

2022

A Phenomenological Study of individuals Who Practice A Religion Based on Yorùbá Traditions and Have Formally Engaged in Professional Counseling

Jamille J. Edwards
jamilleadwards@hotmail.com

Follow this and additional works at: <https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations>



Part of the [Psychiatric and Mental Health Commons](#)

Recommended Citation

Edwards, Jamille J., "A Phenomenological Study of individuals Who Practice A Religion Based on Yorùbá Traditions and Have Formally Engaged in Professional Counseling" (2022). *Graduate Research Theses & Dissertations*. 6995.

<https://huskiecommons.lib.niu.edu/allgraduate-thesesdissertations/6995>

This Dissertation/Thesis is brought to you for free and open access by the Graduate Research & Artistry at Huskie Commons. It has been accepted for inclusion in Graduate Research Theses & Dissertations by an authorized administrator of Huskie Commons. For more information, please contact jschumacher@niu.edu.

ABSTRACT

A PHENOMENOLOGICAL STUDY OF INDIVIDUALS WHO PRACTICE A RELIGION BASED ON YORÙBÁ TRADITIONS AND HAVE FORMALLY ENGAGED IN PROFESSIONAL COUNSELING

Jamille J. Edwards, Ph.D.
Department of Counseling and Higher Education
Northern Illinois University, 2022
Suzanne Degges-White, Director

This qualitative study explored the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling. There are a variety of indigenous religious systems that have derived from Yorùbá which are often viewed as people who are unlikely to discuss their engagement in a formal counseling relationship. This study considered the nature of how many individuals who practice a religion based on Yorùbá traditions approach counseling from a different perspective. The philosophy of Carl Rogers' person-centered theory was used as the framework for defining the counseling relationship and the counseling process. An interpretative phenomenological analysis research design was used to explore the lived experiences of participants who practice a religion based on Yorùbá traditions and formally engaged in professional counseling to hopefully gain an enriching level of understanding.

Six participants engaged in one interview and confirmed the validity of the findings by approving a summary of their interview transcripts. as part of this study. Participants identified as being practitioners of Ifá, Lukumí, and Santería. Hycer's coding analysis was used to summarize the data. The findings revealed a total of eight themes. Themes were based on cluster meanings that were found among four out six of the participants interviewed. The themes were the difference in ideology compared to other religions, indigenous healing methods advice for

counseling, use of indigenous healing methods of mental health, views of counseling and preferences, concerns with spiritual and religious practices, and view of counselors and/or counseling relationship, understanding the counseling process, and social and community factors. Information related to such factors created topics of discussion for practitioners of religions based on Yorùbá traditions, researchers, counselors, and health care professionals to consider when providing services.

NORTHERN ILLINOIS UNIVERSITY
DEKALB, ILLINOIS

AUGUST 2022

A PHENOMENOLOGICAL STUDY OF INDIVIDUALS WHO PRACTICE A
RELIGION BASED ON YORÙBÁ TRADITIONS AND HAVE FORMALLY
ENGAGED IN PROFESSIONAL COUNSELING

BY
JAMILLE J. EDWARDS

©2022 Jamille J. Edwards

A DISSERTATION SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
DOCTOR OF PHILOSOPHY

DEPARTMENT OF COUNSELING AND HIGHER EDUCATION

Dissertation Director:
Suzanne Degges-White

ACKNOWLEDGEMENTS

This is dedicated to Johná, Josette, and Jazib. I just want to thank you for being in my life and for choosing me to be your mother. I have sacrificed so much of your relationships to complete a degree. If I could go back in time, all my discussions would have been different, since I cannot, I just pray that you all are proud of me, and that you know I did this because it is what I was meant to do. I would also like to thank my mother Julia and father John.

Thank you to Dr. Johnson, Dr. Nelson, Dr. Jackson, and Dr. Mahoney all from the Argosy University, Schaumburg location for supporting me. Thank you to Dr. Wilczynski and Dr. Provost from Argosy University, Chicago. I went from being an iyawo at the start of the master program, to being mentored and encouraged to complete this study by Dr. Robinson. She was right, the counseling field would benefit more from learning about indigenous practices. But when both the Argosy Schaumburg announced it's closer, with the Argosy Chicago following only within few months, I did not see myself completing this research. It was incredibly challenging to witness students and faculty members who had dedicated themselves for so many years to being in the academic and counseling field, to deal with the university closing. I knew that things would not be the same or easy, and situations like this could happen to anyone. I put all my eggs in one basket and applied to Northern Illinois University, and I was able to continue this process with the help of many others.

A big special thanks you to Dr. Degges-White, Dr. Gyant, and Dr. Fickling!!! Your feedback and support really helped me get this done. Thank you to Dr. Hart, Kyle Goodwin, and

my dearest friend Oliver Camacho. You all stood by me in so many ways, and I am very grateful.

Thank you, my Godfather Baba Alaje Thomas, Deborah Davis, Obá Miguel “Willie Ramos, and my Padrino Evaristo “Tito” Rodriguez. I am blessed to have been crowned to Oshun years ago, and through your teachings, and support I continued this process for our community to share. I started to give up so many times but my ancestors, spirit guides, and Orishás were always there for me. It even took a lot out of me to lose a member of our community due to lack of mental health support. My heart sank several times while doing the interviews for this study. One thing that I appreciate is as priests, is that we acknowledge our humanity and duty to serve our community as best as possible. Kinkamashé kale ilé. Moferefun Orishás.

To my special extended family and friends Jose Rodrigo Velazquez, Alimayu Harris, Yahdina Udeen, Carlos and Sandi Orejuela, Townsend Orr, and Dr. Stephanie Pazimo. I did not do this alone, thank you all.

And of course, thank you to all six participants in this study. I appreciate you sharing your experience and pray that you continue to do well in life.

TABLE OF CONTENTS

	Page
LIST OF TABLES	ix
LIST OF APPENDICES	x
Chapter	
1. INTRODUCTION	1
Background of the Study	1
Need for the Study	3
Purpose of the Study	4
Significance of the Study	5
Research Question	6
Research Design	6
Conceptual Framework.....	7
Assumptions and Limitations.....	8
Organization of the Remainder of the Study	9
Definitions of Terms	10
2. LITERATURE REVIEW	13
Yorùbá	13
Ifá	14
Divination	15
Yorùbá Language	16

Chapter	Page
Óríshás	16
Candomblé	17
Vodún	19
Lukumí	21
Santería	21
Botánicás	22
War and Migration.....	23
Cultural Views and Differences	23
African Americans' Concerns and Challenges related to Counseling.....	25
Latino/a/x Americans Concerns and Challenges related to Counseling.....	25
Influences of Western Ideas	26
Conceptual Framework.....	28
Process of Counseling	30
The Counseling Relationship.....	32
Effectiveness of Counseling	33
Indigenous and Western Perspectives	33
Mental Health Professionals	34
Training and Credentialing	35
Counseling Competencies	36
Broaching	37
Lack of Completion	38
Research and Literature	39

Chapter	Page
Why This Study?	43
Summary	46
3. METHODOLOGY	47
Research Question	47
Research Method	48
Role of the Researcher	48
Participants and Recruitment	49
Criteria	50
Informed Consent	50
Interviews & Transcripts	51
Follow-up and Incentives	52
Data Analysis	52
Trustworthiness	54
Credibility	54
Transferability	55
Dependability	56
Confirmability	56
Ethical Considerations	57
Summary	58
4. FINDINGS	59
Review of Demographic Question	60
Research Question	61

Interview Summaries	62
Crane	62
Turaco	63
Hornbill	65
Egret	67
Sunbird	68
Eagle	70
Themes	71
Theme 1: Difference in Ideology Compared to other Religions	72
Theme 2: Indigenous Healing Methods Advice for Counseling	74
Theme 3: Use of Indigenous Healing Methods of Mental Health	75
Theme 4: Views of Counseling and Preferences	77
Theme 5: Concern with Spiritual and Religions Practices	78
Theme 6: View of Counselors and/or Counseling Relationship	80
Theme 7: Understanding the Counseling Process	83
Theme 8: Social and Community Factors	85
Summary	87
5. DISCUSSION	88
Research Considerations	90
Counseling Considerations	91
Counseling Theory	93
Mental Health Disorders	96

Chapter	Page
	viii
Medications	97
Traditional Counseling and Digital Trends	98
Advocacy.....	101
Limitations	101
Research Findings	102
Further Research	104
Final Thoughts	106
Conclusion	108
REFERENCES	109
APPENDICES	118

LIST OF TABLES

Table	Page
1. Participant Demographics.....	60

LIST OF APPENDICES

Appendix	Page
A. EMAIL ASKING MEMBERS OF YORÙBÁ PRACITIONERS HELP WITH RECRUITMENT	121
B. PARTICIPANT INFORMED CONSENT	123
C. RESOURCES AND HOTLINES.....	125
D. INTERVIEW QUESTIONS	127
E. EMAIL FOR SUMMARY CONFIRMATION	129
F EMAIL INCENTIVE FOR COMPLETING THE PHASES OF RESEARCH	131

CHAPTER 1

INTRODUCTION

Indigenous religions and traditional healing methods can be found around the globe, although they are frequently assumed to be practiced by Africans, Muslims, Native Americans, practitioners of Yorùbá based religions or Canadians (Adekson, 2016; Eniakele & Adeleke, 2018). Asian, Latin, Latin American and Aboriginal people are also groups known to actively engage in Indigenous healing practices (Moodley & Sutherland, 2010). Traditional healing methods have included Astrology, Yoga, Voodoo, Santería, Shamans, Hakims, and Curanderos, just to name a few (Moodley & Sutherland, 2010). Views of indigenous religions have been perpetuated and represented from a racial and prejudiced perspective in various academic settings, especially where theological training is taught (Eniakele & Adeleke, 2018). It is important to discuss religious and cultural differences globally, since the reality is that many ethnic groups are practicing the traditional religion of their ancestors (Adekson, 2016).

Background of Study

For centuries, indigenous African religions have existed in Southwestern and West African countries, which have been safeguarded from extinction despite practitioners having been condemned and persecuted (Eniakele & Adeleke, 2018). Some of these countries include Ghana, Ethiopia, Sudan, Senegal, Benin, Nigeria, and Togo, which are locations where indigenous people continue to practice psychic and spiritual ways of healing (Moodley &

Sutherland, 2010). These countries also have large groups of people who preserve the Yorùbá traditions, religion, and practices, which are related to Órìshá worship (Eniakele & Adeleke, 2018).

Most African religions have their own concepts of health and mental health practices (Cianconi et al., 2019). Some of these practices are often considered to be holistic healing approaches for psychological, physical, spiritual, and meta-physical dimensions of illness for people of color (Constantine et al., 2004; Ocampo et al., 2015). In certain parts of Africa, the quality of healing is believed to be based on the level of authority and the healing abilities identified by the people or ancestral practices within the community (Adekson, 2003).

Individuals who practice African-based religions generally seek counseling from a priest or traditional healer, when they need help to understand what is happening in their lives or how to solve a problem (Adekson, 2003). Such practices are often preferred by traditional practitioners over non-Indigenous or Westernized types of treatment (Gould et al., 2021).

Herbalists, mediums, religious healers, priests, and indigenous doctors have been the primary care providers for Africans for thousands of years (Moodley & Sutherland, 2010). Long before European forms of mental health treatment were introduced, natives of indigenous and religious backgrounds have used their elders and priests as their counselors for their mental, social, physical, and psychological needs (Adekson, 2016). People within indigenous populations will go to a traditional healer, or priest, before going to a doctor, hospital, or clinic (Adekson, 2016). A traditional healer or priest is described as someone who takes care of their own wellness, while having knowledge of the traditional and cultural practices they use, by learning from other priests, elders, and healers, who also serves the whole community (O'Keefe et al.,

2019). Such practices may include the use of meditations, prayers, ceremonies, storytelling, and other types of traditional methods (O'Keefe et al., 2019).

Recently, some people using indigenous practices for healing purposes have been encouraged by elders, priests, family members and friends to take care of their mental health by utilizing some type of mental health service (Hoogasian & Gloria, 2015; Ojelade et al., 2011). Some who practice traditional African-based religions have concerns about using Western trained mental health professionals. They believe that these mental health professionals may fail to understand their belief system or offer intervention strategies that are not culturally consistent with their belief systems (Ojelade et al., 2011, 2014). Understanding and knowing about the history and culture of African religion, tradition, culture, and spiritual systems could be helpful for mental health professionals when addressing mental health concerns among African Americans and other indigenous communities (Ojelade et al., 2011). While there is evidence that more research is needed in this area, mental health professionals are working towards strengthening the mental health services being provided to members of indigenous communities, members from diverse religions and cultural backgrounds, and people of color (Deimling Johns et al., 2018).

Need for the Study

Many members of indigenous communities and practitioners of African religions have migrated or been pushed away from their original places of origin (Carr, 2017; Ciancoci et al., 2019). Once displaced, some have experienced institutionalized racism, issues with being regarded as inferior, and racial inequality (Mouzon & McLean, 2017). Psychological distress, physical health issues, and mental health concerns have been associated with internalized racism

among foreign-born Caribbean blacks, African Americans, US-born Caribbean Blacks, and US-born African Americans. (Cianconi et al., 2019; Mouzon & McLean, 2017).

The role of indigenous people seeking mental health care has been limited in research and not been given adequate consideration (Whaley, 2019). Over 100 million people worldwide practice West African traditional religions, these religions and traditions are commonly misunderstood by Western populations (Baez & Hernandez, 2001). Many members of indigenous belief systems believe that dysfunctions have a spiritual or material cause, and so they often try to restore balance and resolve problems using a spiritual approach (Baez & Hernandez, 2001). They may also use social support such as family, religious leaders, and indigenous healers in place of relying on formal mental health care (Ojelade et al., 2014). Indigenous populations who practice African-based traditions and religions are cautious of how a Western trained health care providers will view their beliefs and practices (Adekson, 2016). The psychological field acknowledges this as a problem and realizes that cultural variables have been overlooked in the mental health field (Gould et al., 2021). To expand the knowledge of psychologists and counselors, further research should be conducted to address the counseling experiences of individuals practicing indigenous belief systems (Baez & Hernandez, 2001; Ojelade et al., 2014).

Purpose of the Study

Religious leaders, spiritual leaders and counselors have admitted that there is a need to understand Western-defined mental health concerns in conjunction with the practices of African religions (Ojelade et al., 2011). When people of color or indigenous communities engage in professional counseling, the counseling relationship and counseling services may fail to support

the cultural values and worldviews held by clients (Ojelade et al., 2011). While at the same time, people of color and indigenous communities may choose to work with a counselor, but they may be hesitant to engage in an open discussion or may decide to end their counseling relationship after a few sessions (Constantine et al., 2004). Many people of color tend to believe that their physician or mental health professional will not approve of their religious practices, therefore they often do not discuss them during treatment (Whaley, 2019).

Significance of the Study

Indigenous religions and indigenous people have their own conception of mental health and typically prefer to seek help from those who share their religious and/or spiritual practices (Cianconi et al., 2019; Constantine et al., 2004). Cianconi et al. (2019) noted that there are individuals from various ethnic, religious, and economic groups who do not trust Western practitioners, or consider Western medical or mental health treatment to be an adequate form of care. Ojelade et al. (2014) stated that there rarely are questions asked during intake about a client's spiritual practices and beliefs about mental health problems. This is valuable information to connect and to help identify the similarities and differences between the counselor and client (Sackett & Lawson, 2016).

While mental health professionals often use holistic and/or evidence-based practices to provide culturally sensitive and ethical care to clients, research has shown that cultural differences, views, and values continue to cause barriers in mental health treatment (Kaplan et al., 2014; Ojelade et al., 2014). Also, mental health professionals may not view indigenous healing methods as being relevant for certain mental health issues (Bedi, 2018). Literature has started to explore the therapeutic use of religions, yet little attention has been given to individuals

who practice African-based religious or spiritual systems (Ojelade, 2011). This suggests that it may be beneficial to study people who practice an African-based religion and have engaged in counseling.

Research Question

By investigating certain types of healing practices and healers it can allow the counseling field to address concerns in mental health treatment (Moodley & Sutherland, 2010). Indigenous health approaches and practices are becoming known in the mental health field (Bedi, 2018). These approaches have also become important to the counseling process (Bedi, 2018). Some factors that are common among indigenous practices and counseling are to provide a healing setting, to build a trusting relationship, to explain presenting problems, to address the client's belief system and to create interventions (Bedi, 2018). The question this study attempted to answer is what are the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling?

Research Design

Qualitative methodology has a few approaches such as action research, case study, grounded theory, narrative study, and phenomenology (Pietkiewicz & Smith 2012). The methodology for this study used a phenomenological approach, more specifically interpretative phenomenological analysis (IPA; Pietkiewicz & Smith, 2012). IPA aims to provide a rich description of the accounts of a phenomenon being investigated (Pietkiewicz & Smith, 2012). This method of phenomenology was used to identify components related to the phenomena, to focus on how clients perceive their phenomena or experience, while as the researcher I bracketed

my own self preconceptions (Pietkiewicz & Smith, 2012). IPA method focuses on a small population of people who have experienced a phenomenon but is not designed to generate a theory or hypotheses, unlike some other qualitative methodologies (Pietkiewicz & Smith, 2012). The population for this study included a total of six individuals who practice a religion based on Yorùbá traditions and have engaged formally in professional counseling.

Conceptual Framework

The conceptual framework for this study is person-centered theory which was used to define the counseling relationship and counseling process (Rogers, 2008). Several of the primary factors related to the counseling experience and counseling relationship are defined by Carl Rogers' person-centered approach to counseling and psychotherapy (Kirschenbaum & Jourdan, 2005; Rogers, 2008). The relationship between the client and the counselor is considered a condition and setting that can be growth promoting, which also creates a sense of belonging (Rogers, 1975; Rogers, 1980). The relationship between the counselor and client is often seen to be more important than any technique and is the driving force for change and satisfaction (Velasquez & Montiel, 2018). The client's perception of the counselor and the quality of the counseling relationship can be based on personal feelings, opinions, and judgements (Rogers, 1975). The client's perception of the counselor and the counseling relationship may also change over time (Rogers, 1975). This can be interpreted by the desired behaviors and outcomes viewed by the client (Rogers, 1975).

Qualitatively studying the experience from the client's perspective is essential to understanding the counseling process and the counseling relationship (Sackett & Lawson, 2016). The clients were asked about their perspectives of a phenomenon and provided details that are

helpful for counseling practices (Sackett & Lawson, 2016). The phenomenon researched was the client's experiences and how they viewed the counseling relationship and the counseling process (Sackett & Lawson, 2016). The client's view as it relates to the treatment outcome, perception of their counseling experience, perception of their counselor's level of empathy, positive regard, and congruence is often created by the end of the second session, these factors have contributed to the development of the research question (Kirschenbaum & Jourdan, 2005). Factors related to the population being studied also contributed to potential limitations of the study.

Assumptions and Limitations

Individuals from African American and Latino/a/x backgrounds are often apprehensive about counseling treatment (Ocampo Hoogasian & Gloria, 2015; Ojelade et al., 2011). Research has found that African Americans and Latino/a/x Americans have experienced confusion, disrespect, poor quality medical care, communication problems, and unfavorable treatment outcomes from mental health providers (Ocampo Hoogasian & Gloria, 2015; Ojelade et al., 2014). Culturally and traditionally, spiritual practices have served as a coping mechanism even when access to Western medicine has been present (Ocampo Hoogasian & Glora, 2015). The data collected used a phenomenological approach to explore the experiences of members of diverse populations (Ojelade et al., 2014). A general approach has been described as a traditional way to collect raw data based on the objectives of the researcher, but a phenomenological approach allows for a more in-depth collection and process of collecting data (Alase, 2017). A phenomenological approach core interest is on a special group of people by using a systematic system to examine the interpretations and narratives of a selected group of participants (Alase, 2017).

Interpretative phenomenological analysis (IPA) studies usually include a small sample of participants (Pietkiewicz & Smith, 2012). Each member of the sample was given the chance to respond about a specific situation based on their own experience (Pietkiewicz & Smith, 2012). Although a connection between each person's account was considered, the information gathered was based on everyone's personal thoughts, memories, and perceptions (Pietkiewicz & Smith, 2012).

Organization of the Remainder of the Study

This chapter provided a brief overview of the information pertaining to indigenous African religion and mental health treatment concerns. The conceptual framework of this study is using the person-centered model, which provides a description of common factors related to the counseling relationship and counseling process. This chapter is a preview of the material that will be presented in the following chapters.

Chapter 2 has been devoted to providing insight on Yorùbá culture, religion, and practices. A discussion on psychotherapy, counseling, and mental health practices is also included, along with a deeper look into person-centered theory. Chapter 3 describes how the study was conducted. This information includes the research design, role of the researcher, and criteria for participation in this study. Chapter 4 reports the finding of this study by including a summary from each of the six participant's transcripts and provides the eight themes that were created from the data analyzed. An explanation of the pseudonyms is provided along with a review of the research questions, demographic information, and direct quotations from participants are in the summaries and themes. Chapter 5 is the final discussion on this study. I address indigenous healing practices, and concerns with research and counseling as it relates to

indigenous populations, then I explain the limitations to the study, topics related to medication, mental health, advocacy, and future research.

Definitions of Terms

Basic definitions and relevant terms that will be used throughout this study are listed here.

Babaláwo/Babalaó-Yorùbá Ifá priest and healer who are mostly males often referred to as medicine man or owner of the secrets (Adekson, 2003).

Babalóríshá /Babalorica/Babalosha- a male priest initiated to a specific Óríshá who can preside over another initiated person, or someone they have initiated (Rodríguez-Plate, 2004).

Ébo/Ébbo- offerings or sacrifices to the ancestors/egun, and/or the Orishás has been prescribed by Ifá divination, or by a priest who provides divination (Karade, 2020).

Ifá_ is an ancient West African religion practiced by tribes in Yorùbáland (Baez & Hernandez, 2001). Ifá is the system of divination and is often called the traditional religion of Yorùbá (Peel, 1990).

Ilé is a house or temple that has a shrine or altar of a particular set or group of Orishás (Karade, 2020).

Indigenous people are descendants of a population of individuals who inhabited a geographical region or country during its conquest or colonization and retain all or some of their own social, cultural, economic, and political institutions (Cianconi et al., 2019).

Indigenous groups are minorities seeking biological and cultural resources based on self-determination and collective rights (Cianconi et al., 2019).

