with life circumstances? (5) In what ways do you think religious coping is beneficial? What are some limitations? (6) Often, people who engage in religious coping are less likely to seek professional counseling services. Why do you think this may be? (7) Tell me about a time you encountered a life challenge and used your religion to cope. What did this look like? How was it helpful? How was it not helpful? (8) Researchers have identified "positive" religious coping strategies and "negative" religious coping strategies. What are your reactions to these? (9) Are there any that you would classify differently? Are there any that you would take away? and (10) Can you think of times when you have used positive religious coping? What about negative religious coping? The interview concluded with asking the participants if they would like to share anything they were not asked and to reflect on their experience in the interview process. Each participant completed the interview individually.

Data Analysis

We followed Moustakas' (1994) modification of the van Kaam method to phenomenological data analysis. We met to discuss bracketing and process our reactions and insights before the data analysis. Then, we analyzed two interviews together and identified themes. These meetings provided the second author with an opportunity to learn the process and feel more comfortable coding data independently. Next, we proceeded to review the transcripts individually, reconvening and discussing emerging themes. Themes emerged from a series of steps that included grouping participants' words, reducing and eliminating raw data that is not related to the phenomena or might be repetitive, and clustering related statements into overarching themes. We refined the emerging themes again by checking them against the participant interviews a second time. The first author created textural and structural descriptions and shared them with the second author for discussion (Moustakas, 1994).

Trustworthiness

It is essential that researchers in qualitative studies ensure trustworthiness to maximize rigor (Hays & Singh, 2012). There are several strategies that researchers utilize to increase trustworthiness, and we infused several of these tools in our current study. The procedures in the current study reflect strategies commonly enlisted in counseling research (see Flynn et al., 2019), including our engagement in bracketing throughout the research process.

Additionally, participants received the themes and were invited to provide feedback as a part of the member checking process (Hays & Singh, 2012). Participants who responded (n = 2) agreed with

the findings. We included "thick descriptions" (i.e., participant direct quotes) of the data in this article to provide context and supporting evidence for the identified themes. We also maintained an audit trail throughout the research process. Information from the audit trail, documenting the procedures and approaches from this current study, can help readers understand how the researchers arrived at the findings (Flynn et al., 2019; Hays & Singh, 2012).

Auditor findings. The external auditor was a critical part of the trustworthiness process for the current study (Hays & Singh, 2012). Our auditor identifies as a White woman. She is a graduate student who has some experience working on qualitative research studies. The auditor reviewed the participant transcripts, identified themes, and then provided feedback regarding the research team's findings. The auditor's findings were consistent with the research team's themes. The auditor did note the participants' acknowledgment for *the need* for professional counselors. The research team had not highlighted this perspective. Thus, we incorporated this into the discussion of the findings.

Findings

We identified the following themes: (1) God is a keeper: Getting through the "valley"; (2) positive religious coping; (3) negative religious coping; (4) spiritual growth; (5) "godly counsel" and "sound doctrine"; and (6) "Black people do not go to counseling." The following section will expound on these findings and provide support for the themes.

God Is a Keeper: Getting Through the "Valley"

The participants recalled challenging times and transitions such as grief and loss, divorce, physical sickness, and financial difficulties. Although these defining moments are universal in the human experience, the participants interpreted these challenges through the lens of the attributes of God and their religious beliefs. The name of this theme came directly from one of the participant's responses as she spoke to the vital role God played in sustaining her through the difficult times. This sentiment resonated with five of the seven participants, who identified God as the reason why they were able to endure struggles. God was referred to as a "keeper" either explicitly or implicitly in many of the interviews. Charisma stated, "I do believe that salvation has kept me through a lot of difficult times." This participant identified the loss of her sibling as her most challenging circumstance, and she recalled vividly how her relationship with Christ kept her through that challenge, even as a young person. Many participants identified their challenges as the catalyst for identifying who God is in their life and connecting with this attribute. Tee defined religious coping as "a heavy or absolute reliance on God to get you through whatever . . . the trauma is or the struggle is, or in religious terms, your valley."