Indigenous practices and/or indigenous healing methods are defined as systematic

approaches to addressing physical health, mental health and psychospiritual concerns that stem from native to non-Western cultures, theories, beliefs, and experiences (Bedi, 2018). Indigenous healing are the helping beliefs and strategies that come from a culture or society, designed for treating the members of a specific cultural group (Constantine et al., 2004).

Itá-ritual day of comprehensive divination performed following the day after initiation into priesthood (Brown, 2003; Wedel, 2004). Itá divination is an interrogation with cowrie shells dilogún oracles which also serves as confirmation of one's initiation and of the group of Orishás received (Brown, 2003).

Iyaóríshá /Iyalóríchá/Iyalóshá- a female priestess initiated to a specific Óríshá who can preside over another initiated person, or someone they have initiated (Rodríguez-Plate, 2004).

Iyawó- the bride of the Orishá (Karade, 2020). is a newly initiated priest who has a set of rules to obey for one year, also known as the year of white, or iyaworaje/yaworage (Brown, 2003; Wedel, 2004). An iyawó dresses in white clothes for spiritual protection, along with other regulated behaviors that are part of the obligations for one year (Brown, 2003).

Divination- greatest level of insight that is deep interpretation of Odu, the Orishás, and other divinities, both in cosmic types of intelligence, and spiritual energies (Karade, 2020).

Lukumí (also spelled Lucumí) is an Afro-Latin religion with origins from Yorùbáland people of West Africa (Mena, 2000).

Obá-Oriaté- High priest of La Regla de Ocha (the order of the Orishás) which is a term used by Santería practitioners like the La Religión of Lucumí (the religion of Lucumí) who are the master of ceremonies for all ordinations and Óríshá rituals (Brown, 2003; Ramos, 2012).

Odu- is a written interpretation of oracles that are divined by a high priest or Babalawo (Karade, 2020). An Odu represents the epitome of Yorùbá proverbial religiosity and wisdom

(Karade, 2020).

Rogación de Cabeza “rogación of the head” - a ritual done to a person’s head often associated with Orí or the Orishá Obatalá, because the references associated with the head, and the objects used for the rogacion are often that are white, along with use of water, and obí (coconuts) (Wedel, 2004).

Santería is an Afro-Latin religion based on the West African religion originally practiced by the Yorùbáland people with ideological presumptions from other religions such as Catholicism and Christian-based practices (Baez & Hernandez, 2001; Mena, 2000).

Santerá- is considered the mother of an Órishá and considered to be the wife of an Órishá. This person is a female initiate (Murrell, 2009).

Santeró-is considered the father of an Órishá and considered to be the wife of an Órishá. This person is a male initiate (Murrell, 2009).

Yorùbáland is a region in West Africa that consists of land in the areas of Nigeria and Benin (Baez & Hernandez, 2001).

CHAPTER 2

LITERATURE REVIEW

The enslavement of Africans has been considered the sole reason some African religions and traditions have experienced changes, suppression, and syncretism (Mena, 2000). African traditional religions/spiritual systems were brought by African descendants who spread these systems from West African to other parts of the world: Ifá (West African, Yorùbáland, Cuba, Mexico, Puerto Rico, US), Kele (St. Lucia), Candomblé (Brazil), Shango (Trinidad and Grenada), Kumina (Jamaica), Vodún (Haiti), Lukumí (Cuba and the US), and Santería (Cuba, Puerto Rico, Mexico, and the US) (Eniakele & Adeleke, 2018; Jegede, 2013; Karade, 2020; Parks et al., 2014; Pettis, 2011). Each of the traditions listed above include and carry practices based on Yorùbá religion.

Yorùbá

Yorùbá is one of the most urban traditional civilizations in Africa (Thompson, 1984). Yorùbá people are known for their cultural, language, and religion systems with a history in West Africa back in A.D. 1000-1800 (Babátúndé, 2017, Karade 2020). Yorùbá can be found in (Nigeria, Benin, Republics, Togo, Sierra-Leone, Gambia) and outside of Africa (Brazil, Trinidad, Tobago, Jamaica, Puerto Rico, Barbados, Cuba, and the US) with an estimated 20 million people practicing it (Onwumah et al., 2019).

The Yorùbás' common ancestor is the first chief, and king known as Oduduwa (Onwumah et al., 2019; Karade, 2020). During his era, Oduduwa established the Yorùbán Empire, the Ile-Ife (the spiritual capital) which is believed to be the cradle of humankind and the sacred city of the indigenous people (Onwuma et al., 2019; Karade, 2020). The Yorùbá people take pride in having respect for their leaders, being culturally rich, and being deeply religious people (Onwumah et al., 2019).

Yorùbá religion is the belief in Olódùmarè (the Supreme Being), Orún, (creator of Heaven), and Ayé (Earth): the Órìshá s (spiritual deities), and Egún (ancestral spirits) (Babátúndé, 2017). According to Yorùbá religion, Olódùmarè creates the human body (Babátúndé, 2017). The Orí (the spiritual head/inner head) is one of three physical components of the body; the other two are the Ara (the human body) and the Èmí (the life-giving element) (Babátúndé, 2017). The Orí and Elédàá (Olódùmarè's silent presence which sits alongside of the Orí) are both tied to the Yorùbá social and spiritual practices (Babátúndé, 2017; Ramos, 2012). The Orí is regarded as a person's destiny and the essence of their personality (Babátúndé, 2017). The mind and body are often seen and treated together, so when rituals are being performed it is to heal the physical ailment and believed that the mental health and social relations will improve as well (Wedel, 2004).

Ifá

The fundamentals of the Yorùbá religion respect Olódùmarè, the Órìshás, and the interventions brought about from divination, prayer, offerings, sacrifice, and praise (Karade, 2020). In Yorùbá, the word Ifá can be translated to mean that which makes everything come together (Jedge, 2013). Ifá has played a role not only in Africa, but also in China, India, the

Middle East, and Europe (Curtis & Johnson, 2019; Jedge, 2013). Ifá is the one of the most dominant aspects of Yorùbá culture that accounts for both the written and oral philosophical knowledge of ethics, science, and metaphysics (Adekson, 2003). Ifá is also considered to be the cultural archive for the Yorùbá philosophy of life which is backed by interpretations of Yorùbá institutions and practices (Peel, 1990).

Ifá is the most elaborate African system of divination which consists of literary text called Odu (Jedge, 2013). The divination of Ifá is inspired by Orunmila (the Órìshá associated with wisdom and intelligence) and is used to answer questions, provide clarity, and to solve all problems (Jedge, 2013). Odu comprises of sixteen prophets that are believed to have existed when the earth was young, each containing verses for moral teachings (Karade, 2020). Odus are believed to govern all circumstances, actions, and situations (Jedge, 2013). Therefore, divination is an important aspect of Yorùbá religion (Karade, 2020).

Divination

The type of divination used differs based on each level of priesthood. Karade (2020) explained that a high priest uses ikin (palm nuts), opon- Ifá (divining board), and/or an opele (divining chain). Babaláwo are trained specialists who operate the Ifá system (Jedge, 2013). Other forms of divination exist but are different and separate from Ifá divination. Babaláwo, obá-oriatés, babalórìshás, iyaórìshás, olórìshás, and santerás/ós (ordained priest) use merindilogun (sixteen cowrie shells) obí abata (Nigerian kola nuts) or obí (coconuts) (Karade 2020: Ramos, 2012). (Karade 2020: Ramos, 2012). An Abórìshá (worshipper who partakes in Lukumí religion but is not ordained) can use obí abata or obí (Karade 2020: Ramos, 2012). The obí obata and obí system can be used to ask yes or no questions to the Órìshá, the ancestors, and the ori (Karade,

2020). Each system provides its own narratives, ways of healing, and rituals (Webel, 2004). The narratives may vary due to years of translations from one language to another.

Yorùbá Language

The Yorùbá people spoke a common language which was also called Yorùbá. Over time variations of the words have changed, depending on where the word is found, and where it is being used in the world (Onwumah, 2019). The language has managed to last for hundreds of years but due to the relocation of people through the slave trade many of the terms have different names (Onwumah, 2019). It is important to acknowledge that different variants of Yorùbá religion use terms that are from the original language and that there are terms that appear to be different but have a similar meaning. For example, a Yorùbá (Ifá) name, Haitian (Vodou) name, Brazil (Candomblé) name, Cuba (Lucumi/Santería) name, and English name for Órìshás, or deities may appear to be different (Karade, 2020, Thompson, 1984). Therefore, it is helpful for a person to learn who the Órìshás are and become familiar with the different words or text used in reference to them.

Órìshás

The term Órìshá is a combination of two Yorùbá words, Orí (the spiritual head/inner head) and Sha (divine consciousness) (Karade, 2020). One of the biggest similarities of all the variants of Yorùbá religion is Órìshá (Orichá/Orixá/Òrìsà) worship, which is maintained and passed down by the Yorùbá community and individuals who are practitioners (Carr, 2017). Murrell (2009) explained that based on the Yorùbá religion there are 401 servant spirits of God, who constitute the deities called the Órìshás. Each Órìshá is a sacred deity or considered a pantheon

in some practices, which embodies an important source of spiritual powers (Murrell, 2009). For example, Esu-Elegba, Obatala, Oshun, Ogun, Yemonja, Shango, Oya and others have special rituals, songs, chants, worship, foods, and objects they are related to (Karade, 2020; Wedel 2004).

The Órínhás are believed to have been human beings who had heroic lives before their deaths, however they are not infinite (Murrell, 2009). Practitioners or worshipers believe that a person's life and fate is tied to the Órínhás who govern certain aspects of their life (Murrell, 2009). The belief in Órínhá worship and the deities has remained alive by what is known as syncretism which means masking the Órínhás in parts of other religions or as patron saints (Karade, 2020). The masking of Órínhás depends on the location of practitioners and which religion the practitioners converted to. It may be helpful to explore how the variants of Yorùbá religion and Órínhá worship changed in different parts of the world. A brief overview of the differences of Órínhá worship in Brazil and Haiti will be provided, then a more in-depth series of details into the variants practiced in Cuba and the US will follow.

Candomblé

During the sixteenth century, an estimated 4.9 million slaves were brought to the Brazilian territory, from West Africa (Nigeria, Benin, and Togo) and from Angola, Mozambique, and Congo (Pagnocca et al., 2020). Slaves were set to work on plantations located in the northeastern part of the Portuguese colony, where many Brazilians speak Portuguese, which is the official language of Brazil (Markus, 2020). In Brazil, there are three religions that are categorized as Afro-Brazilian; these are Candomblé, Umbanda, and Ritual de Almas e Angola

(Pagnocca et al., 2020). The first temple of Candomblé was founded by slaves (Markus, 2020). Both Candomblé and Umbanda temples are places where practitioners seek religious guidance for spiritual, emotional, and mental needs (Markus, 2020). Practitioners of Candomblé embrace concepts that are associated with African cultural traditions to improve the population's quality of life, well-being, and health (Braga et al., 2018). Along with the use of herbal medicines and ancestor worship a main element with Candomblé is Órishá worship (Brage et al., 2018; Pagnocca et al., 2020).

Sometime later, practices of Umbanda developed, and it is still recognized as a form of Candomblé. However, the Umbanda views on the Órishá s are not the same according to West African, Yorùbá, and Candomblé (Markus, 2020). The Ritual de Almas e Angola is considered as a blend of Umbanda and Candomblé traditions (Pagnocca et al., 2020). Several African origin religions were adapted or changed because practitioners were faced with racism and prejudice (Pagnocca et al., 2020). In the 1880s, Catholicism became the official religion of Brazil and slaves were baptized and forced to practice Candomblé in secret (Markus, 2020). Many other Yorùbá-based religions are often syncretized with Islamic and Christian theology (Jegade, 2013). Umbanda is a Brazilian religion with an influence of African cultures, as well as Iberian and Amerindian cultures (Pagnocca et al., 2020). The Ritual de Almas e Angola is considered as a blend of Umbanda and Candomblé (Pagnocca et al., 2020). Afro-Brazilians continue to use practices of Órishá worship, and herbal medicine which is currently being compared to the use of biomedical models of treatment that have been ingrained into the health system in Brazil (Braga et al., 2018). Moving away from practices in Brazil, the following discussion will focus on Haiti.

Vodún

Some cultural and medical practices that are found in Haiti derived from Yorùbá and Congo tribes known as Vodún, other syncretic variants are Voodoo, Vodou, Vaudou, Hoodoo, and Haitian Vodou (Weber 2018). Vodún means “spirit,” “god,” “sacred object,” or “divinity” based on the terminology in Fon (Falen, 2016). Fon is the most widely used indigenous language in southern parts of Benin (Falen, 2016). Vodún practices include ancestor worship, honoring deities, and the use of divination (Falen, 2016). Slaves in Haiti were taught to speak French and were banned from practicing their religion (Curtis & Johnson, 2019). The syncretism of Christian or Catholic religion also caused Haiti practitioners of Yorùbá-based religions to practice in private (Curtis & Johnson, 2019).

In Vodún, one of the main Órìshás is Papa Legba (divine communicator/messenger) who is often associated with the forests, courtyards, and crossroads (Falen, 2016; Weber, 2018). Haitians and Afro Haitians terms for gods, deities, and spirits appear to derive from Yorùbá (Thompson, 1984). Variant words for Vodún’s main Órìshá are Esu (Yorùbá), Eleggua/Elegba (Lukumi/Santería), Exu (Candomblé), and Legba/Papa Legba (Vodou) (Karade, 2020; Thompson, 1984). This shows the changes in spelling based on the location and variant of Yorùbá religion being practiced. Practitioners of Vodou have combined several Órìshás, while other Órìshás have apparently disappeared or are not worshipped at all (Thompson, 1984). Vodún worship takes on a variety of differences based on the priest, practitioner, and depending on the deity being worshiped (Falen, 2016). Many of the traditional deities may be considered transparent while they often have a historical connection to Western and Southern parts of Africa (Falen, 2016).

Like indigenous practices in Africa, Afro-Haitian and Afro-Caribbean religions constitute practices that involve treating and preventing illness (Vonarx, 2011). Practitioners often complete rituals, and ceremonies at home, a family's home, or at a particular site where a shrine is kept (Landry, 2016; Vonarx, 2011). A shrine is a holy or sacred place where objects for prayer are placed (Landry, 2016). These spaces serve as a religious space for people to go for illness and misfortune (Vonarx, 2011). Illness management is an important part of Vodún (Vonarx, 2011). In efforts to understand the medical aspects and factors related to treating mental illness a few studies have been conducted in both Haiti and with Haitians in the US (Vonarx, 2011). An issue is that for centuries, African, Haitian, and Caribbean Vodún practitioners have endured some type of prejudices or erroneous form of being labeled by Westerns, Christians, and Europeans (Falen, 2016).

Haitian people immigrated to the US, especially to Mississippi, Georgia, and Louisiana (Curtis & Johnson, 2019). It was not until the Black Cultural revolution that Haitians and African American fought against Christianity (Curtis & Johnson, 2019). During this time, African Americans argued for African derived religions and Órishá-based religions, stating that they were not demonic but human traditions rooted within the community (Curtis & Johnson, 2019). While Cuba, continued to be the home of Órishá-based religions and worship, many religious affiliates in New York and Miami also became highly supportive of wanting to maintain their right to practice Yorùbá-based religions along with Haitians and African Americans in the US (Curtis & Johnson, 2019).

Lukumí

Between the 1511 and 1886, there were an estimated 9-15 million Africans forced into slavery in different parts of the world, with over one million taken to Cuba (Parks et al., 2014). When Africans arrived in Cuba, they spoke several different dialects including Yorùbá, Lukumí, Anagó, Akan, and Bantu, and they also brought several traditional symbolic artifacts (Parks et al., 2014). The Yorùbá language was used to communicate and perform rituals and religious traditions. However, many African slaves and devotees of Órìshá worship were forced to participate in Christian religious practices (Rodríguez-Plate, 2004). Other factors relating to the variants developed in Cuba is that most of the narratives of Yorùbá religion have been translated into Spanish.

Lukumí is one of the most dominant and from African-based religions rooted from African culture with reference to the Órìshás and not to the Catholic saints (Murrell, 2009). Lukumí is also the name for the religion used in the colonial areas of Cuba and later became known as an Afro-Latin or Afro-Cuba religion (Mena, 2000). The rituals of Lukumí have a strong presence in Cuba, yet several restrictions influenced practitioners to incorporate European concepts which led to a syncretism of the religion into Catholic saints (Mena, 2000). Lukumí later transformed into the *Regla de Ocha* or Santería (Parks et al., 2014). Lukumí has continued to be a variant of Yorùbá religion with a lineage of Órìshá worship, while Santería took a direction of its own.

Santería

While living in Cuba, slaves secretly worshiped their Gods and disguised the Órìshás as Catholic saints (Murphy, 1993). Several attempts were made to suppress the African diaspora

causing a blend of Óríshás with Catholic saints or “santos” (Pettis, 2011). The term Santería translates to mean “worship of saints” and is primarily practiced with ideological concepts from Catholic or Christian churches (Mena, 2000). Another way of looking at Santería is as a blending of Catholic beliefs and African spiritism (Ocampo Hoogasian & Gloria, 2015). Catholicism was exposed to African slaves and people who adopted Catholicism were exposed to Yorùbá, practices and Óríshás worship. The Spanish colonization in Cuba caused a separation between Cuban and African people in Cuba, which also resulted in people migrating to other parts of the world (Comas-Diaz, 2006). The migration of many practitioners from Yorùbá religion and Óríshás worship to the US, also allowed the original languages brought to Cuba by African slaves to be translated and interpreted in English for Americans, or for English-speaking people (Weber, 2004).

Botánicás

Another place that is known to reflect religious and indigenous practices related to the Óríshás, or pantheon of the saints are Botánicás (Murphy, 2015). Botánicás are often places where people of color or those who practice an African traditional or indigenous religion go to seek the necessary tools—roots, oils, candles, etc.—to complete the ritual or remedy recommended by a Babalawo, priest, or indigenous healer (Murphy, 2015). If an individual does not seek counsel from the Babalawo or priest, they may go to a Botánicá and ask the owner for a recommendation to solve their problem (Murphy, 2015). More than half of the customers who seek help at a Botánicá are African Americans and Latino/a/x Americans (Murphy, 2015). Depending on the background of the Botánicá owner, they may prescribe some form of traditional remedy which may involve a reading, prayer, or ritual (Murphy, 2015).

War and Migration

The Cuban Revolution (1959) caused many people to leave Cuba, dramatically growing Lukumí and Santería in Puerto Rico, and the US (Parks et al., 2014). The diversity of spiritual and religious traditions continued to expand (Parks et al., 2014). African and Latino/a/x people often disagreed with Catholic church on divorce, sex, abortion, homosexuality, or religions-based beliefs (Parks et al., 2014). There was a liberation from the Christian-based practices which allowed the practice of Santería to become slightly normalized (Murphy, 2006). These practices can be traced back to West African traditions (Pettis, 2011).

Foreign born Black people have changed the religious landscape in the US (Curtis & Johnson, 2019). The US is developing a religious landscape of religion importations as many foreign-born practitioners of Yorùbá traditions have physically moved across geographic borders and are presently shaping the future of African American culture and religion (Curtis & Johnson, 2019; Falen, 2016). African Americans have established separate churches, mosques, and other religious institutions, while others continue to practice Christian and Catholic religions (Curtis & Johnson, 2019). Catholicism became the most influential religion for Latino/a/x Americans, yet important aspects of indigenous and African-based religions continued to impact Latino/a/x culture (Parks et al., 2014). Religious, social, and cultural norms contribute to the way people view, and treat their health and illnesses (Ojelade, 2014).

Cultural Views and Differences

For many years American ethnocentric tendencies have led to the dismissal of the relevance and even the existence of African traditional religion, indigenous belief systems or

non-Christian spiritual traditions which are actively being practiced among various ethnic and indigenous groups living in the US (Baez & Hernandez, 2001). Practitioners of African traditional religion, indigenous belief systems or non-Christian spiritual traditions include people from various nationalities and socioeconomic backgrounds, which can bring about a variety of views (Baez & Hernandez, 2001). Some Westerners or people from European descent held negative views towards individuals who practice African traditional religions (Baez & Hernandez 2001). Some people view these individuals as low-class, “devil practitioners,” or members of a cult (Baez & Hernandez, 2001). Some individuals find it difficult to admit their involvement in African traditional religion, indigenous belief systems or non-Christian spiritual traditions because these practices have historically been associated with oppression and lower social classes (Baez & Hernandez, 2001). Many Africans and Caribbean immigrants continued to be stigmatized for practicing the religions based on Yorùbá practices (Murphy, 2006). They also experienced prejudices, poverty, and racism even once they moved to the US (Murphy, 2006; Pettis, 2011).

The context of Caribbean Blacks and African descendants is based on the country of origin and ethnic lineage of people from many Caribbean Islands and African countries (Mouzon & McLean, 2017). The increased immigration of people of African and Caribbean descent led to clusters of groups in New York, California, Florida, and the District of Columbia (Curtis & Johnson, 2019). People of African descent born in the US are generalized as African Americans, Caribbean Blacks or Blacks (Mouzon & McLean, 2017; Ojelade et al., 2011). The words African Americans or Blacks are also used to categorize foreign-born Caribbean Blacks and Africans living in the US (Mouzon & McLean, 2017). Due to the changes within the population of African Americans in the US it has become complicated to create a master list of African

Americans subgroups living in America (Mouzon & McLean, 2017). However, research suggests that most of the African American population share a distrust in the formal counseling process.

African Americans' Concerns and Challenges related to Counseling

In the African American community, there appears to be a higher level of trust in religious professionals than in mental health professionals (Kehoe, 2016). There continues to be a stigma in the African American communities, like in the Latino/a/x community, against reaching out for mental health services (Kehoe, 2016). Potential barriers to mental health treatment among African Americans include racism, cultural differences, cultural mistrust, failure to address cultural values and worldview of the African American clients (Ojelade et al., 2011). African Americans may rely on indigenous African religions, or spiritual practices in place of Western forms of counseling (Ojelade et al., 2011).

Latino/a/x Americans Concerns and Challenges related to Counseling

People of Hispanic or Latino/a/x ethnicities represent the second largest population of individuals residing in the US and African Americans ranked as the third largest population (Matthews et al., 2018). Latino/a/x describes the subgroups which consist of Mexicans, Cubans, Colombians, Puerto Ricans, Mexican Americans, and Cuban American, and conflates them into a single group of people (Comas-Diaz, 2006). With Latinos/as/xs constituting the fastest growing and largest ethnic group in the US (Comas-Diaz, 2006). People from Latino/a/x communities are experiencing emotional distress related to issues with political, racial, economic, and legal concerns (Comas-Diaz, 2006). Factors such as ethnic identity, immigration, discrimination, and

acculturation can also influence emotional and psychological issues among Latinos/as/xs (Comas-Diaz, 2006).