Further, in many ways the participants closely aligned their church communities with God as "keeping" factors. For example, Amy recalled a "pretty dark time" in her life when she was going through a divorce. She and her husband were very involved in church and were not expecting to separate. She attributes the connection to her church, pastoral counseling, and friendships with sustaining her during that time. Amy, like many of the participants, found solace and community in her church family. These relationships were crucial sources of coping.

Positive Religious Coping

Religious coping strategies came up numerous times throughout the interviews because this was a focus of the study. Although the participants did not always talk about positive religious coping in the exact terminology (e.g., *sought God's love and care*) presented by Pargament et al. (2011) and

Pargament et al. (1998), all of the participants referenced times in their lives when they enacted these strategies. Some of the examples provided by the participants included following God's direction, use of scripture and prayer to focus, attending worship services, and viewing God as a faith companion. For instance, Donna stated that she prays daily, does morning devotionals, and participates in Bible studies when she is able. She said that these practices are essential to respond to the daily struggles she may encounter. It is important to note that although church was an important element for coping for most of the participants, Kira expressed a different sentiment. Kira expressed discontent with the idea of church, but the concept of religious coping still resonated strongly with her. She spoke about using religion to help her make sense of her circumstances. For her, scriptures provided a source of meaning-making. She also expressed the fact that her understanding of religious coping evolved and deepened as she became older and the scriptures seemed more relevant. When asked, participants tended to agree on the positive religious coping styles presented by Pargament et al. (2011) in the Brief RCOPE scale and acknowledged the fine line between adaptive and maladaptive religious responses.

Negative Religious Coping

Although most participants more readily offered examples of positive religious coping, negative religious coping came up in each interview more implicitly. Some of the sentiments expressed in the interviews included jealousy, frustration, "the devil," questioning God, isolation, lack of trust, "why me?," "God is enough," and a sense that moments of doubt or struggle can indicate a betrayal of God.

Toni recalled a time in her career when she felt that she had enacted negative religious coping. She said that she made statements such as "the devil must want me to be here right now." Similarly, Kira spoke about hearing others say, "The devil this, the devil that." After hearing the negative religious coping strategies from Pargament et al. (2011), Kira stated that although she had not felt completely abandoned by her church, she felt misunderstood many times. Tee also recalled the ways in which negative religious coping intersected with mental health in her upbringing. She remembered hearing messages such as "you just need to pray about it" and "suck it up because you're strong." These negative messages seemed to be perpetuated both in church and within the immediate family, as participants were encouraged to "not share family business."

Spiritual Growth

Spiritual growth and development was an important part of conceptualizing and responding to life stressors. Participants often reflected on their faith development and attributed some of their challenges with triggering their growth. Jonica explained her journey from a young person "going through the motions" to an adult with a "relationship with God for myself." Through this process she learned from preachers and her family to seek consultation in the scriptures. The participants spoke about the impact that their spiritual maturity has had on their coping strategies and responses to life circumstances. Many of the participants stated that they were much more spiritually mature now and, therefore, would have a more faith-based response to challenges as they arise. For instance, Donna recalled her experience with cancer and the ways the process impacted her spiritual development. She stated that her response would be different now because of her spiritual maturity. Previously she considered the cancer diagnosis as a death sentence, felt unloved by God, and was angry. Now, she said she would "smile about it and keep it going."

For many, the church also tended to be an integral part of personal faith and spiritual development. The worship experience, in particular, was seen as a therapeutic release. Although many of the connections to the church were positive, there were some points of tension. It is important to note how

different individuals' experiences can vary. For some, the church was a path to a stronger relationship with others. For some participants, like Toni, negative experiences with the church were traumatic and created distance between the individual and their local fellowship. She recalled that "the church I grew up in was very fire and brimstone." Whether the experiences were positive or negative, the church served as a conduit in the participant's spiritual journey and development.

"Godly Counsel" and "Sound Doctrine"

Participants emphasized the value of the Bible and the role it played in providing guidance and direction throughout their lives, particularly during challenging situations. Often, participants juxtaposed this idea of "godly counsel" with secular counseling services. In these cases, participants emphasized the importance of advice that did not contradict the "word of God." Charisma stated, "therapy is godly and providing you with godly wisdom" and can be a supplement to pastoral instruction and prayer. Similarly, Amy stated that she could have benefited from professional counseling but instead relied solely on pastoral counseling. In this counseling, her pastors prayed with her and gave her "godly wisdom [and] godly advice." Participants specifically highlighted the importance of the idea of "sound doctrine" as opposed to false teaching to provide direction and comfort. For participants, "sound doctrine" meant that scriptures were properly interpreted and applied.

"Black People Do Not Go to Counseling"

All of the participants highlighted the stigma that exists among many African Americans regarding mental health help-seeking and referred to the notion that "Black people do not go to counseling." Participants noted that in many African American communities, and especially within traditional Black Church communities, mental health is a taboo subject. The participants identified social media, family, and friends as influences on their attitudes and perspectives toward counseling. Jonica, a long-time educator, recalled some of her experiences with students and families. She noted that Black and Brown communities often have stigma about mental health treatment. A number of her students' families experienced trauma but were discouraged from counseling because they considered it "for people who are crazy." Participants noted the lack of African American representation amongst counselors as a potential deterrent. Amy said, "I mean a Black person going to a White person to get help? No." The participants all agreed that the stigma about mental health treatment needed to end and that more needed to be done to increase mental health help-seeking in their communities.

Discussion

Statistics highlight the disproportionate use of mental health services by African Americans (APA, 2017). Scholars are challenged to gain a more in-depth understanding of the narratives and experiences behind these figures. Thus, the researchers in this qualitative phenomenological study sought to understand how African Americans utilized religious coping practices in response to challenging situations. Seven women participated in the interviews. This discussion contextualizes the current findings within the current literature landscape and highlights the ways this research offers new understandings.

Overwhelmingly, the majority of African Americans believe that God exists (Pew Research Center, 2018). The findings of this current study support this understanding and also illuminate the ways Christian African American women, in particular, consider God to be at work in their lives. Thus, for Christian African Americans, it is important to not only acknowledge God's existence, but that God is active in the fabric of their everyday lives. Our participants attributed much of their resilience and ability to cope with God sustaining them through various life circumstances. Although participants

did not state that God was their only source of sustainment, they did seem to suggest that it was the most vital. Although the counseling research about African Americans' perspectives of God is more limited, this finding is consistent with research in other professions. For instance, Woodward and Sowell (2001) conducted a qualitative investigation of women diagnosed with HIV/AIDS. The participants in that study emphasized that "God is in control" as a means of coping and alluding to the involvement of God in their personal lives (p. 240). Similarly, the participants in our study found solace in trusting the sovereignty of God.

Participants in our study spoke about positive and negative religious coping strategies. It is important to note that all the participants in our sample were women, which could explain the centrality of religious coping, as Chatters et al. (2008) found that African American women were more likely to engage in religious coping practices than African American men. The participants used religious coping as a support but also as a way to make meaning, particularly in stressful situations. Although much of the literature on the intersections of faith and mental health focuses on the influence on help-seeking, the responses from these participants also provide insight into meaning-making, which is important for counselors to understand as they work with this population.

Although the focus of this current study was on religious coping, our participants spoke a great deal about faith development. Many of the insights shared aligned with popular faith development models, such as Fowler's (1981) Stages of Faith. Thus, one can assume that a particular stage of faith may inform the type of religious coping strategy utilized. Moreover, the participants seemed to suggest that higher-order stages of faith (i.e., those stages that involve more self-reflection, awareness, openness, and the ability to acknowledge the existence of multiple truths) aligned with more positive religious coping strategies. Although an in-depth description and analysis of Fowler's Stages of Faith is outside the scope of our study, it is important to discuss to offer some additional context for this particular theme and as a way for counselors to deepen their client conceptualizations and inform their therapeutic interventions (Parker, 2011).