Members of Latino/a/x communities have been known to consult with spiritual healers or priests because of poor-quality medical care, disrespect, unfair treatment, poverty, and communication difficulties with traditional medical practitioners (Ocampo Hoogasian & Gloria, 2015). Lukumí, Santería, and other spiritual religions serve as healing and faith-based tradition systems for many Latino/a/x individuals (Ocampo Hoogasian & Gloria, 2015). The practice of Santería has become part of the natural practices for issues related to financial problems, legal issues, illness, health concerns and sickness (Wedel, 2004). The rituals, healing modalities, divination practices, and treatment for such concerns and causes are different from Western biomedical views (Wedel, 2004).

Influence of Western Ideas

Western European countries, such as Ireland, Germany, Britain, and France, directly impacted the history, migration patterns, political and social structure of the US (Del Pero et al., 2014). In addition, American culture was shaped in part by Western European influences developed during the Cold War (Del Pero et al., 2014). Of specific interest are the Western European forms of counseling and psychotherapy that took root in the US and now are in use around the globe (Bedi, 2018). Psychotherapy and mental health counseling are almost synonymous (Bedi, 2018). Psychotherapy was originally created for and by individuals from Western European descent to address mental health concerns (Bedi, 2018). Thus, the issue of whether counseling should be used in non-Western countries or in Western countries with racial and ethnic minorities has been identified as a contemporary concern (Bedi, 2018). Although the

effectiveness of using indigenous practices in counseling is being supported by the US, not all non-Western subgroups are equally recognizing these practices (Bedi, 2018).

Historically, within the mental health field, factors related to race and culture have been concerns for mental health professionals (Ojelade, 2011). More specifically, concerns of improper treatment, misdiagnosis, lack of engagement, and misunderstanding among African American populations and other people of color (Ojelade, 2011). It has also been noted that the effectiveness of mental health treatment may go against widely practiced indigenous forms of healing and treatments (Bedi, 2018). As a result, there does not appear to be evidence to support the effectiveness of integrating non-Western and Western approaches to mental health treatment within the counseling field (Bedi, 2018). There also continues to be a lack of collaboration between the indigenous priest and mental health professionals (Bedi, 2018).

People from traditional societies and cultures struggle with relating to counseling partly because the science-based practices used in treatment are so different from their understanding of help (Adekson, 2003). While many counselors may be working with traditional healers, or using a holistic therapeutic approach, there is a gap between mental health treatment and indigenous mental health practices (Bedi, 2018). Depending on the healing practices, complementary and alternative forms of medicine are used in and integrated into counseling (Corisini & Wedding, 2019; Shore et al., 2015; Whaley, 2019).

Traditional healing and medicine practices among indigenous cultures often provide care from a holistic approach (Shore et al., 2015). Individuals practicing Yorùbá, Native American or other Eastern traditions also use a holistic health system which provides them with a broader perspective that involves mind, body, and soul (Adekson, 2016). They are also being provided with culturally appropriate and suitable methods of treatment according to their traditional

practices (Adekson, 2016). Although practices such as meditation and yoga have become popular among counselors, many of these contemplative practices are from traditional Taoist, Hindu, and Buddhist practices (Corisini & Wedding, 2019). Contemplative practices are seen as a philosophy, discipline, or technique and are not seen as psychotherapy (Corisini & Wedding, 2019). An approach that encompasses the client's spiritual beliefs, cultural and world views when used in counseling can be found in person-centered/client center theory framework (Shore et al., 2015).

Client-centered or person-centered therapy has been considered a humanistic approach for treating people from all ages, education, and backgrounds in Central America, South African, Europe, Russia, and the US (Corisini & Wedding, 2019). Person-centered approach seeks to help clients face their difficulties, assimilate them, and find a purpose (Rogers, 2008). Clients can share details of their problems, in a setting that offers a positive therapeutic exchange and healing outcome (Rogers, 2008). Further, the person-centered approach does not typically rely on techniques-driven interventions, but rather relies on trusting clients to be experts on their own lives and to be self-motivated for personal growth.

Conceptual Framework

Carl Rogers (1979) recognized that life is an active process and that situations arise both in favorable and unfavorable types of environments. Rogers viewed people as being both optimistic and naïve individuals who often suffer from a multitude of problems (Corisini & Wedding, 2019). Roger's understanding of human beings is that they tend to respond to situations and experiences in similar ways (Corisini & Wedding, 2019). Rogers also considered the fact that each person has their own unique temperament, history of experiences, ability to

learn, and way of using these things in a counseling setting (Corisini & Wedding, 2019). Rogers noted that conditions that promoted personal growth could be found when conversations between a counselor and client, leader and group, teacher and student, and parent and child, took place allowing the person to develop and present their point of view (Rogers, 1979). However, the relationship and conversation with a counselor was to improve the likelihood that a client will change, grow, and openly express experiences without holding back on any forms of expression (Rogers, 1979).

According to Rogerian therapy, talking with a counselor produces change, so the counseling setting should be a space for clients to discuss things pertinent to their life (Velasquez & Montiel, 2018). This engagement is a dialogue which allows for a detailed cultural history, as well as general history of the patient, a report of symptoms some of which may be outlined in the Diagnostic Statistical Manual (DSM), cultural background, spiritual views, and personal religious history (Shore et al., 2015). For client's, talking can involve a deeper level of self-revelation and emotional self-disclosure (Velasquez & Montiel, 2018). Other questions, comments, and exchanges of information will often be provided by the counselor to open new areas of discussion (Velasquez & Montiel, 2018). During talking, new behaviors and emotions are discovered which aim to increase and build a relationship that will help clients learn more about themselves and their problems (Velasquez & Montiel, 2018).

Person-centered therapy can be seen as a process of self-revelation through talking, a way to provide meaning to pertinent things in a person's life, and of saying productive self-narratives (Velasquez & Montiel, 2018). This exchange of dialogue is done in sequences of conversations (Velasquez & Montiel, 2018). The frequency of when the counselor and client meet is also part of the process (Erekson et al., 2015). The frequency or number of meetings is considered

sessions that include a therapeutic contract based on goals, fees, scheduling, and interventions to address the clients' concerns (Erekson et al., 2015). Sessions are typically 50-minute weekly meetings used for talking, learning, tracking, and monitoring changes, and treating symptoms (Erekson et al., 2015). During this space is when clients use conversation to produce change, including both thoughts and actions, develop new behaviors, explore themselves and their problems, and reveal the emotional aspect of their lives (Velasquez & Montiel, 2018).

Process of Counseling

The process of client change, which is considered the goal of counseling and can refer to thoughts and actions of the client, depends on the goals of the client and the level of participation in open dialogue (Velasquez & Montiel, 2018). Change depends on if the client accepts responsibility for being in counseling, is present during the counseling process, and if they are willing to work on their issues (Rogers, 1980). Change can be found when a client is able to recognize their problems and manifest a new behavior and emotion about themselves and their problems (Velasquez & Montiel, 2018). The client activates this process by describing narratives about their experiences (Corisini & Wedding, 2019). When a client can allow the counseling process to help them work on their own solutions to their problem's other changes, steps, and decisions can be made (Rogers, 1980).

The success of the counseling process is influenced by the degree of understanding within the counseling relationship (Rogers, 1975). Components of the counseling process include planning, contracts, attending appointments and collaboration from both the client and counselor (Rogers, 1980). The client's level of personal desire to engage in a counseling relationship tends to reflect several pre-existing conditions (Rogers, 1980). Clients are often under a certain degree

of tension or stress (Rogers, 1980). A client's tension could be generated by an issue related to their own personal desires or from conflict in social and environmental demands (Rogers, 1980). The tension a client may experience can impact their ability to express their problems, to manage their stress levels, and to adequately cope with life (Rogers, 1980). If the client is to explore various issues and adjust to the counseling relationship it is helpful for them to perceive counseling as an opportunity to discover themselves (Rogers, 1975, 1980). Another major component to the counseling relationship is the level of empathy a client perceives from the counselor (Rogers, 1975).

Practitioners of person-centered theory understand that empathy promotes exploration and processing of emotions, as well as personality changes (Velasquez & Montiel, 2018). Empathy refers to the ability of the counselor to understand what the client is feeling, or experiences (Rogers, 2008; Rogers, 2012). Empathy is experienced by the client in a variety of ways and detected through the communication between the client and counselor, the level of clarity the counselor can provide and the level of awareness of the client's experience that the counselor is able to display (Rogers, 2008, 2012).

Clients can assess the level of empathy a counselor has for them very early in the counseling relationship (Rogers, 1975). In some cases, the perception of empathy and the quality of the relationship may increase over time, although this increase is not very likely (Rogers, 1975). Therefore, it is important that the counselor displays accurate empathy and forge a healthy working alliance with the client early in the relationship (Rogers, 1975).

The Counseling Relationship

The counseling relationship represents a social bond of mutual understanding that allows for relationship building, trust, and rapport to develop (Rogers, 2008). Another factor of the counseling relationship is for the client to be able to express themselves and feel a sense of non-judgement (Rogers, 2008). Rogers (2008) explained that the counseling relationship is unique, and that it is unlike a relationship between a student and teacher, physician and patient, or priest and follower. Counselors view the client as the expert on their own lives. Thus, it is a relationship that provides clients with the opportunity to gain insight into themselves and gives them the freedom and space to express their innermost feelings (Rogers, 2008).

The counselor and the client must both be willing to engage in a therapeutic conversation and through this conversation can create a relationship and open a dialogue about traditional healing practices and personal forms of care (Shore et al., 2015). However, if a strong relationship is not established then the client is not likely to engage in the collaborative nature of the relationship (Sackett & Lawson, 2016). The strength of the therapeutic bond, whether positive or negative, will affect the client through their work with the counselor and will contribute to the increase or decrease of symptoms (Erekson et al., 2015). The stability and development of the counseling relationship may lead to infrequent attendance from the client (Erekson et al., 2015). Also, if the counselor does not recognize that the client is struggling or suffering to create a relationship bond with them it can be somewhat impaired and possibly less effective (Erekson et al., 2015).

Effectiveness of Counseling

Yorùbá cultures and people as well as other indigenous religions use empathy, respect, compassion, and faith as a part of their healing process (Adekson, 2016). Because traditional, religious, and indigenous healers are the more popular choice for members of indigenous communities or people who practice African-based religions, it may cause a delay for them to seek counseling and/or cause problems because the services and relationships are so different (Burns & Tomita, 2015). Adekson (2016) stated that for counseling and healing to be effective, it is helpful for clients to share the same views, culture, understanding, and experiences when it relates to treating illness and disease. The concepts of wellness and dysfunction also contribute to the counseling experiences as well as the strategies of being able to seek help, cope, and recover from symptoms of mental illnesses (Moorehead et al., 2015). Indigenous healing practices are not like Western perspectives of counseling and psychotherapy when it comes to mental health, physical well-being, and spirituality (Yeh et al., 2004).

Indigenous and Western Perspectives

The approach of healing mental health issues may include working with a priest or with both a priest and Western trained therapist (Ojelade, 2011). Western psychological methods and the Western perspectives and catalog of disorders were introduced to the Yorùbá language at some point in time, so some parallel conditions exist (Ojelade, 2011). Priests may consider the problem instead of the classification of symptoms, although there are not many standard interventions or symptom indicators that are being used within this cultural framework (Ojelade, 2011). However, traditional healers and priests will refer patients to a Western doctor if their

traditional medicines are not effective or working in treating individuals with mental health disorders (Van der Watt et al., 2018).

Even if an indigenous person uses biomedical treatment, they may still attribute the effectiveness of it to the power of God or a deity, and rather than not the medication itself since the cause of symptoms may be perceived as spiritual, religions, or supernatural (Van de Watt et al., 2018). In some cases, indigenous people or practitioners of African-based religions, view signs of depression, anxiety, or psychotic episodes as the result of a supernatural force causing problems (Ojelade, 2011). Priests and practitioners may also consider sources outside the individual or because actions the individual has taken due to personal choices, as the source of mental health concerns (Ojelade, 2011). This set of beliefs has been known to be challenging for Western types of counseling, especially in the areas of diagnosing mental health disorders and addressing mental health concerns among people from indigenous practices (Ojelade, 2011). That is why it is often helpful for a client to understand the training of mental health professionals (Shore et al., 2015).

Mental Health Professionals

Perspectives related to indigenous practices and healing approaches often vary among mental health professionals. The field of mental health care includes a variety of types of mental health professionals including counselors, social workers, psychiatrists, and psychologists (O'Keefe et al., 2019). For the purposes of this study, mental health professionals are those individuals who hold graduate degrees in appropriate areas and who are trained to help people with psychological or behavioral problems that may stem from physical, or spiritual dimensions, which create a problem psychologically or behaviorally (Gladding & Newsome, 2018; Kaplan et

al., 2014). Mental health professionals are taught to focus on promoting mental health, reducing harm, identifying mental health problems, determining biological and psychological, social, and cultural factors related to mental health, and providing emotional support (Bhugra, 2016). Mental health professions assist a wide variety of clients with developmental and relational concerns (Kaplan et al., 2014).

Most mental health professionals are trained to work with individuals, families, groups, and communities in a variety of settings (Kaplan et al., 2014). Many mental health professionals work at government agencies, hospitals, schools, medical or public health facilities or in mental health and substance abuse settings (Gladding & Newsome, 2011). Mental health professionals are expected to acknowledge the variations of populations, the needs of the clients, and the setting of where the services are being provided (Bhugra, 2016). Their services should be accessible, comprehensive, flexible, and patient-oriented (Bhugra, 2016). In addition to the similarities across professional disciplines, each profession has its own standards for training, ethical practices, and licensing requirements (Mascari & Webber, 2013).

Training and Credentialing

A list of education credentialing and licensing is often used to identify a mental health professionals' level of education, and licenser (Gladding & Newsome, 2018). Most academic institutions design their curriculum to meet the licensing guidelines of state agencies to regulate credentials, especially certification and licensure (Gladding & Newsome, 2018). Each unique profession has an established national credentialing system that sets the standards for education and works with state regulations departments (Gladding & Newsome, 2018).

Most states have their own law that dictates the requirements for licensure to practice as a mental health professional (Gladding & Newsome, 2018). There are two-tier levels of licensure for counselors and social workers in most states. The first tier requires a standardization level of education, and an examination for licensure, while the highest tier requires another exam, and a set amount of work and supervision hours within the field (Gladding & Newsome, 2018). An example is in the state of Illinois for a counselor there is a licensed professional counselor (LPC) and a licensed clinical professional counselor (LCPC) (Gladding & Newsome, 2018). This is very similar to a social worker license in the state of Illinois, with a license in social work (LSW) and a licensed clinical social worker (LCSW) (Gladding & Newsome, 2018). This credentialing system defines licensing requirements based on the profession (Gladding & Newsome, 2018).

Counseling Competencies

In 1995, counselors and counselor educators got together to discuss the importance of spirituality in counseling and from this meeting a description of how spirituality is different from religion is provided (Cashwell & Watts, 2010). Spirituality involves the discovery of a meaningful event that deeply impacts a person while religion represents an organized set of beliefs shared by a group of people who usually engage in rituals and common practices (Reiner & Dobmeier, 2014). Spirituality and religion are not the same and the presence of spirituality does not infer the presence of religious faith in a person (Reiner & Dobmeier, 2014). Religion represents the organization of shared views by members or a common group of people including a set of rituals, practices, and beliefs (Reiner & Dobmeier, 2014). Counselors who recognize the need to respect the client's spiritual and/or religious perspective and exhibit this behavior can

facilitate greater understanding of the client's specific spiritual and religious systems (Reiner, & Dobmeier, 2014).

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) developed 14 competencies, related to the integration of these factors into the counseling relationship. These factors were divided into six sections: Culture and Worldview, Counselor Self-Awareness, Human and Spiritual Development, Communication, Assessment, and Diagnosis and Treatment (Cashwell & Watts, 2010). These competencies are there to support counselors providing services to clients from a variety of spiritual traditions and religions, by providing a framework within which counselors should approach these issues with clients (Cashwell & Watts, 2010). The discussion on the impact, need, and importance for counselors to become competent in providing services that are sensitive to spiritual and religious systems within the counseling process has grown (Cashwell & Watts, 2010). This topic has also brought attention to counseling interventions that address the importance of discussing race, ethnicity, and culture during the counseling process (Days-Vines et al., 2007).

Broaching

During the counseling process, when the subjects of culture, race, ethnicity, and culture are to be examined, this is referred to as broaching. (Days-Vines et al., 2007). Broaching can help reduce cultural and racial barriers for clients from underserved backgrounds or who are underrepresented in the counseling field (King & Borders, 2019). Broaching allows the counseling relationship to transform to a level of intimate exchange of information and invites the client and counselor to discuss sociopolitical factors that may be influencing the client's counseling concerns (Days-Vines et al., 2007).

The use of broaching is considered a skill, intervention, and part of competencies such as the Multicultural and Social Justice Counseling Competencies (King & Borders, 2019). Counselors who display advanced levels of broaching and a heightened level of racial and cultural awareness are likely to increase the possibility of building a trusting and open relationship with their clients (Day-Vines et al., 2007). When counselors acknowledge factors related to culture it is likely to improve client satisfaction, rapport building, counselor credibility, and client willingness to return for a follow up session (Days-Vines et al., 2007; King & Borders, 2019).

Clients exposed to broaching may perceive their counselors as having diverse perspectives on sociopolitical factors and the ways in which these affect individuals (Day-Vines et al., 2007). Sociopolitical factors include the influence of race and ethnicity, which may impact a client's counseling concerns, and may contribute to the client's presenting problem (Day-Vines et al., 2007). Counselors should try to remain attuned to their client's needs, avoid making assumptions or stereotypic statements about racial, ethnic, and cultural groups in sessions (King & Borders, 2019). Engaging in broaching behaviors, provides a consistent and ongoing attitude of openness and willingness to explore diversity in session (Day-Vines et al., 2007). It is suggested that broaching should be actively done in the first one to three counseling sessions (Kings & Borders, 2019). This early discussion of the unique identity of the client allows the counselor and client to share cultural and racial similarities and differences (Kings & Borders, 2019).

Lack of Completion

An estimated one third of adults who engage in counseling do not continue or return after the second session (Owens et al., 2012). Unilateral termination or dropping out of counseling is

extremely common among racial and ethnic minority clients (Owens et al., 2012). Dropout or unilateral termination means that a client has ended their counseling services without discussing termination with the mental health professional (Owens et al., 2012). Dropout may occur for a variety of reasons including to avoid assessments or due to having unhealthy or low-quality working relationships with their counselors (Owens et al., 2012). There does not appear to be evidence to support the effectiveness of integrating non-Western and Western approaches to mental health treatment within the counseling field (Bedi, 2018). Despite counselors being available to provide services for clients from diverse backgrounds, the fact remains that multiculturalism and spirituality remain overlooked in the counseling field (Ocampo Hoogasian & Gloria, 2015).

The literature on ways to create changes in mental health care programs lack evidence on how to design and implement a suitable way to significantly improve mental health counseling for members of indigenous communities (Deimling Johns et al., 2018). The lack of culturally appropriate psychiatric and counseling services has the potential to worsen mental health treatment among members of indigenous communities (Cianconi et al., 2019). Current evidence indicates that the success of mental health treatment outcomes depends on the training of the mental health professional, the use of culturally appropriate screening tools, and efforts to avoid cultural mistrust (Cianconi et al., 2019).

Research and Literature

The lack of understanding mental health care services for indigenous people partly stems from the differences in indigenous and non-indigenous traditions, which vary according to the degree of acculturation, cultural and religious values, language proficiency, history of

oppression, racism, discrimination, age, race, and current practices (Constantine et al., 2004; Gould et al., 2020). Research on indigenous people done by non-indigenous scholars has been viewed as exploitation and as a potential source of tension between the groups (Gould et al., 2020). This has created a need for researchers to use an approach that emphasizes relationship building between indigenous people and researchers (Gould et al., 2020). To successfully create relationships between researchers and indigenous people, methodologies that acknowledge the values of indigenous cultures are required (Gould et al., 2020). Only a limited number of relevant studies have utilized these types of methodologies.

Studies on specific ethnic minority groups often provide challenges as it relates to researching the utilization of traditional healing practices in combination with counseling (Moodley & Sutherland, 2010). For example, Parks et al. (2014) explained the history of Latino/a/x spiritual traditions based on Indigenous and African influences and the experiences of practitioners of Latino/a/x spiritual traditions who seek counseling. The participants' concerns related to counseling, the counseling relationship, and issues with counseling such as assessments, diagnostic tools, and theoretical approaches were described, and Parks et al. (2014) identified these as areas that need to be more comprehensively developed and customized for Latino/a/x clients. Parks et al. (2014) acknowledged that it is unlikely that practitioners of Latino/a/x spiritual traditions will disclose their religious beliefs during the counseling process. It also noted that it would be helpful for the counselor to be well informed on understanding this type of behavior, along with being able to detect that this may occur (Parks et al., 2014). The purpose of this article was to provide information and discuss why it is important for counselors to understand Latino/a/x spiritual beliefs, and to close the gap between Latino/a/x clients and counselors when they are collaborating, so that it does not continue to be difficult (Parks et al.,

2014). The author highlighted the continuing challenges faced by clients who use indigenous healing practices and engage in formal counseling relationships.

By investigating certain types of healing practices and healers it can allow the counseling field to address concerns in mental health treatment (Moodley & Sutherland, 2010). Studies on how traditional leaders, spiritual leaders and divination identify the cause of an individual to suffer or experience difficulties in several aspects of their life would highlight significant differences from counseling treatment (Parks et al., 2014). Ojelade et al. (2014) that explored the experiences of psychologists and their clients who sought help from Ifá priests. This study used a qualitative methodology with a phenomenological design to understand the experiences and worldviews of individuals from diverse populations (Ojelade et al., 2014). All the participants were of African ancestry and presented a variety of different religious backgrounds, four were initiated Óríshá priests, and 18 were individuals who had sought guidance from an Óríshá priest (Ojelade et al., 2014). The purpose of this study was to describe how Óríshá priest, and their clients' viewed concerns and issues described by Western psychology as mental health problems (Ojelade et al., 2014). Participants were interviewed, the interviews were transcribed, and analyzed using an eight-step codebook (Ojelade et al., 2014). As a result of the findings and in part of the discussion, the authors acknowledged that there continues to be a need for an understanding of the way Óríshá priest and their client's view the cause of mental health symptoms and how they view Western defined mental health problems, and for counselors to broaden the depth of their competency when working with diverse populations (Ojelade et al., 2014).

People from indigenous backgrounds have a higher rate of mental health challenges compared to general populations of people (Ansloos et al., 2019). Researchers, counselors, and

counseling educators are aware of this and have worked towards developing ways to improve cultural competency (Ansloos et al., 2019). Some studies have focused on suicide and substance abuse among individuals from indigenous populations while other forms of psychological distress also need a substantial amount of attention (Ansloos et al., 2019). O’Keefe et al. (2019) focused on the American Indian (AI) and Alaska Native (AN) populations living in the US. This article discussed factors related to the cultural assault, systemic oppression, historical trauma, discrimination, and how these factors impacted the well-being of AI/AN community members (O’Keefe et al., 2019). The article included information regarding how inequities and lack of resources are an issue in mental health treatment for the AI/AN communities. The purpose of the article was to advocate for the employment of indigenous community mental health professionals so that it could hopefully expand and improve the mental health services being provided to AI/AN communities (O’Keefe et al., 2019).

One of highlights of the article was that it provided statistical data on the number of indigenous mental health providers compared to white American mental health providers. This is important because it showed that there is a lack of role models for native students interested in working in the mental health field, there is a need for mental health professionals from AI/AN communities, and there is a lack of resources and research geared towards mental health services for AI/AN communities (O’Keefe et al., 2019). It also discussed the need for mental health professionals to improve the continuum of care and increase the understanding of the history, culture, community, and spirituality of indigenous communities to help maintain rapport and build communication during the counseling process (O’Keefe et al., 2019).

Research on ethnic minorities and mental health services has explored the cultural relevance of indigenous people from the perspectives of healing in counseling practices (Yeh et

al., 2004). The research goals play a dynamic role in increasing the quality of counseling services and in providing the appropriate care for ethnic groups of people (Yeh et al., 2004). People from ethnic backgrounds prefer to use their own individual form of healing methods which is drastically different from counseling (Yeh et al., 2004). Integrating traditional healing methods with counseling practices raise issues for both the members of traditional healing practices and the counseling field (Parks et al., 2014). The way mental health is conceptualized between traditional cultures and Western defined mental health problems creates a different interpretation of how mental illnesses are developed, categorized, and treated (Ojelade et al., 2014). By working together with respect to the cultural aspects of each system, which is important to both indigenous people and mental health professionals, it has the potential to demonstrate a healthy outcome for people who use traditional health methods and mental health care (O'Keefe et al., 2019).

Why This Study?

Elders, pastors, rabbis, gurus, priests, and ministers are recognized as religious professionals or faith leaders (Kehoe, 2016). Their training and education may vary, but generally they share a focus on sacred traditions, texts, doctrines, leadership, and nurturing spiritual growth in their congregants or with practitioners (Kehoe, 2016). An indigenous priest's role is to care for the spiritual life and the community members by engaging in a helping relationship but the overlap of treating mental health issues which may cause difficulties (Parks et al., 2014). In some cases, it may benefit a practitioner if an indigenous priest consults with a mental health professional and vice versa (Parks et al., 2014)

Millions of people currently practice West African-based belief systems and use indigenous healing methods to treat their mental health concerns (Baez & Hernandez, 2001; Bedi, 2018; Ojelade, 2014). In the US, African Americans have a history of using complementary and alternative medicine for their medical needs, as well (Whaley, 2019). Some of these methods are used by African American and Latino/a/x Americans in place of Western forms of mental health treatment. Within the mental health field, African Americans and Latino/a/x American have traditionally tended to be the most misinterpreted or misunderstood client populations (Ojelade et al., 2011). Unfortunately, one reason people do not seek counseling is the negative stigmas attached to utilizing mental health services (Chowdhury, 2016). Other concerns include doubts about the usefulness of counseling and issues related to the use of medications. Some individuals prefer to work with a general health professional or primary care doctor even when the illness is directly related to mental health (Chowdhury, 2016).

Traditional healing practices can be a significant factor related to counseling outcomes (Bedi, 2018). Exploring the pathway through which a client has received care from a traditional or religious healer prior to seeking mental health services from a professional practitioner may contribute to understanding how they view mental health services (Burns & Tomita, 2016). Conditions such as mood disorders, anxiety, depression, substance abuse, and psychotic disorders are viewed as diagnosable mental health conditions by Western practitioners, whereas indigenous people see the same conditions as spiritual (Ojelade, 2014). Other mental health concerns among indigenous people include heightened levels of posttraumatic stress disorder, maladaptive behaviors in youths, interpersonal violence, and suicide (Moorehead et al., 2015). Researchers and mental health practitioners working with indigenous populations have also collectively theorized that indigenous communities have experienced mass levels of trauma

passed down from their ancestors (Moorehead et al., 2015), which is often termed intergenerational trauma.

The unique and long history of interaction between indigenous communities and the interaction they have with European, American, and Canadians has been documented as an epidemic of social distress that impacts levels of psychiatric illness higher than other ethnoracial groups (Moorehead et al., 2015). Individuals with African American backgrounds have described Western socializations as having a negative impact on their psychological well-being, by having to identify with views that are not consistent with their own African culture and heritage (Ojelade, 2014). It is also concerning that the origin of Western-defined mental problems in African people and immigrants is attributed to these groups having adopted Western forms of socialization (Ojelade, 2014).

Studies have shown that indigenous people are often associated with having poorer and mental health in the US (Whaley, 2019). Research on the effectiveness of treating populations who practice African-based religions or indigenous healing practices within African Americans and Latino/a/x Americans communities is limited, which could be due to issues related to the population failing to return after the first counseling session, the presence stigma regarding mental health, existing cultural barriers in treatment, and the failure to address cultural views during the counseling exchange (Adekson, 2016; Ojelade et al., 2014). The goal of this study was to better understand the subjective experiences of individuals who practice Yorùbá religions and have also participated in formal counseling.

Summary

This chapter provided a review of the evolution of variety of religions, along with the suppression, discrimination, and racism faced by practitioners of a few religions that are based on Yorùbá traditions. This explanation included factors related to the political and social influences that have created negative stigmas among and about Yorùbá-based religions and Óríshá worship. Both indigenous healing practices and counseling practices were examined. Information on Western influences, person-centered approach, and mental health professionals were all discussed in detail. The reasons for choosing to construct this study were provided. The next chapter is an outline of methodology for the study, including how participants were solicited, interviewed, and analyzed.

CHAPTER 3

METHODOLOGY

Phenomenological inquiry involves concrete portrayals of the lived experiences of a particular population and their insightful reflections on those experiences (Van Manen, 2015). Interpretative phenomenology analysis (IPA) was used in this study to examine how people make sense of major life events or experiences (Alase, 2017). The exploration could bring awareness to the phenomena that may be profound and even trivial to both mental health professionals and individuals from diverse cultural backgrounds (Van Manen, 2015). The phenomenal is the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling

Research Question

What are the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling?

By exploring individuals who practice a Yorùbá religion and have engaged in counseling session with a mental health professional, this study sought to provide an understanding about the ways in which traditional practices are integrated with what is gained from counseling. This study used a qualitative methodology design to solely examine meaningful experiences from a former client's perspective (Sackett & Lawson, 2016).

Research Method

This study used interpretative phenomenological analysis (IPA) as the methodology. The goal for IPA is to explore how people make sense of personal experiences and their social world (Smith et al., 2009). This means that IPA allows people to actively engage in discussing the events and experiences in their lives (Pietkiewicz & Smith, 2012). To examine this process, IPA uses principles of phenomenology, hermeneutics, and idiography. (Pietkiewicz & Smith, 2012). Phenomenology is concerned with the way things appear to the individual experiencing an object or event (Pietkiewicz & Smith, 2012). The components of phenomenon are different in the sense that the object or event can be distinguishable from other objects or events (Pietkiewicz & Smith 2012). Hermeneutics means to interpret or comprehend a person's experience (Pietkiewicz & Smith, 2012). As an IPA researcher, I attempted to understand a person's experience by actively translating the interpretation of events or objects expressed by other people (Pietkiewicz, & Smith, 2012). Idiography is the principle that explores every single case before general statements are made (Pietkiewicz & Smith, 2012). IPA relies on this component to create an in-depth point of view of a person's perspective before grouping the general statements from all the population being studied (Pietkiewicz & Smith, 2012). This role was to examine each person, and then move on to the next person while creating narratives in between (Pietkiewicz & Smith, 2012).

Role of the Researcher

The role of the researcher was to investigate and interpret the research topic based on the "lived experience" of their participants (Alase, 2017). The researcher did not formulate a

hypothesis before conducting the researcher (Pietkiewicz & Smith, 2012). The researcher used an open approach to discover and make sense of their participants “-lived experience-” (Pietkiewicz & Smith, 2012). As an IPA researcher, I examined each participant’s experience to determine significant themes generated in the analysis, to exemplify the themes, and to summarize the different experiences (Pietkiewicz & Smith, 2012). For this study, I conducted interviews to collect verbal interpretations of information to translate into meanings (Pietkiewicz & Smith, 2012).

The main duty of IPA researcher was to engage in semi-structured, one-on-one, in-depth interviews with their participants (Pietkiewicz & Smith, 2012). After each interview was conducted, I engaged in bracketing to remove myself from the issues that I investigated (Alase, 2017). Bracketing consisted of the me allowing myself to speak or write about my own perception of the issues that I was investigating (Alase, 2017; Pietkiewicz & Smith, 2012). I wrote self-reflections or stories told by participants in a journal after each interview (Pietkiewicz & Smith, 2012).

Participants and Recruitment

I contacted elders or priests within a variety of African-based religions who practiced via email by sending them the script from email asking members Yorùbá practitioners for help with recruitment (Appendix A). I also posted this on my LinkedIn, and Facebook page. One participant contacted my student email address directly, all the other participants responded on Facebook. Any interested post on the social media page was deleted. Participants provided their email address via direct chat. All participants were sent an informed consent form (Appendix B) which listed the criteria for the study, information related to the benefits and purpose of the

study, contact information, and the incentive for participation. All of these forms are maintained on a password protected computer.

Criteria

All the participants self-identified as individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling. Practitioners of religions based on Yorùbá traditions included but were not limited to Ifá, Candomblé, Vodún, Lukumí, and Santería. Participants in the study were all ordained priest who partake in functions related to ceremonies and having been doing so for at least one year. Participants were all over 18 years of age or older. Participants in the study all completed two or more counseling sessions with a mental health professional. Exclusions from this study are individuals who have been hospitalized in a mental health faculty in the last 12 months or have been diagnosed with a severe mental health disorder.

Informed Consent

The purpose of this study along with potential benefits was provided on the informed consent form. The written informed consent form addressed contact information, email communications, video recordings, and benefits of the study. The informed consent form included information on the research, the research committee members, and contact information for the Internal Review Board (IRB) at Northern Illinois University (NIU). Participants were all provided a list of counseling resources and hotlines (Appendix C) for support.

Participants submitted an informed consent form which included the agreement to be video recorded. The informed consent form also explained that this was a two-phase study, one

was to complete an interview and the other was to review a summary of the interview via email and to submit a statement of approval. As part of the data collection process, after each interview was transcribed summaries were created. Summaries are discussed in the next chapter.

Interviews and Transcripts

A total of six participants completed one round of a live video interviews as the method to collect data (Pietkiewicz & Smith, 2012). Each participant was given code names to protect their identity. Participants did not have to provide any identifying information during the video recording. All interviews were conducted over Zoom which is a Health Insurance Portability and Accountability Act (HIPAA) compliant videoconferencing support system (HIPAA, 2021).

The interviews were scheduled for 45 minutes, and they all were completed within that timeframe. During the interview, participants were notified when the recordings started and ended. The recordings are stored with under a password protected account and managed by a cloud recording setting that prevents other hosts or account users from accessing the recordings (Zoom.us, 2021). I was the only person who had access to the recordings. The participants were asked a total of thirteen interview questions. A list of these questions can be found on the interview questions (Appendix D). Participants were allowed to withdraw from the study and/or end their interview at any time without recourse. After each interview, I debriefed with each participant to assess for any harm. This also allowed participants to provide feedback on their experience with the study.

I stored all the interviews on Zoom cloud storage. Once all the interviews were completed that were upload to a transcription service platform called scribie. I used this service because it had the option of completing the transcriptions using a computer software, and I was

able to select different language accents for accuracy purposes. No real person or staff member transcribed the transcripts from this transcription platform. Once the transcribed documents were sent to me, I deleted them from my account on scribe and they were permanently removed from the scribe database. I reviewed the transcripts while listening to the videos to correct the transcripts. I created summaries for all the interviews and send them to each participant. As I waited for participants to review the summaries sent to them, I started highlighting cluster statements, and quotations that would be used for the themes.

Follow-Up and Incentives

Each participant was sent a summary as word document attached to an email, and in the body of the email was the email for summary confirmation (Appendix E). This included instructions on how to approve the summaries. This information was also included on the informed consent form. All the participants returned a statement of approval. Once I received their statement of approval via email, I deleted their recorded videos on Zoom. Zoom permanently deletes these files from their database as well. This was the last phase of the study for participants. All six participants were sent an Amazon gift card for \$30 to the email address they provided, and an email incentive for completing the phases of research (Appendix F) was sent as a final thank you for participating in the study. After this was done, I started analyzing all the data.

Data Analysis

I used a data analysis process used to reflect the phenomenological method of this research study which included bracketing, grouping significant statements, and creating a written

transcription of the interviews verbatim (Alase, 2017). Hycner's (1999) data analysis method was used to analysis this phenomenological research study. Hycner (1999) steps are explained in five phases: bracketing, developing meaning, creating themes, validating information, and compositing a summary.

- Phase One: Bracketing was done first to help reduce any biases prior to conducting interviews for this study and again prior to creating themes from all the data collected. Bracketing is the activity done that I did that involved me documenting my preconceptions views (Miller et al., 2018). I did this by journaling, but other methods also consist of writing memos, or video recordings, as a way of reflection during creating themes phase (Miller et al., 2018). I journaled before and after each interview.
- Phase Two: This consisted of one interview which was scheduled for an estimated time of 45 minutes done via Zoom. The interviews were semi-structured to focus on the research questions (Miller et al., 2018). The answers provided by the participants were transcribed for the process of identifying themes (Miller et al., 2018). I read all the transcripts to develop units and other descriptive forms of interpretative meanings (Miller et al., 2018). Statements from each interview with similar meanings were separated into themes (Hycner, 1999). Since there was a total of six participants, themes had to be found among four or more participants to result in a theme used as part of the findings.
- Phase Three: Bracketing was done during this phase to remain true to the phenomenon (Groenewald, 2004; Hycner, 1999). I bracketed information related to each of them to help me develop and expand on each of them. Themes were clustered into groups and units of significant topics were identified (Hycner, 1999; Miller et al., 2018). I also utilized quotations from the transcriptions to provide a description of what participants

described during the interviews.

- Phase Four: Units from all the interviews were summarized and sent to the interviewees for review (Groenewald, 2004; Hycner, 1999). Interviewees were asked to submit their approval, changes, or updates to the information collected in 5 to 7 days upon receipt. Summaries were changed upon request. All six participants submitted a statement of approval.
- Phase Five: Once all four steps were done, I extracted themes from all the transcripts (Hycner, 1999). Themes that did not stand out or reflect the context the data collected were not included in final summary (Groenewald, 2004).

Trustworthiness

The true value of qualitative research or trustworthiness is based on how the study is conducted, the usefulness of the information and the integrity of the findings (Connelly, 2016). Trustworthiness refers to the level of confidence in data, the methods used to safeguard data, and the interpretation of the data collected (Connelly, 2016). To establish the trustworthiness of a study, credibility, transferability, dependability, and confirmability are used to measure the adequacy of qualitative work (Creswell, 2013). The protocols used to maintain each criterion of trustworthiness can be like other phenomenological studies but not like other qualitative designs (Connelly, 2016).

Credibility

Credibility is the truth or confidence in the findings of the study, this concept is somewhat like internal validity in quantitative research (Connelly, 2016). Credibility activities in

qualitative research techniques are bracketing, member checks, and peer debriefing (Amankwaa, 2016). I used journaling as my form of bracketing, which was done before and after conducting each interview to bring out thoughts and feelings that are surfaced. My journal is maintained on a computer file (Amankwaa, 2016). This form of bracketing promoted self-awareness, allowed me to be in the moment during the research process, and helped effectively set aside any past knowledge or beliefs (Shufutinsky, 2020). Along with bracketing, member checks were also used in this study.

Credibility can also be achieved by prolonged engagement with participants, research reflexivity and participant checks (Morrow, 2005). This process is called member check or validity check, which is done in efforts to make sure the essence of the interview has been captured correctly (Groenewald, 2004). A summary of the interview was sent to the interviewee for review. The interviewees were able to provide feedback and clarity, along with the approval of the data interpreted.

Transferability

Transferability is the extent to which the findings can be useful to people in other settings or in other situations (Connelly, 2016). Transferability techniques for qualitative research include thick description and journaling (Amankwaa, 2016). The objective of this activity is to be able to transfer the study's findings into another context. This study will use vivid statements, such as times, settings, and situations of the events being researched to provide enough description of the phenomenon (Amankwaa, 2016). That way the findings can be useful in other settings and other aspects of research (Connelly, 2016). By having rich details and descriptions of what is being studied it can provide information that can be statistically generalized (Connelly, 2016).

Transferability refers to the researcher's ability to generalize the findings (Morrow, 2005). This can be accomplished by providing an adequate amount of information. The interviews were transcribed to create a list of statements that describe a similar content or address core issues of the "lived experience" (Morrow, 2005). In this study, the statements were clustered into significant topics and summarized for review.

Dependability

Dependability refers to the stability of the data being like other phenomenon experiences over time (Connelly, 2016). Dependability deals with the research design, which is influenced by the data collection and analysis, themes, audits, models, analytic memos, process logs, and peer de-briefing (Connelly, 2016; Morrow, 2005). The methods for meeting the criteria for dependability was an audit (Amankwaa, 2016). The audit involved examining the product, reviewing the accuracy, and evaluating the findings to support the data (Amankwaa, 2016). The statements created during phase four of the data analyzing process was sent to interviewees for review. Once reviewed by the participants, I was able to modify then validate the responds (Groenewald, 2004). Both dependability and confirmability were done through using an audit since it can also be considered a member check (Creswell, 2013).

Confirmability

Confirmability is the degree in which the findings can be repeated or can remain consistent (Connelly, 2016). Confirmability describes the extent to which the data can be corroborated by the content of the interviews, rather than influenced by researcher bias (Morrow, 2005). Confirmability techniques such as triangulation, bracketing, member checks, and

journaling consist of steps taken from the first part of the study to the final project (Amankwaa, 2016). These steps are taken to ensure that the possible work findings are a result of the experiences and views of the participants (Shenton, 2004).

To determine the data is acceptable, I constructed a step-by-step process for collecting and gathering data. The phases in this study took the steps to develop meaning, cluster meanings into themes, summarize the information, and reported the findings which are examined by other peers, advisors, and colleagues in the field (Hycner, 1999: Shenton, 2004). This procedure was tracked during the study (Shenton, 2004). Future researchers will be able to repeat the same work by using the five steps of explication process described in this study, but the same results may not be gained (Hycner, 1999: Shenton, 2004).

Ethical Considerations

Permission to solicit participants on a Facebook page and other social media sites being used by variety of African-based religions communities was sought. Participation in this research study was voluntary and informed consent forms were provided to explain information pertaining to the research study. Participations had the right to stop or end participation at any time without recourse. Participants were given pseudonym names: interviews, transcripts, and emails are confidential. Steps were taken to avoid harm and maintain the dignity of the research participants (Bryman & Bell, 2015).

Summary

The research question was defined in this chapter, and the planned methodology was described. The role of the researcher was also explained. There is information provided on the

requirements were for participants and how the data was collected. The data collected was analyzed by Hycner's coding. The activities for establishing trustworthiness were provided. Potential limitations and ethical considerations were addressed. The next chapter discusses the findings of this study, which includes summaries from the transcripts and the eight themes that were created from the data analyzed.

CHAPTER 4

FINDINGS

The history of Yorùbá-based traditions can provide a brief look into years of African culture that has changed, adapted to political and social factors, and is still being practiced in a modern-day civilization. Indigenous African religions have been outlined to provide evidence of construction, labeling and speculative views of Yorùbá, Ifá, Candomblé, Vodún, Lukumí, and Santería (Enaikele & Adeleke, 2018). Each religious practice and spiritual-based system are unique based on the location, and language spoken by the natives. Oral and literary traditions are important as they preserve and transmit cultural, traditions, values, and beliefs systems across the world (Enaikele & Adeleke, 2018). The prevalence of people of African descent has grown along with many people of color who may wish to use indigenous healing methods (Ojelade, 2014).

African, African Americans, Latino/a/x, and Latino/a/x may seek help from an African healer, an indigenous healer, in conjunction with a mental health professional (Ojelade, 2014; Parks et al., 2014). The benefits of understanding indigenous healers, and individuals who have engaged in counseling are to recognize, and interpret issues related to Western psychology and counseling. In efforts to do so, the study explored the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling. Information collected from all the participants have been separated into two categories, demographic information, and summarizes of each interview. A review of the

research questions and interview questions will also be described, followed by the eight themes that are a result of the findings.

Review of Demographic Question

The first question is on demographic information related to the participants age, ethnic background, and religious association (Table 1). Participants were given code names after each interview. Interesting enough after the first interview the idea of using West African bird names was developed. Names were chosen based on the bird characteristics that appeared to be also the characteristic of the participants. Since this study is also on African culture the idea was utilized for coding each participant.