The emphasis on the Bible as a coping mechanism is consistent with data from the Pew Research Center that reports that 54% of African American adults read scripture at least once per week and 51% support a literal interpretation of scripture. Thus, African Americans may be inclined to endorse scripture texts that identify suffering as a means of entry into heaven. For instance, 1 Peter 5:10 (New International Version) states: "And the God of all grace, after you have suffered for a little while, will himself restore you and make you strong, firm, and steadfast." The ideas of suffering are extraordinarily nuanced for African Americans, as religion became a way to cope with and understand oppression. Some Black Church theologies consider suffering as a means to the desired reward in heaven (Avent & Cashwell, 2015). These theological underpinnings and understandings of scripture have an essential influence on African Americans' preference for religious coping and under-utilization of counseling services (Avent & Cashwell, 2015).

Overall, the findings that emerged support longstanding notions that mental health stigma is prevalent in African American communities and that religion and spirituality are critical components of coping responses and understanding help-seeking patterns (Avent Harris & Wong, 2018). It is noteworthy that participants in our study were generally supportive of participating in counseling; three of the participants had participated in secular counseling. Therefore, the current findings suggest that even when negative attitudes are absent, it still might not result in help-seeking. Thus, it is time to move beyond seeking to solely understand attitudes toward help-seeking and learn more about actual coping behaviors.

One participant noted that the lack of African American counselors might serve as a deterrent for many African Americans because they may not feel comfortable opening up to someone who is Caucasian. Currently, African Americans comprise 18% of master's students enrolled in counseling graduate programs (Council for Accreditation of Counseling and Related Education Programs, 2017). Studies such as Kim and Kang (2018) found that clients who had counselors with the same racial/ethnic identity attended more counseling sessions. Thus, counselor education programs should consider intentional recruitment efforts to increase the number of African Americans enrolled in graduate counseling programs in order to diversify the workforce. These efforts could lead to more African Americans engaging in professional counseling.

Implications for Counselors

There are many important implications for counselors from the findings of our study. First, although African Americans are confronted with many stressors stemming from both systemic oppression and universal human experiences, our participants demonstrated resilience. Counselors should be intentional in identifying strengths and highlighting ways African American communities, often led by Black churches, have persisted (Avent et al., 2015; Lincoln & Mamiya, 1990). Although counselors should ensure that they are aware of cultural barriers that contribute to a lack of participation in counseling resources, they also should be intentional about highlighting the important ways religion, spirituality, and churches are a trusted resource and source of advocacy (Avent et al., 2015; Avent Harris & Wong, 2018).

Findings from our study support the extant literature reporting that African Americans frequently adhere to cultural beliefs that suggest "Black people do not go to counseling" and are more comfortable utilizing their faith (Avent Harris & Wong, 2018; Schnittker, Freese, & Powell, 2000). This could stem from a lack of trust for mental health professionals to provide an environment that is both non-judgmental and confidential. Counselors should intentionally work to earn trust and build rapport among African Americans. One potential means to increase African American participation in counseling would be to host group therapy sessions in churches led by professional counselors. Hankerson et al. (2013) found that pastors were open to the idea of hosting group sessions and likened them to peer support groups that might already exist. For many African Americans like the participants in our study, therapeutic groups can be attractive when they are held within the context of a religious setting and can help to reduce mental health stigma.

Church–Counseling Collaborations

Although it is important to emphasize the importance of help-seeking from secular counselors, our study acknowledges value in the church as a resource and an integral part of the support networks of many African Americans. Hankerson et al. (2013) encouraged engaging Black churches as stakeholders in advancing mental health awareness and treatment. Results from our study confirm that pastors often provide both spiritual and personal counseling to members of their churches. The church has proven to be a consistent place of solace for many African Americans whether members are participating in premarital, financial, or other counseling (Avent Harris & Wong, 2018). Thus, counselors can create professional relationships with church leadership to connect to church members (Robinson, Jones-Eversley, Moore, Ravenell, & Adedoyin, 2018).