Table 1

Participant Demographics

West African Birds	Bird Description	Age	Ethnic Background	Religions Association	Level of Worship	Years of Practice
Crowned Crane	Crown, Majestic, Vibrant	32	African American	Ifá	Initiated Priest	3
Red-Crested Turaco	Indigenous, Active, Vocal	47	Mexican	Lukumí	Initiated Priest	30
Pied Hornbill	Beautiful, Colorful, Unique	53	African American	Lukumí	Initiated Priest	30
Sunbird	Glow, Warmth, Smart	44	African American	Lukumí	Initiated Priest	20
Egret	Smart, Energetic, Serious	52	Puerto Rican	Lukumí	Initiated Priest	20
Eagle	Strong, Powerful, Rare	44	Puerto Rican	Santería	Initiated Priest	20

Research Question

The research question for this study was, “what are the lived experiences of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling?” The interview questions asked how long the participant has been practicing the religion they are associated with. Participants were asked to share their experiences with using indigenous healing methods for mental health purposes. They were asked to explain if their experiences with using indigenous healing methods for mental health purposes were challenging or successful. They were prompted to discuss their decision to seek help from a professional counselor and asked to describe their perception of their counselor and their counseling relationship. They answered questions related to the discussion they had with their counselor regarding their religious practices. Participants were asked if they used any indigenous healing methods during the counseling process and were prompted to explain if there were any challenges or successes. They were encouraged to provide insight on their experience with counseling and were asked if they had a preference between indigenous healing methods or counseling. They were asked about the number of sessions they attended and if they terminated services what was the cause for ending services. The final question was if they wanted to share any thoughts about what could have been beneficial for them to improve their overall counseling experience. All these questions were asked during the interview process and transcribed. Each participant was provided with a summary of their interview for validity purposes.

Interview Summaries

More direct questions were in association with how long the participant has been practicing the religion they are associated with. Participants were asked to share their experiences with using indigenous healing methods for mental health purposes. They were asked to explain if their experiences with using indigenous healing methods for mental health purposes were challenging or successful. They were prompted to discuss their decision to seek help from a professional counselor and asked to describe their perception of their counselor and their counseling relationship. They answered questions related to the discussion they had with their counselor regarding their religious practices. Participants were asked if they used any indigenous healing methods during the counseling process, and to explain if there were any challenges or successes. They were also prompted to provide insight on their experience with counseling and were asked if they had a preference between indigenous healing methods or counseling. They were asked about the number of sessions they attended and if they terminated services what was the cause for ending services. The final question was if they wanted to share any thoughts about what could have been beneficial for them to improve their overall counseling experience.

Crane

Crane is identified as an African American initiated priest of Ifá who has been initiated for over 3 years. Crane's traditional and spiritual practices included feeding Ori with water (rogacion), prayers, and talking to the Órishá for mental health purposes. These methods were used to decrease feelings of anger, and stress, in essence to promote having a "clear head" and "to create peace." Crane explained that all these methods have been successful if they are

“proactively” being used. Crane talked about how things like communicating with elders were also helpful but having a reading part of the reason for seeking counseling.

Crane described their counselor as a “great listener, very competent, and respectful.” The counselor relationship was described as “great,” there was “the right amount of boundaries.” “I enjoy being at my counseling sessions and feel like great work is being done.” Crane admitted to openly sharing information about the tradition with their counselor. Crane’s discussions with their counselor appeared to be open and friendly for sharing information about daily traditional practices. Crane stated that Ifá practices were used during the counseling services and were successful. There was not a report of any challenges. Crane has completed about twenty counseling sessions and is still going. There was no preference between Ifá practices and counseling.

Crane explained that they have the support of their godparents, and members of the community, especially since a few of the community members are also identified as practitioners in the mental health field. Crane shared that would benefit the overall counseling experience was that it would be helpful if the counselor had a general idea of what Ifá consisted of (i.e., basic words), and a consideration for what people of color experience.

Turaco

Turaco identified as a person of Mexican descent and as an initiated priest of Lukumí for over twenty years but has been a worshipper for more than thirty years. Turaco expressed “by understanding what was said in itá,” addressed issues related to “self-esteem, anxiety and depression.” They also discussed other healing practices used for mental health purposes including rituals, head rogacions and cleanses. Using rituals and cleansing were seen as being

“successful for the most part.” The challenges were with modifying behaviors,” Turaco explained that an odu can provide warnings for harming oneself or others, issues with impulsive, or aggressive behaviors, but there are no ébbos or rituals that can be done for a person to prevent this from happening.” Turaco explained that it is important to complete indigenous rituals but not to rely on them, and to also explore the root of the problem as well. Turaco sought counseling because it was recommended in their itá. Counseling was not sought immediately for financial reasons. Turaco eventually went to counseling and expressed concerns about being misunderstood, and worried about whether the counselor would find their practices “a little odd or unusual.” When describing the counselor, Turaco stated that the counselor seemed to understand that there were issues related to trauma that needed to be addressed. The counselor was open to hearing more about Lukumí and spiritual practices during sessions. Sharing this information was often part of the discussion. This information was shared because “Lukumí is practiced every single day,” “Lukumí practices are part of everyday activities, the religion is not practiced on Sundays or holidays,” “so I needed to explain that I practiced Lukumí.”

Turaco reported that they were able to openly explain their beliefs and how these views were impacting their lives. The counselor was familiar with Santería. Divination was used during the counseling process to confirm that this was a healthy time and process for addressing trauma, leaving a toxic relationship, and working on negative feelings (stress). Turaco got head rogacions while engaging in counseling services. Using Lukumí practices while in counseling was successful. The preferences of using Lukumí and counseling depended on the mental health issue. Turaco stated that they went to four counseling sessions. There were two reasons why the counseling sessions ended, one because the sessions were limited by the number of sessions being provided, so there were not any long-term plans for sessions, and different views on

medication. So, they stopped, and continued to use Lukumí and other spiritual practices. As for ways to improve the overall counseling experience there were two components shared, one was that older people in the Lukumí tradition should understand the importance of mental health services and support people when they need counseling. And the other component was that counselors should do their research when working with a Lukumí practitioner, so they understand more about that person and what they are going through.

Hornbill

Hornbill identified as an African American and has been an initiated priest of Lukumí for twenty years and engaging in practices for close to thirty years. Hornbill discussed the use of divination, talking to the Orishás and doing ébbos as ways to help reduce stress, manage emotional distress due to repeated experiences with racism, improve financial stability, and reduce feelings of loneliness. As a result of using Lukumi practices for mental health purposes, “it has helped me psychologically...I didn’t feel like I was alone.” Some of the challenges mentioned with using divination and ébbos was because there is an unrealistic expectation of wanting instant gratification, that when an ébbo is done that a person often wants it to work “overnight.” There were not any reported challenges of being in counseling.

Hornbill explained that because of a medical issue that impacted the hormonal system has caused a chemical imbalance associated with depression. Hornbill mentioned that another reason for attending counseling was due to emotional distress while in school completing a master’s program. Hornbill stated that because where they were living during the time of their master’s program, that there was not a Lukumí community in the area, so “going to counseling was the next best thing.” Hornbill admitted to discussing information related to Lukumí practices and

along with other background information during counseling. Although, the counselor was not familiar with Lukumí practices during the counseling sessions “fortunately, for me being a Lukumí a practitioner, I don’t think it impacted how the clinician viewed me as a person they still just viewed me as a regular patient, I don’t think it influenced how they dealt with me or whatever modality they were going to use with me.” There were not any challenges with using Lukumí practices while in counseling, both “work in tandem.” Hornbill expressed thoughts about how important working on mental health and spiritual health is part of being in alignment “they’re both tools.” So there was not a preference in Lukumí and mental health practices it was more about “the role that each one of them plays,” Counseling was used for “immediate gratifications or if something is coming up and I need to talk it through,” but if there is “something that’s a little more complicated where you can see the spiritual aspects and how things maybe are not quite right...then I will go to my spiritual practice.”

The counselor and the counseling relationship was described as “very interesting,” the counselor was “fantastic,” and the sessions were “comfortable.” The counselor was from a different ethnic and religious background but displayed a great sense of spiritual understanding and spiritual beliefs on a personal level. During sessions, the conversations were well balanced, helpful, and provided outcomes that were necessarily and satisfying.

Hornbill stated that they were engaged in counseling “off and on since 1992,” but this ended, then they returned in 2013 for weekly individual sessions for grief and loss, until 2018. Hornbill relocated to another state, phone sessions and video sessions continued after the move, but insurance wouldn’t pay for out of state counseling services. No areas of improvement were identified, because the counselor was “very entrenched in his spiritual beliefs,” the counseling experience appeared to be good, along with moments of conflict resolution and healthy treatment

outcomes. There was no information shared about how to improve the overall counseling experience.

Egret

Egret identified as a person of Puerto Rican and as an initiated priest of Lukumí who has been practicing the religion for over 20 years. “Lukumí is ingrained in who I am as a human being. Do I use it for mental health? Yes.” “Because as a priest, we’re taught certain ways of behaving, of ways to modify our behaviors.” Egret explained when they were a young adult, they displayed negative behavioral patterns which impacted relationships with their family. Egret expressed that prior to becoming a priest, they were the “black sheep of the family,” so changing their behaviors was important because there is a certain level of expectations that comes with being a priest. Being a role model, or a person with “good character” becomes important to them. Egret worked on being a different type of person and reduced engaging in habits that would be considered disrespectful, or inappropriate. Egret admitted to sitting with the elders, sitting with their Orishás, studying odus (described as secret oracles), and using divination as methods for developing a sense of how to improve thinking patterns, redirecting energy, increasing feelings of positivity, and reducing anger.

Egret sought therapy due to stress related issues from work, to consider why they were allowing stress into their life, and to learn ways to decompress. Also, because, “I went for a reading, and I was told I needed to take better care of myself.” Egret described their counselor as a “great listener,” and “patient.” Egret admitted that the relationship was very professional, and that information related to Lukumí was exchanged both during the intake process and during the counseling sessions. Egret stated that although the counselor was not a Lukumí practitioner, the

counselor was familiar with it. Using Lukumí practices during the counseling experience was not challenging. However, while in counseling, “I had to give myself the space to take a step back and be honest with myself, and that’s not always easy.” “I know for me, it’s difficult to admit vulnerability.” Both the use of divination and counseling were described as resources that are available for people to use, so there was not a preference in the Lukumí practices or counseling.

Egret reported that they engaged in individual sessions each week for three to four months, so an estimated six to eight counseling sessions were completed. “I ended it cause, I thought I was getting better,” “personally I was ready to go.” One thing that would have improved the overall experience was to have a support group, and to know that other people were also engaging in counseling as well.

Sunbird

Sunbird identified as an African American, and initiated priest of the Lukumí tradition. Sunbird has been practicing for 20 years and has been initiated for 15 years. Sunbird discussed how learning and developing a relationship with their ancestors, spirit guides, and Orishá was a contributing factor related to discovering the relationship with themselves, and their own mental health needs. Because of this relationship there have been prayers, rituals, and the practice of journaling used for mental health purposes. Sunbird mentioned concerns with mental health mainly in the areas of trauma, and post-traumatic stress disorder (PTSD). However, these concerns were discovered as part of the verbal exchange of information provided to their counselor during individual counseling sessions. Sunbird had a reading and was advised to go to therapy for a few months.

Sunbird stated that one of the challenges with using Lukumí “has been developing my own relationship with the Orishás.” The success has been knowing which Orishá to go to and for what purposes.” “I don’t think anybody told me that.” Sunbird described having a conversation with the Orishá led to feelings of being heard, and being guided, as successful practices to promote mental and spiritual stability.

Sunbird reflected on the issues with relationships with people, and to seek to explore potential changes in behaviors related to interactions and feelings towards others. The current situation that was an issue with being the last counseling session was cancelled. “Other than that, I think she (counselor) is dope. She reads me well.” Sunbird explained that the interventions being used in therapy were compatible for them, and that they felt the counseling environment was safe and worth being in. Sunbird expressed that they were being provided affirmations and guided with “making good decisions.” The counselor was described as someone who is honest, open minded, and provided great reflections. The information on Lukumí practices has been discussed in sessions, but not in detail. Since the counselor is not part of the Lukumí community, they do not have much understanding of it, but the counselor did state that they were willing to learn about it more in sessions and claimed that they would do their own research.

Sunbird continues to use both Lukumí practices and counseling interventions at the same time. Most of the Lukumí practices were done at home or outside of the counseling sessions, but the counseling strategies are seen as something very important. Sunbird has been engaging in individual counseling sessions for the past two months and recalled completing an estimated six or seven sessions. “I feel like right now I am getting what I need.” Sunbird expressed concerns about the fact that mental health is not talked about in the Lukumí tradition. That it may help to

increase the conversations related to mental health more specifically among people who practice African-based traditions and from African American descent.

Eagle

Eagle identified as a person of Puerto Rican descent and is an initiated priest of Santería who has been practicing the tradition for almost 20 years. Eagle expressed that they have been a part of different kinds of rituals and ceremonies to promote wellness. Eagle has personally engaged in praying, having rogacions, receiving readings, cleansings, using spiritual baths and meditating. Eagle admitted these methods can be “used to help calm energies, in the mind or in our brains.” Eagle explained that these methods were often used to reduce symptoms related to depression, anxiety, trauma, post-traumatic stress disorder (PTSD), grief and stress. Eagle explained that a combination of Santería practices and interventions such as getting a reading and using positive thinking or positive self-talk also helps improve focus and create ways to achieve personal goals. These methods appeared to be successful, especially the ones that are done or prepared by an elder, (e.g., rogacions, spiritual baths) because it allows for interaction and conversations with that elder regarding the situation.

Eagle reflected on experiences related to trauma, grief, and depression during young adulthood and sought counseling. Eagle reported that most of their counseling experiences with “middle aged white men, who were probably very good with their jobs,” “but the connection with that person and being able to identify with them, became challenging.” Eagle did engage in counseling sessions with a woman of color. Information related to Santería was discussed in counseling especially when working with a woman of color which did not go very well. Because of this experience the likelihood of sharing information related to Santería may not be shared

unless it could be part of the mental health issue. Currently, Eagle's preferred method of choice for dealing with mental health concerns are Santería practices. "Right now, religion is what I would lean more towards religious practices or religious methods to deal with my mental health." "I do feel that they (Santería practices and counseling) do work and can complement one another."

For the last counseling experience, and while working with the woman of color, there may have only been five sessions, but in total over a life span two dozen sessions have been completed. Issues with not feeling a connection/comfortable, to being exposed to religious biases, and due to lack of resources are all listed as reasons for ending services. Eagle admitted that being more selective on who their next counselor is before going into another counseling relationship would probably be more helpful and so will working with counselors who are people of color. Counselors who understand diversity and culture would be effective and beneficial, in efforts to improve the overall counseling experience.

Themes

There were eight themes found which are the difference in ideology compared to other religions, indigenous healing methods providing advice for counseling, use of indigenous healing methods for mental health, views of counseling and preferences, concerns with spiritual and religions practices, views of counselors and/or counseling relationship, understanding the counseling process, and social and community factors. Themes had to be meanings that were identified among four out of the six participants to be considered. Meanings were words, phrases, statements, sentences, and ideas that are condensations of what participants said during the interviews (Hycner, 1985). As a result of the data collected, general units of meanings that

were found among four or more of the participants interviewed were clustered into themes. A brief explanation of each theme is provided along with quotes from participants to provide context to their views.

Theme 1: Difference in Ideology Compared to other Religions

Philosophical ideologies and religions that disagree with spirituality appear to be its own phenomena (Kira et al., 2021). During the interviews it was evident that specific religions ideologies are different in the beliefs of sacred or higher powers, religions, and spiritual orientation, and in core components associated with psychological constructs (Kira et al., 2021). What is defined and accepted based on the practices, and churches or religious organizations can be confusing and vague (Harris et al., 2018). Four major patterns that appear when referring to religiousness are beliefs, practices, God, or high power, and how the organization is structured (Harris et al., 2018). If a counselor does not understand what constitutes a religious or spiritual practice, they may conceptualize their clients differently (Harris et al., 2018). This can be an issue with providing care for clients who come from a non-Western background (Harris et al., 2018).

Hornbill explained that “because we use divination, instead of what is in Westernized religions, particularly Christianity, where the ideology is you pray and you wait, and be of good service. We don’t have to do that. We can take a more active role in determining our destiny, in getting answers to questions and handling difficult situations through divination. I think that’s what makes Lukumí practices unique in dealing with mental health issues. The Orishás really lay it out for you, this is your divine assignment, and the more you resist your divine assignment and try to implement your own ideology, that’s where you run into struggles, that’s where you run

into barriers.” Turaco followed up with the statement “I have access to my spirituality 24/7, not in a way that maybe a Catholic person, they have to go to church, or to a pastor or someone, or they have to go far, but for Lukumí practitioners we have a lot of these things that are spiritual, we have at home or a temple.” Egret went on to discuss how Lukumí practices are followed daily, and how much time it takes to learn the practices, “I am not like one of these weekend people. Where I only go to church on Sunday, no, this is truly part of my life. I study a lot. I actively study our things and the more I study the more I know. It’s been a good 10 years and I still use my notes (for divinations, prayers, and odus).” Sunbird really took this concept and addressed the concerns regarding integrating religions ideology, “one of the things that I’m very concerned about is when we think about a lot of people of African descents who have come out of Christian churches and Christian homes where you don’t go see a therapist, cause that is what some folks do, and so I’m concerned that we sometimes take those same principles and bring them into Lukumí and bring them into African-based spiritual traditions, as if they are just now practicing an African traditional that it’s going to be different.”

Many people construct their reality based on their success and failures in life (Enaikele & Adeleke, 2018). While others, consider what is their destiny which accounts for situations associated with birth, health, success, failures, social position/status (Enaikele & Adeleke, 2018). A person’s destiny serves as a guide for their existence and provides an individual guideline that takes humans beyond the physical realm of being and into a supernatural, cosmic form of life (Enaikele & Adeleke, 2018). The use of an itá, divination, odus, readings, and prayers esoteric and cosmic forms of worship (Karade, 2020). This was expressed as part of the difference between Yorúbá-based religions, Christianity, and Catholicism.

Theme 2: Indigenous Healing Methods Advice for Counseling

All the participants mentioned that they sought counseling because of their itá or reading. Since all the participants in this study were initiated, they have all had an itá which would have provided them with specific odus. The practices of providing an itá, divination, odus, ebbós and rogacions are often done by babaláwos and obá-oriatés (Brown, 2003). Babaláwos and obá-oriatés are considered diviners when they perform an itá and divinations (Adekson, 2016; Brown, 2003). A diviner is seen as one who predicts and tells a person about their problems before they emerge, and relies on messages to unravel the problem, and prescribes rituals and offerings indicated through divination (Adekson, 2016).

Practitioners of African-based religions may receive a reading before and after their initiation but are often encouraged to consider the odus from their itá. Readings after an itá may also remind practitioners of past, present and current factors related to their mental and spiritual needs. The odus that is provided from an itá will sometimes specifically discuss topics related to mental and behavioral health needs (Wedel, 2004). One of the common reasons for a priest or person to seek divination is because of an illness (Weber, 2004). In which case, most of the participants reported that they sought help or mental health services because of their itá, a reading, or divination.

Crane explained that “if something is constantly coming up in a reading like, “hey you’re doing fine, but I see that there is something that you’re not dealing with. Like I say, getting the readings, it helped push me to that edge of tethering of where I was going to go (in relation to seeking mental health services).” Having an itá or a reading is not only important to have but also important to understand. Turaco discussed this with their statement “understanding your itá

from initiation can be used to create your own goals when it comes to healing and to see what the issues are being talked about in your itá, how that has an impact and what you know about your mental health. I use my itá from my initiation, the divination of what was provided to me during the initiation to start my journey and really discover what were the flaws and errors.” Egret described what was stated in their reading, “it came out in divination, hey, you’re going through some stuff, you need to work on it.” Having more than one reading often provides support but it still takes time and effort for things to happen. Hornbill went on to detail this, “there are various kinds of divination of the Lukumí system. I had to go to my Orishás ...and if I followed the prescription of that Orishá I would get through. Keeping in mind that divination isn’t a magic bullet, Orishá are not going to wave a magic wand and things are just going to fall into place the way you think they’re supposed to, it’s going to fall into place in accordance and in alignment to your destiny, and according to what you’re supposed to be and what your work is supposed to be in this life.”

The importance of the information varies from person to person, and it can take several readings and for a person to experience different things in their lives before they listen to the advice. Since itá s and readings are conducted by a diviner, counselors are less likely to know these things exist. The practices of initiation, divinations, itás, and readings could be generalized and seen as a standard form of support and specific information related to anyone who practices.

Theme 3: Use of Indigenous Healing Methods of Mental Health

All the participants admitted using an indigenous healing practices for mental health purposes. They also used these practices during their counseling experiences and found the methods to be successful. Two of the most common practices discussed among participants were

the use of ebbós, and rogacions. Odus may also prescribe an ébbo cleansing or ritual that the practitioner may use to help them with their mental health needs. Rogacions are done to heal mental health problems by reducing nervousness, promoting calmness, and peace, to healing body illness, reducing negative energy such as fighting or arguing, and increasing communication and social interaction with others (Wedel, 2004). Participants reported using rogacions, ebbós, and other rituals to improve their mental health.

Crane admitted “I do a lot of feedings to Orí and one of the tools is that I keep the cool water near me. I am very quick to put some water on my head, to cool it down.” Turaco went on to explain, “I can do a cleansing, I can do a head rogacion, it was indicated in divination that I need to figure out what the issues related to certain family relationships are, and I can probably do some sort of rituals to appease those aspects in my life.” Hornbill stated that during a stressful time, “I had to have divination done, I had to do tons of divination, I had to do tons of ebbós to get through that process.” Eagle also described similar practices, “there are regimens in my religion, I do about four to five times a year (rogacions) and when I will do certain kinds of ceremonies and practices to address my mental state, it helps, it’s a way to just kind of center myself spiritually.”

The use of indigenous practices is often described as different in comparison to other Western religious practices. Participants indicated their indigenous methods for mental health symptoms were perceived as being effective (Van der Watt et al., 2018). Doctors, psychiatrists, nurses, and counselors may reject rogacions, or ébbos as effective types of treatment and administer biomedical types of treatment based on the mental illness (Van der Watt et al., 2018). Here lies a possibility of issues among stigmas against indigenous practices and issues with

counseling methods because of differences in options on what is being used and what is seen as effective.

Theme 4: Views of Counseling and Preferences

Yorùbá culture intertwines spirituality with mental health (Adekson, 2016). All participants are from indigenous ethnic backgrounds and practice a form of Yorùbá culture. Each one of the participants expressed that Yorùbá practices and the Orishás support mental health as a religious and cultural institution, and from an individual perspective. It is evident that mixing religious, spiritual, and supernatural approaches and some Western-based forms of treatment was preferred (Adekson, 2016). By integrating elements of traditional healing into counseling offered similarities and differences (Adekson, 2016). Participants were both priests and clients who described how their religious practices and counseling methods equally serve a purpose in treating mental health problems (Ojelade, 2014).

Crane expressed “sometimes I feel that the Orishás are pushing you to look deeper, and if that comes through the process of mental health. The tradition is big on psychology and how you think and exercise that, so using that in conjunction with the practical methods, with someone that is a trained counselor or psychologist is bringing to the table, it only helps...I think they’re both very complimentary.” Turaco verbalized their experience, “I was told to get head rogacions, and to talk to them (Orishás) but at the end of the day, if I do all those rituals, but I don’t confront myself and why I have those issues, I will never go anywhere in life, so it’s (counseling) important.” Hornbill provided more insight “while you’re working on the spiritual piece in the Lukumí tradition, you are working on your psychological and mental piece while you’re in counseling, and those two things, I think they balance each out because once your

spiritual self is in alignment in what you're supposed to do, the mental thing starts to follow into place, they're both tools." Again, because the indigenous practices are so frequently done, Egret commented "as a (Lukumí) practitioner, I get so ingrained in our religious traditions that sometimes I forget, there's still resources out there that have nothing to do with the religion. And it's totally okay because they work." The support of mental health was also found with Sunbird who admitted that "therapy is a tool to support you and bring out your best self, like the Orishás they are spiritual tools to support us at being our best selves." Eagle summarized the thoughts about counseling with this statement, "I do believe that therapy, either psychotherapy or talk therapy, whichever those things are effective. Looking at the two practices, either through religion or through clinical professional means, I do believe that there is a place for both."

Overall, there is a healthy perspective of mental health counseling among all the participants. Integrating indigenous healing practices and counseling is believed to be beneficial for individuals with a mental illness (Yeh et al., 2004). Indigenous healing refers to helping beliefs and practices that are holistic and provide a variety of concepts of mental health, physical well-being, and spirituality are seen as being culturally appropriate healing approaches (Yeh et al., 2004).

Theme 5: Concern with Spiritual and Religions Practices

Two areas of concerns were the how religions practices have or may be perceived and regarding how spiritual practices have or may be considered abnormal or part of mental health diagnosis. Beliefs in Yorùbá concepts have been labelled as bad, a devil fetish, being evil and/or consisting of evil entities (Mena, 2000). Although practitioners have fought against such views the influences in churches, and in research has denied the acceptance of many forms of West

African religions and the syncretism of the religious factors (Mena, 2000). Yorùbá rituals include sacred drums, masked performances for ancestors, ceremonies, confirmatory rituals, divination, giving and receiving narratives from the Órìshás, and individual performances (Brown, 2003; Drewal, 1992).

Different cultures view illness as something caused by spirits, energy imbalances, sin, weaknesses, viruses, physical and spiritual factors, or the environment (Cope, 2010). There is a spectrum of beliefs among indigenous and spiritual practices that significances spiritual views, and aspects that may not be consciously or unconsciously understood and could be seen as a mental health issue or in need of a mental health interventions based off the expectations of Western American expectations of behaviors (Baez & Hernandez, 2001). Talking to the ancestors, Órìshás, and spirit guides, along with having a reading and dream interpretations may or may not seem to be normal things to admit and/or discuss in a counseling setting. Several of the participants expressed concerns about their religious practices and/or spiritual beliefs.

Turaco admitted to saying this to their counselor, “at some point I was like...my spirits came to me, in my dreams told me that my (spouse) was doing all these things I’m telling you the truth that I didn’t make that up, I went and looked around...my unconscious mind was telling me to look for things. So that is normal for us or most of us to have a spirit message and then that’s what guides us through certain drama, or a certain traumatic experience.” Egret also expressed concerns about how others may view indigenous practitioners, “because you have those people that are waiting for the ‘aha moment’ to say, I told you they were no good, I told you that was witchcraft, that was devil worshipping.” Sunbird openly discussed thoughts about their practices, “my Orishás, my ancestors, and spirit guides, saved my life, and continue to save my life. I had a whole conversation with Obatala and Oshun the other day.” I trust that they hear

me, and they give me answers. I believe that the Orishá, our ancestors and spirit guides work through people.” Concerns about verbalizing or admitting to such behaviors were not always discussed during counseling sessions, because of how they can be misinterpreted. Eagle gave an example of what they explained to their counseling, “as part of my initiation, I had to wear white for a year and seven days.” “I started to explain (to the counselor) why I was white and that I could not shake her hand and things of that nature.” As a result of explaining Santería, Eagle felt that their counselor projected a negative bias towards them which impacted the counseling relationship.

Information and concerns regarding communicating with the Órishá, religious and spiritual practices, negative views of the religion itself and/or practices, along with working with spirit guides were all mentioned. These aspects are common among practitioners but could be seen as an issue for counselors. Some of this dialogue was shared during a counseling session, while the other information was shared in the interview process of this study. Religious and cultural biases that affect the counseling relationship are usually experienced during direct communication and during the counseling process (Yeh et al., 2004).

Theme 6: View of Counselors and/or Counseling Relationship

Everyone had their own view of their counselor, but not all their views were the same. Since most of the participants did not have a similar view of their counseling relationship that did not become a theme by itself. Effective counseling, healing, and change occurs when a client can share dialogue (Rogers, 2008). When counselors create a space for conversation, expand on the conversation, and reflect on positions related to the clients’ problems it helps clients go deeper into emotional discourse and increases self-revelations (Velasquez & Montiel, 2018). Counselors

who can effectively address the relationship dynamics, explore their client perception of them as counselors, and have empathic interactions while working with diverse clients (Matthews et al., 2018). Lack of broaching, cultural competency and awareness of power privilege, oppression may cause damage to the counseling relationships that result in issues with racial microaggression, stereotyping, or limited focus on conceptualizing the needs of the client (Matthews et al., 2018; Day-Vines et al., 2007). The acknowledgement of cultural factors during the counseling process improves the client's depth of disclosure, and willingness to return for follow up sessions (Day-Vines et al., 2007). When counselors are knowledgeable about their client's cultural and spiritual needs, they use techniques and interventions that are appropriate (Matthews et al., 2018). These are some of the participants' views of their counselor, the dialogue exchanged with their counselor, and examples of counseling techniques.

Crane discussed utilizing what they learned from their counselor, “sometimes having that practical person to talk to, it will help. So, sometimes, like I said, that first approach may be something that comes to my head at the moment, and the best practical approach may be what my counselor told me.” Turaco's experience was that their counselor seemed to be open minded, “this was my disclaimer, I practice Lukumi...along the lines of indigenous faiths or African American or African beliefs, and he was like ‘oh, okay, so do you practice Santería?’ That was the word that he knew was Santería and he completed a reassessment of me, and how he was going to talk to me, and he was a little more open.” Hornbill also discussed having an open minded counselor and being able to freely engage in discussion, “I did (openly discuss practices in counseling) and typically, they (counselors) weren't familiar with it, so I had to give a long background of information to them about what it is, how it works, and all of that, ” (the counselor) was very entrenched in their spiritual beliefs, so it was very comforting that we could

talk on a spiritual level about things because they had a spiritual understanding of life. It was spiritual, so we were able to have a different conversation that helped me resolve and feed my soul. So, I could have the outcomes that I needed to get.” Sunbird’s counselor appeared to be supportive and good with encouraging the use of positive self-talk, “I am going to need you to think about this, try this strategy, one of the things we were talking about, was the need to add three factors to your affirmations. I’m an affirmation person, I was like ‘oh okay cool.’” Egret described their counselor as an active listener, “the counselor was great at listening. The counselor let me talk and the counselor said what they felt was appropriate and it helped me to identify certain things about myself that I took for granted or I just glossed over as no big deal.” So, having to self-reflect and being able to take the time to sit with emotions appeared to be a challenge because people do not often take the time to do so, but are often encouraged to in counseling. Eagle had a slightly different experience, so their views of their counseling experience were not the same. Eagle explained “the first session was fine, it seemed like everything was understood...there weren't a whole lot of questions around it (religious practices). But during the second and third session, my religious beliefs seemed to become a focus of the conversation, so I felt uneasy, it was very apparent that they had some biases around it. Unfortunately, the biases around (Santería practices) showed itself and I just felt uncomfortable, so I stopped going.”

Not everyone had a similar experience with their counselor regarding the information they shared. This appeared to be based on their views of their counselor, and whether they experienced any forms of biases. Questions that blend topics related to practices and beliefs that have a broader perspective and incorporate factors that are relevant to the practices may prevent the likelihood that practitioners under-report or deny their beliefs and practices, to avoid biases

(Baez & Hernandez, 2001). Counselors should consider how indigenous strategies influence their client's mental health, how their cases with working with members of indigenous backgrounds should be conceptualized, the process of treatment and outcomes as it relates to practices, views, and treatment experiences (Bedi, 2018).

Theme 7: Understanding the Counseling Process

Most clients do not mind discussing their beliefs and may not be offended if a counselor asks about the subject (Baez & Hernandez, 2001). Questions regarding religions and spiritual beliefs are generally done during the initial assessment or other moments of opportunity (Baez & Hernandez, 2001). The structure of treatment includes the location, length of services, fees, expectations regarding and disclosure (Trub et al., 2021). It seems like the participants had a healthy understanding of the counseling process. Participants recalled questions during the intake process, number of sessions covered by insurance, late fees, termination, and even discussed selecting their counselor.

Turaco recalled the intake process "I remember the questions, what have you been doing spiritually? My counselor was not such a challenge but for me the people I had to see along with the counselor, they were not prepared for (certain) pieces of information and how that (information) would impact my interaction with the other healthcare providers. I think that the counseling was limited because this person wasn't necessarily going to be seeing me long term, so it was ok." Egret, also discussed the intake process and some of their exchanges with their counselor, "(the counselor) knew about my religious practices, because I made it clear, because I believe in the process where I came in, I can't think of the term, when you first go in there answering questions, and not an orientation, one of the questions was, on religious beliefs and I

explained it to her (intake person), she was familiar with it, she was not a practitioner, but she was somewhat familiar with it.” Sunbird focused on their experience with canceling a session, and late payments “I called her early in the morning and I cancelled. She charged me sixty dollars. That’s the cancellation fee, I pay twenty-five dollars a session (co-pay) and she charged me sixty dollars for cancellation.” The issues with cancellation and being charged a late fee seemed to have impacted the views of the counseling relationship. But not to the point, where termination was being discussed, this topic was mentioned by Hornbill because they wanted to continue services, “I didn’t terminate, I moved to another state, I still did phone counseling sessions, I still did video sessions with my therapist. But eventually those ended...because my insurance wouldn’t pay for out-of-state counseling.” Eagle expressed conditions related to finding the right counselor which is a process that is not often done or even considered for by some people looking for a counselor, “I think that I should have probably vented, and been a little bit more selective before I go into a meeting with a therapist.”

The purpose of the intake is to collect data, during this time a client’s desire to share vulnerable information may be based on what is acceptable and not acceptable to share based on their culture (Matsen et al., Marmarosh, 2020). The counseling process has several points where the exchange of information and process of change can be observed to help determine what times of interventions should be useful and effective (Matsen et al., 2020). This process and the focus on change can be seen at the end of each session, or at the end of treatment (Zilchca-Mano & Ramseyer, 2020). The success and failure of treatment outcomes is often measured during intake interviews, assessments, and self-reporting measurements that are critical to the process of therapeutic change (Velasquez & Montiel, 2018; Zilchca-Mano & Ramseyer, 2020). The goal is for a client to end treatment in a way that feels positive without the symptoms they were

experiencing initially when they came into treatment (Corisini & Wedding, 2019). Some clients end sooner because of difficulties and without having any new ways to cope with what they are handling (Corisini & Wedding, 2019).

Theme 8: Social and Community Factors

Individuals from interdependent cultures often have a strong sense of values that emphasize collectivistic relationships, social connectedness, and spiritual views (Yeh et al., 2004). Many indigenous practices have a different perspective on their relationship with others and the relationship with themselves, and these factors may be varied differently from Western European cultures (Yeh et al., 2004). There is a heavy reliance on religious, spiritual, and healing practices that are used by members of the community, groups, and other networks (Yeh et al., 2004). This influences an individual's ability to problem solve, connect, and reconnect to others, and use healing processes and other practices, and support mental illness (Yeh et al., 2004).

People of color are stereotyped as having less likelihood of seeking counseling because of their stigmas and attitudes towards mental health (Wu et al., 2017). These groups are often profiled according to a specific race and ethnicity (Wu et al., 2017). Other issues with negative stigmas towards seeking mental health services are based on personal stigmas that a person may have towards themselves, concerns towards others, or towards mental health concerns in general (Wu et al., 2017).

Crane explained what her religious community was like, "I guess it helps that a lot of people in the tradition are in the mental health field, so I would have those conversations with them about it." Since the participants were from different religions and social communities their experiences appeared to vary. Egret explained that "what would have helped me was if I were

able to identify friends and family who were also going through some therapy sessions for whatever reasons, I would have liked a support group.” Turaco focused on discussing their relationship with their god parent and how they varied in support mental health needs, “I could have never found the support for healing myself with my initial godmother... (my current godmother) is someone who understands that sometimes people have traumatic things happen to them, that they need to be given proper space to take care of themselves. and she was a little more corporate. She gave me pointers. She was open to the idea that to get help, yes Lukumí is going to help, and she told me, ‘you can do the things you think you need or seek some help’.” Turaco went on to describe how different generations of priests have developed an understanding of mental health support, “now we see how those generational changes are happening in Lukumí because back in the day, you did not send someone to therapy. But nowadays even Oriatés are sending people to a therapist.” Turaco also verbalized that working with practitioners from Yorúbá-based religions should be something counselors should acknowledge, “It is important for counselling or counselors nowadays to understand that sometimes Lukumí practitioners are going to be sent to counseling.” Overall, Sunbird expressed feelings about increasing communication as a religious community, “I am glad that we are having conversations about mental health and therapy as it relates to this tradition. And, so I would probably love for us as a community to have more dialogue about the importance of mental health.”

The fact remains that public stigmas refer to negative societal prejudices towards people who seek help for their own mental health concerns often causes people to avoid being identified as an individual who has sought services (Wu et al., 2017). Other issues with stigmas towards seeking mental health services are based on personal stigmas that a person may have towards themselves, concerns towards others, or towards mental health concerns in general (Wu et al.,

2017). Not all traditional treatment methods have been perceived as effective, so traditional healers and priests will refer practitioners of African-based systems to a western doctor for mental illness (Van der Watt, 2018). Understanding the cultural context of a client's symptoms can allow counselors to provide culturally relevant treatments that can generally be deemed as effective (Van der Watt, 2018). Hopefully that will become the goal for both practitioners of Yorúbá-based religions and mental health providers.

Summary

This chapter provided some insight on Yorúbá culture and practices religions and referenced the importance of Western psychotherapy practices. A demographic information and a summary of all the interviews conducted and the eight themes that were created from this study were all in this chapter. A review of the research questions was provided. This concluded the findings in this study and will lead into the final chapter of discussion. This discussion will address both indigenous healing practices, research and counseling concerns, limitations to this study, and potential topics to explore in further research.

CHAPTER 5

DISCUSSION

Religion, ideologies, anthropology, and what is often considered mythical conceptions of God, human life, and destiny, give meaning to a metaphysical world, acknowledge spiritual forces, and what is seen as communication between humans and supernatural beings (Eniakele & Adeleke, 2018). Religious culture has taught the world and for thousands of years has inscribed and recognized the manifestations of emotions, accounts of mental and behavioral modifications, supernatural beings, transcendental forces, and worlds that cause creation, evolution, and destruction (Karade, 2020). Such religious practices, beliefs, systems, and cultures include Yorúbá derived traditions and practices (Carr, 2017).

Yorúbá-based religions have crossed beyond many ideological and geographic boundaries (Curtis & Johnson, 2019). People who practice Yorúbá-based practices have immigrated and traveled from Africa to the Caribbean, Mexico, Haiti, Brazil, Puerto Rico, and the US (Curtis & Johnson, 2019). Practitioners of African derived religions and Yorùbá religions in the US have a history of multiple religious participation (Carr, 2017). Narratives from Yorùbá, Ifá, Lukumí, and Santería are all religious traditions practiced in the US (Carr, 2017).

Indigenous healing practices may achieve harmony through simple ceremonies, prayers, and rituals, that are often performed in groups where other people are present (Adekson, 2016). There are different levels of hierarchy between all priests that includes rank and seniority (Brown, 2003). An abóríshá (non-initiated person) typically joins an ilé or finds an initiated

priest to work with them (Karade, 2020). At each level of achievement, especially for initiation, there is a set of godparents (one godparent (babaorishá/father, or padrino/godfather, or iyalorishá/mother or madrina/godmother), along with an ojigbona/ojugbona (the second godparent) (Brown, 2003; Karade, 2020; Ramos, 2012; Wedel, 2004). Not everyone who seeks and finds Yorubá practices or involves themselves with the Órishá must be initiated (Karade, 2020). Different levels of achievement include receiving ilekes (religious beads), receiving warriors (composed of a specific set of Órishás), and a ritual called the onifa (the hand of Orummila) (Karade, 2020). All the participants in this study were initiated, so they are part of an ilé and may also have their own ilé, have a set of godparents and god-siblings, and have received ilekes, warriors, and Órishá. The views of ideologies and practices are clear and can provide insight on what can be seen as different among other ideologies that are found in Western religions.

Since a variety of cultures exist and produce different concepts of physical health, spiritual health, and mental health this has created an issue among the mental health services provided in the US (Yeh et al., 2004). A clear distinction between physical, mental, and spiritual well-being is not defined in Ifá, but the terms for mental health problems do exist and are defined either as diagnosable or non-diagnosable disorders (Ojelade, 2014). Developing a detailed understanding of Ifá, Lukumi, and Santería practices could take years, even becoming familiar with Yorubá could add more complications so understanding and having a respect for these belief systems is important for counselors (Baez & Hernandez, 2001). Both considerations in the areas of research and counseling will be discussed.

Research Considerations

Research has documented that some spiritual and faith healing practices have been effective, but previous research also documented that the same methods can be harmful (Van der Watt et al., 2018). What is interesting is that research has suggested that traditional rituals have been known to promote successful outcomes but due to the cultural differences and poor understanding of operational definitions of traditional healing methods it is not clear which methods are effective or which ones are not (Van der Watt et al., 2018).

Since written information is limited, things like ideologies, practices, and terminology may not be understood to the point where there is consideration or interest in conducting research on Yorùbá practices. To be fair, traditional practices such as divination, readings, ébbos, and rogacions could be challenging to study, due to the nature of what they consist of, who performs them, and who they are performed on. It seems that for researchers to be able to study traditional practices, they would need to have access to the practices and willing participants to study. This could also mean that indigenous leaders would have to determine the level of effectiveness of their practices as well. Without a specific guideline on how the indigenous leaders view the effectiveness of indigenous or traditional practices, it could leave researchers with a limited or no way to compare or create data. So, I could see how a great deal of effort would have to be made and exchanged for both the research community and indigenous communities to address mental health treatments and indigenous practices regarding effectiveness.

A start could be to correct or update old or misunderstood concepts regarding indigenous practices. Many researchers and writers have identified the use of indigenous healing practices in

psychotherapy among Santería practices (Ojelade et al., 2014). However, few scholarly articles exist on Orishá priests and their client's conceptualization of issues defined by Western-based approaches on mental health (Ojelade et al., 2014). Hopefully this study has provided some insight on how this is an issue.

Most researchers fail to discern that the Órishá and the saints are not the same as it relates to cosmological energies (Mena, 2000). The word Santería is often used by people who combine ideologies from churches (Mena, 2000). Initiated priests in both Cuba and the US are taught the differences between Lukumí and Santería (Mena, 2000). Initiated priests know not to confuse the Órishá with the saints because they are different (Mena, 2000). This information should be useful to researchers and counselors as well. Although consideration for researchers and counselors may be different, researchers could benefit from displaying a healthy perspective of the topics being studied and utilize sources of information that is not bias.

Counseling Considerations

The failure to consider race, culture, and sociopolitical topics in counseling may hinder the positive impact of the counseling environment (Day-Vines et al., 2007). Broaching invites counselors to create an opportunity for recovery, healing, and safety (Day-Vines et al., 2007). Broaching behaviors consist of exploring issues of diversity, prompting discussions related to race, ethnicity, culture, and sociopolitical concerns help establish rapport and solidify counselor credibility (Day-Vines et al., 2007). This behavior is the responsibility of the counselor to initiate during dialogues, especially with taboos that exist for clients who may struggle with experiences such as being the victim of racist assaults or racial profiling or being targeted due to their religiosity, gender and sexual orientations, and socioeconomic status (Day-Vines et al., 2007).

Clinical judgment faith bias is when a mental health professional makes pathological judgments towards clients with high levels of religiousness or spirituality when that is not the case, because religiousness is not associated with psychopathology (Harris et al., 2016). In situations where counselors view clients with high levels of religiousness or spirituality as being socially deviant, they are sometimes viewed as less appropriate for counseling, having more psychopathology, and/or having a worse prognosis than other very religious or non-religious clients (Harris et al., 2016). Clinical judgement faith bias may be a result of the counselor's own views and lack of self-awareness (Cashwell & Watts, 2010; Harris et al., 2016).

Clinical judgement, cultural bias, and religious bias are types of behaviors that can be considered direct and personal issues that a counselor may hold, but exhibiting these behaviors are not supported by the mental health field. There are organizations and counseling interventions that have been developed to improve counselor competencies and reduce biased type of behaviors. The goals of ASERVIC, broaching, and the development of relevant counseling competencies do exist, but it does not necessarily mean that such religious, spiritual, and cultural competencies are always implemented in counseling.

Although spiritual and cultural competency training and materials may not be used or useful all the time depending on the counselor's approach and/or lack of self-awareness, other counseling tools for working with people from indigenous backgrounds exist that are in alignment with a variety of theoretical orientations. This is why I felt the desire to provide such information; I have a master's degree from a clinical mental health program and am aware that some of these concepts are not taught. However, there are several counseling theories that provide theoretical concepts that support spirituality, dream interpretation, different levels of

consciousness, and the psyche; explaining this information could benefit counselors and clients during the counseling process.