Dempsey et al. (2016) provided an overview of examples of successful collaborations with community stakeholders and Black churches. Most of these connections focus on physical health initiatives. Thus, it is incumbent upon counselors to harness support networks; the authors challenge counseling professionals to consider these collaborations as a template for mental health-focused

programming. Dempsey et al. suggested the following steps can make these efforts successful: awareness, assessment, seeking approval, church health fairs, mental health training, joining the community, conducting research, and inviting wisdom. Furthermore, many historically Black fraternities and sororities have created initiatives strategically targeted to increase education and awareness around Black men's mental health. As these organizations often have significant ties to local churches, they serve as a great partner for counselors and professional organizations.

It is vital that mental health professionals approach collaborations as mutually beneficial and growth-fostering (Jordan, 2010). That is, counselors need to be careful not to consider themselves experts, but to *invite wisdom* from church leaders (Dempsey et al., 2016). Participants in our study repeatedly talked about their pastors and the counseling they received from their church leaders. Although counselors are clinically trained through graduate courses and continuing education, they might consider seeking training from pastors on building rapport and relationships with African Americans. It is important to note that although licensed counselors have some commonalities in their training (e.g., CACREP standards) and must have graduate degrees, training and educational experiences among pastors vary greatly. Therefore, when forming collaborations, counselors should be aware that pastors can have varying levels of knowledge and experience related to mental health and counseling skills.

Assessment of Religious Coping

The Association for Spiritual, Ethical and Religious Values in Counseling competencies challenge counselors to consider religion and spirituality in their assessment procedures (Cashwell & Watts, 2010). Although religion and spirituality can be assessed informally or qualitatively through intake forms, the Brief RCOPE (Pargament et al., 2011; Pargament et al., 1998) provides counselors with a structured, quantitative scale. Our participants were more hesitant to volunteer information about harmful religious coping practices. However, this lack of admission did not mean they were not utilizing maladaptive practices. Researchers have noted the consequences of maladaptive religious coping (Pargament et al., 2011) on health. These considerations are especially important for African Americans as they are disproportionately represented in many physical illnesses (Singh et al., 2017). In using the Brief RCOPE scale, counselors can intercept religion as a barrier to help-seeking behaviors and in turn might promote positive religious coping strategies and significantly decrease delays in receiving mental health treatment as a result of negative religious coping (Chatters et al., 2008). Furthermore, the Brief RCOPE can serve as an important conversation starter for counselors to engage their clients about their religious coping patterns.

Recommendations for Future Research

There are many opportunities to increase our understanding of this phenomenon through future empirical investigations. Inquiries can be both qualitative and quantitative. Future researchers could replicate our qualitative study with an added emphasis on recruiting men to participate. African American men seek help less often than African American women (Sue & Sue, 2016). Therefore, future research studies should focus on the narratives of African American men in order to inform culturally relevant practices to recruit and retain this population for counseling services. Flynn et al. (2019) recommended that counseling researchers also consider diverse data types in addition to traditional interviews and focus groups. For example, researchers could ask participants to include songs that help articulate religious coping patterns; then, song lyrics could be analyzed for themes as well.

Limitations

It is important to consider our findings within the limitations of the study. First, all of the participants were women. Thus, it is unclear how gender could have impacted our results and how

our findings might have differed if gender representation was more diverse. Although the data reached saturation, there may have been an opportunity to learn more about this phenomenon with an increased number of participants. An additional limitation is minimal participation (n = 2) in member checking. Increased participation in this process might have challenged the research team's perspectives and could have increased the overall trustworthiness of the findings.

Conclusion

The participants in our qualitative study identified six themes that highlight the essence of Christian African Americans' experiences with using religious coping to respond to challenging life circumstances. These themes confirm existing literature by reiterating the importance of religious coping and the stigma that often exists in African American communities regarding seeking formal counseling services for their emotional and mental health. Counselors have a unique opportunity to use the religious coping practices of African Americans to strengthen the cultural relevance of treatment modalities and guide collaborations with community stakeholders and faith leaders.

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