Counseling Theory

Participants in this study expressed concerns about how their practices would be viewed by others. A major belief to consider is the relationship practitioners of Yorùbá based religions have with the Órìshás. Since the Órìshás are defined as deities, spirits as discarnate entities along with ancestors being descendants, these different types of relationships and energetic forms can be seen as abnormal or unfamiliar to people who are not aware of their existence. One participant mentioned how their dreams helped them in this situation, and they admitted to expressing this in counseling. Dream interpretation has a history of spiritual aspects and components. Although it was only mentioned by one participant in the study, since I am a practitioner of Lukumí and Ifá, I know that dreams are viewed as a method of communication for the Órìshás, spirit guides, and ancestors.

Theoretical frameworks, concepts, and interventions are not generally taught outside of academic settings. Indigenous healers and practitioners may be completely unaware of the fact that some of their belief systems are reflected in counseling theories. I found it interesting and recall that during my training experiences I was told by a professor that some of the counseling theories were not explained because they could be too easily misunderstood or lacked clarity.

Integrating counseling theories is possible and helpful especially when working with diverse populations of clients. I am going to reflect on the framework for this study first, then provide insight on other theories that could benefit the participants of this study as well as researchers, counselors, and counselor educators.

The first counseling theory to reflect on which also contributed to the framework used in this study is Rogerian theory. Rogerian or client-centered/person centered theory embodies and incorporates principles that are found around the world (Kirschenbaum & Jourdan, 2005). In cases where client-centered therapy is used, the effective treatment outcomes are associated with the counselor, counseling relationship, and counseling techniques (Corisini & Wedding, 2019). A client-centered counselor trusts that a person has the resources to change and grow (Corisini & Wedding, 2019).

Rogers viewed people as human beings who are constantly evolving towards their fullest potential and trying to enhance themselves (Corisini & Wedding, 2019). A person's ability to engage in self-healing activities, reach their goals, and empower themselves despite their environmental conditions is an approach that is positive and healthy (Shefer et al., 2018). I decided to use Rogerian theory as the theoretical framework because the views seem holistic, humanistic, spiritual, and culturally cognizant in context. I felt that the concepts could explain what counseling consisted of in language that could be understood worldwide. I wanted to use a theory that was clear and relatable. Most counselors implement components associated with Rogerian theory naturally. Rogerian theory is often one of the first theories taught in counseling programs, and I find that it is almost impossible to not use a Rogerian approach in counseling.

Rogerian conversation therapy, Frankl's logotherapy existentialism, Freudian psychoanalysis, Adlerian individual psychology, and Jungian psychology, and Perl's Gestalt theories can be helpful to use to broaden life goals and provide psychological interpretations that can be used in counseling (Cope, 2010). Rogers, Freud, Jung, Alder, Ellis, and Yalom were all theorists who considered individuality, multiculturalism, spirituality, and social factors as they relate to the concepts related to mental health and human behaviors (Corisini & Wedding, 2019).

Freud, Jung, and Adler worked together, influenced each other, and impacted the psychology field, yet they all separated and developed different philosophies, ideologies, and concepts to explain human behavior (Corisini & Wedding, 2019). Freudian clinical concepts include free association which invites thoughts, dreams, and daydreams into treatment (Corisini & Wedding, 2019). Freud was known for the development of concepts such as the Oedipus Complex, the ego, id, and superego, and the preconscious, conscious, and unconscious mind (Corisini & Wedding, 2019; Storr & Stevens, 1998). Jungian clinical concepts include the reality of the psyche, archetypes and the collective unconscious, and the stages of life (Berger & Segaller, 2000; Storr & Stevens, 1998). Dream interpretation is a common concept and practice within some theories, but the inclusion of dreamwork also depends on the counselor's approach and level of spiritual awareness. Counselors should continually explore and evaluate their own beliefs, values, and spirituality throughout the counseling process, so they can identify their limits of understanding and seek consultation (Cashwell & Watts, 2010). The use of theories should be supportive and be resourceful for the counselor and client (Cashwell & Watts, 2010). Theories that include dream interpretation include Freudian, Adlerian, and Jungian theory (Berger & Segaller, 2000; Corisini & Wedding, 2019).

Seminal psychotherapy approaches included psychodynamic, humanistic, spiritual, and behavioral theories; the cognitive approach came later (Cope, 2010). Integrating approaches in counseling can be beneficial (Cope, 2010). Many, if not all, of the most well-known therapies emphasize the role of cognition in emotional responses and behavior. This emphasis on the relationship between cognition, emotion, and behavior is found in cognitive therapy (CT), behavioral therapy (BT), and cognitive and behavior therapy (CBT), and rational emotional behavioral therapy (REBT), and all these therapies are considered evidence-based practices

(EBPs) (Corisini & Wedding, 2019; Pegg et al., 2021). EBPs are considered significant because previous research and science has identified them as successful, and productive in creating client change (Pegg et al., 2021). EBPs are more likely to receive funding for research purposes, training, and training materials; they are also more likely to be covered by insurance companies (Pegg et al., 2021). In cases where theories differ in these areas, counselor must make some adjustment to the services and treatments they provide. Theories help guide counselors to choose the appropriate techniques, set goals, and identify contributing problems and/or symptoms (Cashwell & Watts, 2010).

Mental Health Disorders

Since I am a licensed clinical professional counselor, I know that many of the behaviors and practices among indigenous backgrounds may appear to be mental health symptoms. During the interviews conducted for this study, participants verbalized communicating with the Órishás, spirit guides and ancestors. This could be in the form of messages from divinations to individual experiences of seeing or hearing things during conscious states of awareness. Participants expressed concerns about how this could sound if they shared their experiences with their counselors. Some behaviors could be considered hallucinations or delusions instead of being part of a belief system. People who seek counseling may not be familiar with the criteria for diagnosing mental health disorders. Reviewing all the different types of mental health disorders would be lengthy, so I have provided brief diagnoses of relevant spiritual practices of note.

Disorders such as depression, bipolar disorder, anxiety, and personality features include patterns of cognitive distortions, social interpersonal deficits, and mood episodes (American Psychiatric Association [APA], 2022). The assessment of religion, family, relationships, and

social networks can be informative and provide the counselor with information related to the client's support system (APA, 2022). One specific disorder of concern that may need to be considered during counseling treatment is schizotypal personality disorder because the diagnostic criterion for this disorder includes odd beliefs and magical thinking, which references beliefs in clairvoyance, telepathy, and superstitiousness, bodily illusions, and odd thinking (APA, 2022). Under schizotypal personality disorders, the DSM-5TR states that cognitive distortions must be evaluated within the context of cultural milieu, particularly those from religious beliefs and rituals that include voodoo, shamanism, mind reading, and magical beliefs (APA, 2022). Counselors should be cognizant of this reminder to avoid misdiagnosis or medication of a client whose behavior is clearly attributable to their religious beliefs.

Medications

If the cause of an illness is deemed to be religious, cultural, spiritual, or supernatural then it is typically believed that the traditional, spiritual, or faith healthy treatment would be effective and that biomedical treatment would not be effective (Van der Watt et al., 2018). However, indigenous priests do not compete with biomedicine, biomedical cures, or medicine (Wedel, 2004). In situations when a person who practices a Yorúbá-based religion goes to a doctor, hospital, or is under the medical care, they are advised to take the prescribed medications or engage in the physical or other forms of therapy (Wedel, 2004). Individuals do often choose not to seek counseling to avoid being diagnosed, hospitalized, or prescribed medications (Wu et al., 2017). Whether a person or client uses both indigenous healing and biomedicine forms of treatment is their choice; divination often supports both practices. This topic was mentioned because the use of medication was discussed during the interviews by a small number of

participants, but it did not rise to the level of a theme. The use of medications could be an area of discussion among individuals who practice indigenous health methods and take medications for mental health purposes. It seems like indigenous healing practices evolve with the changes of medical needs, so I want to focus on the changes within counseling services.

Traditional Counseling and Digital Trends

With so many developments in the counseling field, it seemed helpful to mention how traditional forms of counseling have changed the way it has been practiced. Research on the effectiveness of face-to-face counseling versus virtual counseling was not something I considered prior to doing the research. I could see how the data on this may also be very new and not specific regarding the effectiveness of treating individuals for indigenous backgrounds or practices. What I do know is that one participant was actively engaging in virtual counseling and two participants reflected on using a virtual platform but ended services.

Traditional counseling practices have called for in-person or face-to-face as the ethical and professional ways of providing services (Martin et al., 2020). Recently there has been a shift from traditional counseling practices to an increasing use of alternative means of providing services (Trub et al., 2021). Online therapy platforms are offering counseling over the phone, through messaging, and by online video conferencing (Trub et al., 2021). This has reduced barriers for people who did not have access to services due to transportation, mobility, or financial barriers, and were living in poverty (Martin et al., 2020). The use of telepsychology and teletherapy has also created a wide range of dilemmas when it comes to meeting and creating relationships, along with ethical, privacy, trust, confidentiality, boundaries, and informed consent

(Trub et al., 2021). As a result of the changes, issues with counseling and interpersonal boundaries have been altered from the traditional methods of counseling (Trub et al., 2021).

Normal ways of human interaction have changed, which can make it difficult for counselors and clients to interact (Trub et al., 2021). Clients find that personal and interpersonal interaction with a counselor is fundamental to the counseling experiences and appreciate this interaction during the counseling process (Sackett & Lawson, 2016). The history of counseling sessions, conversations, and cultural milieu of talk therapy has been in a setting that allows the counselor's focus to be on verbal and nonverbal interactions (Sackett & Lawson, 2016). Counselors and clients need to be in a setting that allows moment-to-moment changes that is private and with limited distractions (Sackett & Lawson, 2016).

Digital technology impacts boundaries, provides different forms of contact, and creates other types of emotional implications; these issues are less likely to happen in traditional or face-to-face counseling sessions (Trub et al., 2021). Some clients may want to meet face-to-face, and some counselors may no longer offer in-office services (Trub et al., 2021). Counselors and clients either in person or virtually should share the experience of communicating the differences in privacy, security, billing, testing, and assessments, and on the type of technology being used (Martin et al., 2020). Other topics related to telehealth sessions also include emailing communication, the use of links for resources, and the use of mental health apps or tracking monitors (Martin et al., 2020). Information related to the quality of services, state regulations for practices, and insurance coverage are also helpful for counselors and clients to be aware of (Martin et al., 2020).

Some of the participants in this study are currently engaged in virtual counseling sessions and may not be aware of all the factors related to training and competencies associated with the

counseling services. This information could also benefit new clients or individuals interested in seeking counseling. Counselors who are providing telehealth services may engage in education and training to improve their technical competencies and increase their awareness with understanding language, culture, diversity, and disability factors when providing services (Martin et al., 2020). Counselors have a set of legal and ethical guidelines to follow with the use of technology services (Martin et al., 2020). Some issues that counselor experience is clients being in an unhealthy or distracting meeting environment; clients using their cell phone, the internet, and other devices; avoiding assessments; taking long periods of time to complete releases of information and other normal documents that compromise of significant factors related to treatment; and coordinating care, privacy, and online test-taking (Martin et al., 2020). All these things may impact the effectiveness of treatment and the coordination of care. Sometimes clients do not understand the purpose of being in a healthy environment and may live in areas that are toxic, harmful, or lack privacy. Unfortunately, some may struggle with being in treatment, have symptoms that impact their functioning and communication, or misunderstand counseling treatment.

During the interviews, participants admitted to engaging in face-to-face and virtual counseling. Participants in this study did not express any negative issues with the use of technology. The findings from this study indicate that people from Yorùbá-based religions are being told to go to counseling; they see the benefits of counseling, and it is likely that the use of counseling will continue to increase among other members from their community. With mental health awareness and the utilization of mental health services becoming more acceptable for some groups of people, it may still take time for clients from certain backgrounds to trust mental

health services. So, it seemed helpful to discuss how counseling trends have changed and how digital trends differ from traditional counseling practices.

Advocacy

Clients who experience negative outcomes in counseling experience to poorer mental health and are discouraged from seeking further services (Springer & Bedi, 2021). By integrating psychotherapies with diverse theoretical orientations, it may improve the effectiveness of treatment and create changes that are more practical and ethical (Corisini & Wedding, 2019). This extends from the integration of Western and Eastern forms of psychotherapies along with perspectives with indigenous health practices as well (Adekson, 2016; Corisini & Wedding, 2019). People of color require psychotherapy approaches that will help them recover and heal from historical, cultural, and racial forms of trauma (Corisini & Wedding, 2019). This will require researchers and counselors to learn from traditional healing practices by observing, questioning, consulting, and conducting research that will improve the understanding of individuals who practice Yorúbá-based religions (Adekson, 2016).

Limitations

The information related to the religions and spiritual practices may appear to be limited compared to the knowledge, history, and impact Yorúbá culture has offered to people worldwide. It is unfortunate that during the recruitment phase of this study the researcher was informed that there is a need to address mental health issues among individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling under the age of eighteen. Because of the nature of this study and due to research protocols associated with

conducting research with minors, this study selected participants over the age of eighteen. Participants were also not asked questions regarding mental health diagnosis to minimize risks and reduce harm. Information related to the gender of participants was not provided as well. One of the main reasons genders was not mentioned was because premature or unilateral termination is higher among men than women, and because their treatment outcomes are often different based on gender (Springer & Bedi, 2021). Gender norms are also different contributing factors related to seeking mental health between men and women but overall, this study was focused on the representation of religious practices and not gender related factors (Springer & Bedi, 2021). Age, mental health symptoms and gender are components to consider for future research among indigenous populations.

Research Findings

Each participant had a unique experience which appeared to vary based on how they viewed their counselor, their experience during the counseling process, and their level of support while they were engaged in counseling. Things that were significant were that all the participants expressed that the religion they practiced encouraged and supported the use of mental health practices. There were several concerns regarding whether it would be beneficial to share their practices as part of the dialogue because of the negative stigmas and views associated towards indigenous and spiritual practices among individuals who practice a religion based on Yorùbá traditions. This was probably the most relevant theme for counselors working with clients who practice a religion based Yorùbá traditions because it tends to impact the counseling relationship and counseling process.

It seemed like the participants did not connect their indigenous healing practice with counseling but did associate the practices to ways in improving mental health. Three participants appeared to have learned some counseling techniques that could be utilized for mental health purposes. These counseling interventions were identified as positive self-talk, self-awareness/self-reflection activities, and affirmations. Since there was not a consistent theme of counseling techniques used among participants, no specific participant theme was created. What seemed to happen among participants is that they use their religions and spiritual practices for mental health purposes which tend to vary based on their needs and symptoms. Since questions related to mental health diagnosis were not asked most of the symptoms described among participants were based on what they identified as symptom related factors. However, some mental health concerns that were openly discussed during the interviews were concerns related to depression, trauma, grief and loss, anger management, family and relationship conflict, and stress. Most participants appeared to be using counseling as a form of talk therapy and may have had limited experience with taking a mental health assessment or creating treatment plan goals.

The causes for termination also varied; in fact, two participants were still engaged in counseling, and another one was looking for support. Two participants stopped going for personal reasons or because they felt their sessions were sufficient. While one participant appeared to be impacted by their counselor's bias, it was unclear if they would seek services again.

Information related to why people of color do not seek or continue counseling can be found in research. I am familiar with the issue, but it was a different experience having to hear that a client was deeply impacted by their counselor's bias after they openly shared their religious practices. In this situation, the participant had worked with people from different ethnic

and religious backgrounds, then intentionally sought a person of color, yet as a result, they still had an unpleasant experience in counseling.

Overall, the level of support and belief in the mental health practices along with indigenous practices was insightful. The information participants shared regarding the importance of mental health and how Yorùbá practices encourage mental health services were displayed as a connection between religious, cultural, spiritual, emotional, and mental health needs. It was amazing how knowledgeable all the participants were regarding their religious and spiritual practices. None of the participants appeared to have negative views of their counselor. They all seemed to respect and acknowledge that their traditional practices are different, and they did not want that to impact how they were viewed by a mental health provider. All the participants expressed a great level of gratitude for this study.

Further Research

Adekson (2016) stated it is time for mental health practitioners in the US and globally to acknowledge and take note of indigenous healing practices. It is important to respect and consult with indigenous traditional healers in modern day US, to discuss medicine, healing, counseling, and practices that are different in other communities all being utilized to help clients (Adekson, 2016). Hodge et al. (2020) explained that many of the founding fathers of psychology questioned the value of religion and criticized it as being harmful. Literature discussed that the psychology field did not seriously consider religion until the 20th century (Hodge et al., 2020). This shift did encourage researchers to do more studies on religion and spirituality (Hodge et al., 2020). Part of this shift was to increase the value of recognizing and respecting the racial and ethnic needs of

clients from diverse backgrounds and it was also meant to increase the number of multiculturally competent counselors in the field (Hodge et al., 2020).

Researchers and counselors would benefit from understanding more about indigenous ideologies; they may even develop some level of appreciation for the practices (Bedi, 2018). Research that uses questions that are sensitive and specific can capture the type of data they are looking for (Zicha-Mano & Ramseyer, 2020). Using different types of questions that may help answer things that are valuable and relevant as a guideline can help restructure what has been previously described or categorized information in a way that can be supportive. (Zicha-Mano & Ramseyer, 2020).

Counselors and counseling educators should be aware of the negative stigmas attached to Yorúbá-based religions because this issue often cause clients to avoid disclosing their religious associations and spiritual practices. Clients from Yorúbá-based religions may not openly share that they are a priest or associated with the religious and spiritual practices because of negative views and terms found in literature and research. Counselors could create a healthier counseling process and possibly improve the counseling relationship by being mindful that all religions and cultural practices have not been socially and politically accepted throughout history. Counselors should also be careful not to overlook or minimize practices and behaviors (Corisini & Wedding, 2019). This runs the risk of mislabeling or misdiagnosing clients that are appropriate to the client's family practices, values, customs, religious beliefs, and practices (Corisini & Wedding, 2019).

Research on specific mental health disorders practitioners of Yorúbá-based religions could be an area of focus. Studying mental health disorders like major depressive disorder,

general anxiety disorder, and PTSD among practitioners of Yorùbá-based religions could be insightful and provide data related to the effectiveness of indigenous healing and/or counseling methods being using during counseling treatment. Other implications for future studies could be gender specific and age specific. Studying children and adolescents who are practitioners of Yorùbá-based religions seems to be a population that is not often considered. Hopefully, the goal of other types of studies can be to improve the treatment outcomes for people of color by integrating diverse and effective forms of treatment and acknowledging historical, cultural, and racial forms of trauma (Corisini & Wedding, 2019). There are so many factors and layers of information that can be found by exploring indigenous people and they practice.

Final Thoughts

I feel that the gap between practices is so separated between Yorùbá practices and Western psychotherapy practices that I had challenges in determining how and what could benefit both communities. So much of the literature I found was biased and depicted Yorùbá practices from a negative perspective. I see this issue impacting the beliefs and interests of other researchers and counselors. It seems like participants were aware of how their practices could be viewed.

I took classes on Lukumí during my study to learn more about my own religious association. I don't expect anyone else to put that much effort into learning, but I found the historical trauma associated with the practices was very sad, to say the least. I know practitioners who are still not open to admitting what they believe in, so I was hopeful that a counseling environment would be a safe place for practitioners to discuss their beliefs. Unfortunately, this does not always appear to be the case.

I was encouraged to do this study because I have a dual relationship as a priest and a counselor. Journaling through this process really allowed me to maintain my own emotional stability. All the participants wanted to share their experiences because mental health is so important to them, and the fact that they all had such positive things to say about counseling was remarkable. I think this study could go in so many directions and for other studies to expand on it. I found that there are people from indigenous backgrounds, cultures, and religions who engage in counseling, and the outcome really depends on the qualities and characteristics of the counselor.

Conclusion

This study and all the information provided was meant to explore a unique culture that is not often researched. Traditional religions and indigenous healing methods have grown from Yorùbá culture and have impacted people from all parts of the world. Providing both an overview of Yorùbá-based religions, variations, terminology, and its practices was meant to be helpful for researchers, and more specifically to the practitioners in the health care and mental health field. Information related to the counseling field, counseling process, and counseling relationship utilized Carl Rogers as the theoretical framework for this study. As a result of the live interviews from this study eight themes were created. Overall findings concluded that Yorùbá priests used their own religions practices as a supportive tool for their mental health needs, and all six participants admitted that indigenous practices and mental practices are both beneficial practices. The importance of having a healthy support system along with a counselor who is aware of factors associated with people of color, religion and spirituality, the effectiveness of broaching, competency, and the use of appropriate counseling theories and

interventions will be beneficial to clients. Hopefully this study has provided enough information for both indigenous healers and mental health providers as they often share and provide services to clients from a variety of ethnic, religious, spiritual, and cultural backgrounds.

REFERENCES

- Adekson, M. (2003). *The Yorùbá traditional healers of Nigeria*. Routledge.
- Adekson, M. (2016). Similarities and differences between Yorùbá traditional healers (YTH) and Native American and Canadian healers (NACH). *Journal of Religion and Health*, 55(5), 1717-1728. <https://doi.org/10.1007/s10943-016-0251-6>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Amankwaa, L. (2016). Creating protocols for trustworthiness in qualitative research. *Journal of Cultural Diversity*, 23(3), 121-127.
- American Psychiatric Association (APA). (2022). *Diagnostic and statistical manual of mental health disorders (5th ed-TR)*.
- Ansloos, J., Stewart, S. Goodwill, A., McCormick, R., Fellner, K., Graham, H., & Harder, H. (2019). Indigenous peoples and professional training in psychology in Canada. *Canadian Psychology*, 60(4), 265-280. <https://doi.org/10.1037/cap0000189>
- Babátúndé, A. O. (2017). Orí and Èlédàá in poverty conceptualization in traditional Yorùbá religion: Challenging developmental and aid organizations' understandings of poverty. *Journal of African Cultural Studies*, 29(3), 362-376. <https://doi.org/10.1080/13696815.2017.1286968>
- Baez, A., & Hernandez, D. (2001). Complementary spiritual beliefs in the Latino community: The interface with psychotherapy. *American Journal of Orthopsychiatry*, 71(4) 408-415. <https://doi.org/10.1037/0002-9432.71.4.408>
- Bedi, R. P. (2018). Racial, ethnic, cultural, and national disparities in counseling and psychotherapy outcome are inevitable but eliminating global mental health disparities with indigenous healing is not. *Archives of Scientific Psychology*, 6(1), 96-104. <http://dx.doi.org/10.1037/arc0000047>
- Berger, M. & Segaller, S. (2000). *Wisdom of the dream: The world of C.G. Jung*. TV Books.
- Bhugra, D. (2016). Mental health for nations. *International Review of Psychiatry*, 28(4), 342–374. <https://doi.org/10.1080/09540261.2016.1211095>

- Braga, A. P., Nations, M. K., de Amorim, R. F., da Silva Junior, G. B., Barros, A. R. C., & de Sousa, F. I. (2018). Perception of Candomblé practitioners about herbal medicine and health promotion in Ceará, Brazil. *Journal of Religion and Health, 57*(4), 1258-1275. <https://doi.org/10.1007/s10943-017-0441-x>
- Brown, D. H., (2003). *Santería enthroned: Art, ritual, and innovation in an Afro-Cuban religion*. University of Chicago Press.
- Bryman, A., & Bell, E. (2015). *Business research methods*. Oxford University Press.
- Burns, J., & Tomita, A. (2015). Traditional and religious healers in the pathway to care for people with mental disorders in Africa: A systematic review and meta-analysis. *Social Psychiatry and Psychiatric Epidemiology, 50*(6), 867-877. <https://doi.org/10.1007/s00127-014-0989-7>
- Chowdhury, N. (2016). Integration between mental healthcare providers and traditional spiritual healers: Contextualizing Islam in the twenty-first century. *Journal of Religion and Health, 55*(5), 1665–1671. <https://doi.org/10.1007/s10943-016-0234-7>
- Cianconi, R., Lesmana, C., Ventriglio, A., & Janiri, L. (2019). Mental health issues among indigenous communities and the role traditional medicine. *International Journal of Social Psychiatry, 65*(4), 289-299. <https://doi.org/10.1177/0020764019840060>
- Carr, C. L. (2017). Beyond conversion: Socio-mental flexibility and multiple religious participation in African-derived Lukumi and Ifá. *Sociology of Religion, 78*(1), 60–80. <https://doi.org/10.1093/socrel/srw053>
- Cashwell, C. S., & Watts, R. E. (2010). The new ASERVIC competencies for addressing spiritual and religious issues in counseling. *Counseling and Values, 55*(1), 2–5. <https://doi.org/10.1002/j.2161-007X.2010.tb00018.x>
- Cope, T.A., (2010). The inherently integrative approach of positive psychotherapy. *Journal of Psychotherapy Integration, 20*(2), 203-250. <https://doi.org/10.1037/a0019769>
- Comas-Díaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy, 43*(4), 436-453. <https://doi.org/10.1037/0033-3204.43.4.436>
- Constantine, M. G., Myers, L. J., Kindaichi, M., & Moore III, J. L. (2004). Exploring indigenous mental health practices: The roles of healers and helpers in promoting well-being in people of color. *Counseling and Values, 48*(2), 110–125. <https://doi.org/10.1002/j.2161-007X.2004.tb00238.x>
- Connelly, L. M. (2016). Trustworthiness in qualitative research. *MEDSURG Nursing, 25*(6), 435–436.

- Cope, T. A. (2010). The inherently integrative approach of positive psychotherapy. *Journal of Psychotherapy Integration, 20*(2), 203-250. <https://doi.org/10.1037/a0019769>
- Corisini, R., & Wedding, D. (2019). *Current psychotherapies (11thed)*. Cengage.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches (3rd ed.)*. Sage.
- Curtis, E. E., & Johnson, S. A. (2019). Transnational and diasporic future of African American religions in the US. *Journal of the American Academy of Religion, 87*(2), 333–365. <https://doi.org/10.1093/jaarel/lfz018>
- Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85*(4), 401–409. <https://doi.org/10.1002/j.1556-6678.2007.tb00608.x>
- Del Pero, M., Frank, T., Klimke, M., Porsdam, H., & Tuck, S., (2014). American history and European identity. *American Historical Review, 119*(3), 780-790. <https://doi.org/10.1093/ahr/119.3.780>
- Deimling Johns, L., Power, J., & MacLachlan, M. (2018). Community-based mental health intervention skills: Task shifting in low- and middle-income settings. *International Perspectives in Psychology: Research, Practice, Consultation, 7*(4), 205-230. <https://doi.org/10.1037/ipp0000097>
- Drewal, M.T., (1992). *Yorúbá rituals, performers, play agency*. Indiana University Press.
- Enaikele, M. D., & Adeleke, A. T. (2018). Yorùbás' Ifá System and Human Destiny: An Oral Narrative Account. *Fourth World Journal, 16*(2), 5–15.
- Erekson, D. M., Lambert, M. J., & Eggett, D. L. (2015). The relationship between session frequency and psychotherapy outcome in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 83*(6), 1097-1107. <https://doi.org/10.1037/a0039774>
- Falen, D. J. (2016). Vodún, spiritual insecurity, and religious importation in Benin. *Journal of Religion in Africa, 46*(4), 453–483. <https://doi.org/10.1163/15700666-12341195>
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3*(1), 42-55. <https://doi.org/10.1177/160940690400300104>
- Gould, B., MacQuarrie, C., O'Connell, M. E., & Bourassa, C. (2021). Mental wellness needs of two indigenous communities: Bases for culturally competent clinical services. *Canadian Psychology, 62*(3), 213-226. <https://doi.org/10.1037/cap0000247>

- Gladding, S. & Newsome, D. (2018). *Clinical mental health counseling in community and agency setting* (5th ed.). Pearson.
- Harris, K. A., Spengler, P. M., & Gollery, T. J. (2016). Clinical judgment faith bias: Unexpected findings for psychology research and practice. *Professional Psychology: Research and Practice*, 47(6), 391-401. <https://doi.org/10.1037/pro0000113>
- Harris, K. A., Howell, D. S., & Spurgeon, D. W. (2018). Faith concepts in psychology: Three 30-year definitional content analyses. *Psychology of Religion and Spirituality*, 10(1), 1-29. <https://doi.org/10.1037/rel0000134>
- HIPPA. (2021). *HIPPA Datasheet*. https://explore.zoom.us/media/hipaa_datasheet.pdf
- Hodge, A. S., Hook, J. N., Davis, D. E., & McMinn, M. R. (2020). Attitudes of religious leaders toward integrating psychology and church ministry. *Spirituality in Clinical Practice*, 7(1), 18-33. <https://doi.org/10.1037/scp0000200>
- Hoogasian, R., & Gloria, A. (2015). The healing powers of a patrón espiritual: Latina/o clinicians' understanding and use of spirituality and ceremony in psychotherapy. *Journal of Latina/o Psychology*, 3(3), 177-192. <https://doi.org/10.1037/lat0000045>
- Hycner, R. H. (1985). Some guidelines for the phenomenological analysis of interview data. *Human Studies* (8), 279-303. <https://doi.org/10.1007/BF00142995>
- Hycner, R. H. (1999). Some guidelines for the phenomenological analysis of interview data. In A. Bryman & R. G. Burgess (Eds.), *Qualitative research* (Vol. 3, pp. 143-164). Sage.
- Jegade, C. O. (2013). An exploration into soteriology in Ifá: "Oral and intangible heritage for humanity." *Black Theology: An International Journal*, 11(2), 201-218. <https://doi.org/10.1179/1476994813Z.0000000003>
- Kaplan, D. M., Tarvydas, V. M., & Gladding, S. T. (2014). 20/20: A vision for the future of counseling: The new consensus definition of counseling. *Journal of Counseling and Development*, 92(3), 366-372. <https://doi.org/10.1002/j.1556-6676.2014.00164.x>
- Karade, B. I., (2020). *The handbook of Yorùbá religious concepts*. Weiser Books.
- Kehoe, N. C. (2016). Religious professionals, ethical dilemmas, and mental illness. *Spirituality in Clinical Practice*, 3(3), 163-166. <https://doi.org/10.1037/scp0000115>
- King, K. M., & Borders, L. D. (2019). An experimental investigation of White counselors broaching race and racism. *Journal of Counseling and Development*, 97(4), 341-351. <https://doi.org/10.1002/jcad.12283>

- Kira, I., Shuwiekh, H., Al-Huwailah, A., Zidan, T., & Bujold-Bugeaud, M. (2021). Measuring interfaith spirituality: Initial validation and psychometrics. *Psychology of Religion and Spirituality, 13*(3), 324-339. <https://doi.org/10.1037/rel0000242>
- Kirschenbaum, H., & Jourdan, A. (2005). The current status of Carl Rogers and the person-centered approach. *Psychotherapy, 42*(1), 37-51. <https://doi.org/10.1037/0033-3204.42.1.37>
- Landry, T. R. (2016). Incarnating spirits, composing shrines, and cooking divine power in Vodún. *Material Religion, 12*(1), 50-73. <https://doi.org/10.1080/17432200.2015.1120086>
- Markus, W. (2020). Social dimensions of health: Ritual practice, moral orders, and worlds of meaning in Brazilian Candomblé and Umbanda temples. *Anthropology of Consciousness, 31*(2), 153–173. <https://doi.org/10.1111/anoc.12123>
- Martin, J. N., Millán, F., & Campbell, L. F. (2020). Telepsychology practice: Primer and first steps. *Practice Innovations, 5*(2), 114-127. <https://doi.org/10.1037/pri0000111>
- Mascari, J. B., & Webber, J. (2013). CACREP accreditation: A solution to license portability and counselor identity problems. *Journal of Counseling and Development, 91*(1), 15–25. <https://doi.org/10.1002/j.1556-6676.2013.00066.x>
- Matsen, J., Perrone-McGovern, K., & Marmarosh, C. (2020). Using event-related potentials to explore processes of change in counseling psychology. *Journal of Counseling Psychology, 67*(4), 500-508. <https://doi.org/10.1037/cou0000410>
- Matthews, J. J., Mehta Barden, S., & Sherrell, R. S. (2018). Examining the relationships between multicultural counseling competence, multicultural self-efficacy, and ethnic identity development of practicing counselors. *Journal of Mental Health Counseling, 40*(2), 129–141. <https://doi.org/10.17744/mehc.40.2.03>
- Mena, A. (2000). Cuban Santería, Haitian Vodún, Puerto Rican spiritualism: A multiculturalist inquiry into syncretism. *Journal for the Scientific Study of Religion, 37*(1), 15-27. <https://doi.org/10.2307/1388026>
- Miller, R. M., Chan, C. D., & Farmer, L. B. (2018). Interpretative phenomenological analysis: A contemporary qualitative approach. *Counselor Education and Supervision, 57*(4), 240–254. <https://doi.org/10.1002/ceas.12114>
- Moodley, R., & Sutherland, P. (2010). Psychic retreats in other places: Clients who seek healing with traditional healers and psychotherapist. *Counseling Psychology Quarterly, 23*(3), 267-282. <https://doi.org/10.1080/09515070.2010.505748>

- Moorehead, V. D., Gone, J. P., & December, D. (2015). A gathering of Native American healers: Exploring the interface of indigenous tradition and professional Practice. *American Journal of Community Psychology*, 56(3/4), 383–394. <https://doi.org/10.1007/s10464-015-9747-6>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260. <https://doi.org/10.1037/0022-0167.52.2.250>
- Mouzon, D. M., & McLean, J. S. (2017). Internalized racism and mental health among African Americans, US-born Caribbean Blacks, and foreign-born Caribbean Blacks. *Ethnicity and Health*, 22(1), 36–48. <https://doi.org/10.1080/13557858.2016.1196652>
- Murphy, J. (1993). *Santería: African spirits in America*. Beacon.
- Murphy, J. M. (2006). Book reviews: Santería: The beliefs and rituals of growing religion in America. *Theological Studies*, 67(1), 211. <https://doi.org/10.1177/004056390606700131>
- Murphy, J. M. (2015). *Botánicas: Sacred spaces of healing and devotion in urban America*. University Press of Mississippi.
- Murrell, N. S. (2009). *Afro-Caribbean religions: An introduction to their historical, cultural, and sacred traditions*. Temple University Press.
- Ocampo Hoogasian, R., & Gloria, A. M. (2015). The healing powers of a patrón espiritual: Latina/o clinicians' understanding and use of spirituality and ceremony in psychotherapy. *Journal of Latinx Psychology*, 3(3), 177-192. <https://doi.org/10.1037/lat0000045>
- O'Keefe, V. M., Cwik, M. F., Haroz, E. E., & Barlow, A. (2019). Increasing culturally responsive care and mental health equity with indigenous community mental health workers. *Psychological Services*, 18(1), 84-92. <https://doi.org/10.1037/ser0000358>
- Ojelade, I. I., McCray, K., Meyers, J., & Ashby, J. (2014). Use of indigenous African healing practices as a mental health intervention. *Journal of Black Psychology*, 40(6), 491-519. <https://doi.org/10.1177/0095798414533345>
- Ojelade, I. I., McCray, K., Meyers, J., & Ashby, J. (2011). Use of Ifá as a means of addressing mental health concerns among African American clients. *Journal of Counseling and Development*. 89(4), 406-412. <https://doi.org/10.1002/j.1556-6676.2011.tb02837.x>
- Onwumah, A. C., Imhonopi, D. O., & Adetunde, C. O. (2019). A sociological review of the effects of slavery on Yorùbá nation. *IFE Psychologia*, 27(2), 180–189.

- Owen, J., Imel, Z., Adelson, J., & Rodolfa, E. (2012). “No-show”: Therapist racial/ethnic disparities in client unilateral termination. *Journal of Counseling Psychology, 59*(2), 314-320. <https://doi.org/10.1037/a0027091>
- Pagnocca, T. S., Zank, S., & Hanazaki, N. (2020). “The plants have axé”: investigating the use of plants in Afro-Brazilian religions of Santa Catarina Island. *Journal of Ethnobiology and Ethnomedicine, 16*(1), 1–13. <https://doi.org/10.1186/s13002-020-00372-6>
- Parks, F. M., Zea, M. C., & Mason, M. A. (2014). Psychotherapy with members of Latino/Latina churches and spiritual traditions. In *Handbook of psychotherapy and religious diversity*, 2nd ed. (pp. 399–421). American Psychological Association.
- Peel, J. D. Y. (1990). Pastor and the Babaláwo: The interaction of religions in nineteenth century Yorùbáland. *Africa, 60*(3), 338–369. <https://doi.org/10.2307/1160111>
- Pegg, S. L., Walsh, L. M., Becker-Haimes, E., Ramirez, V., & Jensen-Doss, A. (2021). Money makes the world go ‘round: A qualitative examination of the role funding plays in large-scale implementation and sustainment of youth evidence-based practice. *Psychological Services, 18*(2), 265-274. <https://doi.org/10.1037/ser0000399>
- Pettis, R. M. (2011). *Santería and Vodou*. GLBTQ Archives. http://www.glbqtarchive.com/ssh/santeria_vodou_S.pdf
- Pietkiewicz, I., & Smith, J.A. (2012). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal, 18*(2), 361-369. <https://doi.org/10.14691/CPPJ.20.1.7>
- Ramos, M., (2012). *Obí Agbón Lukumí divination with coconut*. Eleda.org Publications.
- Reiner, S. M., & Dobmeier, R. A. (2014). Counselor preparation and the association for spiritual, ethical, and religious values in counseling competencies: An exploratory study. *Counseling and Values, 59*(2), 192–207. <https://doi.org/10.1002/j.2161-007X.2014.00051.x>
- Rodríguez-Plate, E. M. (2004). *Lydia Cabrera and the construction of an Afro-Cuban cultural identity*. University of North Carolina Press.
- Rogers, C. R. (2008). *Counseling and psychotherapy*. Rogers Press.
- Rogers, C.R., (1980). *A way of being*. Houghton Mifflin.
- Rogers, C. R. (1979). The foundations of the person-centered approach. *Education, 100*(2), 98–107. <https://doi.org/10.5840/dialecticshumanism19818123>

- Rogers, C. R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, (5)2, 2-10. <https://doi.org/10.1177/001100007500500202>
- Rogers, C., (2012). *Client-centered Therapy*. Little, Brown.
- Sackett, C. R., & Lawson, G. (2016). A phenomenological inquiry of clients' meaningful experiences in counseling with counselors-in-training. *Journal of Counseling and Development*, 94(1), 62–71.
- Shefer, N., Carmeli, A., & Cohen, M. R. (2018). Bringing Carl Rogers Back In: Exploring the Power of Positive Regard at Work. *British Journal of Management*, 29(1), 63–81.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63-75.
- Shore, J. H., Richardson Jr, W. J., Bair, B., & Manson, S. (2015). Traditional healing concepts and psychiatry: Collaboration and integration in psychiatric practice. *Psychiatric Times*, 32(6), 16.
- Storr, A., & Stevens, A. (1998). *Freud and Jung*. Barnes and Nobles Book Publishing.
- Shufutinsky, A. (2020). Employing use of self for transparency, rigor, trustworthiness, and credibility in qualitative organizational research methods. *Organization Development Review*, 52(1), 50–58.
- Smith, A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, methods, and research*.
- Springer, K. L., & Bedi, R. P. (2021). Why do men drop out of counseling/psychotherapy? An enhanced critical incident technique analysis of male clients' experiences. *Psychology of Men & Masculinities*, 22(4), 776-786. <https://doi.org/10.1037/men0000350>
- Thompson, R. F., (1984). *Flash of the spirit*. Random House.
- Trub, L., Berler, M., & Magaldi, D. (2021). Collisions and collusions with new norms: Renegotiating time and space in pre-pandemic digital era. *Journal of Psychotherapy Integration*, 32(1), 64-82. <https://doi.org/10.1037/int0000272>
- Van der Watt, A. S. J., Van de Water, T., Nortje, G., Oladeji, B. D., Seedate, S., & Gureje, O. (2018). The perceived effectiveness of traditional and faith healing in the treatment of mental illness: a systematic review of qualitative studies. *Social Psychiatry and Psychiatric Epidemiology*, (53), 555-566. <https://doi.org/10.1007/s00127-018-1519-9>
- Van Manen, M. (2015). *Writing in the dark: Phenomenological studies in inierpretive Inquiry*. Routledge.

- Velasquez, P. A. E., & Montiel, C. J. (2018). Reapproaching Rogers: A discursive examination of client-centered therapy. *Person-Centered & Experiential Psychotherapies*, 17(3), 253–269. <https://doi.org/10.1080/14779757.2018.1527243>
- Vonarx, N. (2011). Haitian Vodou as a health care system: Between magic, religion, and medicine. *Alternative Therapies*, 17(5), 44-51.
- Weber, A. S. (2018). Haitian Vodou and eco-theology. *Ecumenical Review*, 70(4), 679–694. <https://doi.org/10.1111/erev.12393>
- Wedel, J. (2004). *Santería healing: A journey into the Afro-Cuban world of divinities, spirits, and sorcery*. University Press of Florida.
- Wertz, F. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, 52(2), 167-177. <https://doi.org/10.1037/0022-0167.52.2.167>
- Whaley, A. L. (2019). Help-seeking from indigenous helping among persons of African ancestry in the US: Ethnic and racial disparities in mental and physical health. *Complementary Therapies in Medicine*, (45), 222-227. <https://doi.org/10.1016/j.ctim.2019.07.005>
- Wu, I. H. C., Bathje, G. J., Kalibatseva, Z., Sung, D., Leong, F. T. L., & Collins-Eaglin, J. (2017). Stigma, mental health, and counseling service use: A person-centered approach to mental health stigma profiles. *Psychological Services*, 14(4), 490-501. <https://doi.org/10.1037/ser0000165>
- Yeh, C. H., Hunter, C. D, Madan-Bahel, A., Chiang, L., Arora, A. K. (2004). Indigenous and interdependent perspectives of healing implications for counseling and research. *Journal of Counseling and Development*, 82(4), 410-419. <https://doi.org/10.1002/j.1556-6678.2004.tb00328.x>
- Zilcha-Mano, S., & Ramseyer, F. T. (2020). Innovative approaches to exploring processes of change in counseling psychology: Insights and principles for future research. *Journal of Counseling Psychology*, 67(4), 409-419. <http://dx.doi.org/10.1037/cou0000426>
- Zoom. (2021). *Managing cloud recording settings*. <https://support.zoom.us/hc/en-us/articles/360060240972-Managing-cloud-recording-settings>

APPENDIX A

EMAIL ASKING MEMBERS OF YORÙBÁ PRACITIONERS HELP WITH RECRUITMENT

EMAIL ASKING MEMBERS OF YORÙBÁ PRACITIONERS HELP WITH RECRUITMENT

I am seeking your help with recruiting participants for my study. My name is Jamille J. Edwards, and I am a doctoral student in the Counseling Education and Supervision program at Northern Illinois University, in Dekalb, Il. I am conducting dissertation research on the lived experiences of individuals who practice a religion based on Yorùbá traditions and who have formally engaged in professional counseling.

The purpose of this study is to explore the lived experiences of individuals who practice a religion based on Yorùbá traditions and who have engaged in professional counseling. People from indigenous religions and backgrounds have their own beliefs and practices which often conceptualize physical, emotional, and spiritual aspects of wellbeing. This study will focus on collecting data from practitioners from Yorùbá-based religions and have engaged in counseling. This is an attempt to create a healthier understanding of how traditional healing modalities and Western forms of counseling can better serve the community.

The criterion for participation is for individuals who:

- Practices a religion based on Yorùbá traditions (Ifá, Candomblé, Vodún, Lukumí, Santería) this includes ordained priest and/or worshiper who partakes in functions related to ceremonies and having been doing so for at least one year.
- Is 18 years of age or older
- Has completed two or more counseling sessions with a mental health professional
- Has not been hospitalized in a mental health faculty or diagnosed with a severe mental health disorder within the last 12 months.

Please note the researcher only speaks English. A translator will not be provided for this study.

Participation in my research study is voluntary. Participation in the study will require a 45–60-minute interview using Zoom during a day and time convenient for the participant. Participants will be asked to complete a follow up email to review a summary of their interview.

Once participants confirm their summary is valid, they will receive a virtual visa gift card for \$30. An informed consent form must be completed to participate. There is no cost to participate in this study.

Please let me know if you have any questions about my research study or more about me. Feel free to send an email to z1881331@students.niu.edu with days and times that work best for you. I appreciate your time and look forward to hearing from you.

Thank you,
Jamille J. Edwards
Counseling, Adult and Higher Education
Northern Illinois University
Dekalb, Il.

APPENDIX B

PARTICIPANT INFORMED CONSENT FORM

PARTICIPANT INFORMED CONSENT FORM

Study Title: A PHENOMENOLOGICAL STUDY OF INDIVIDUALS WHO PRACTICE A RELIGION BASED ON YORÙBÁ TRADITIONS AND HAVE FORMALLY ENGAGED IN PROFESSIONAL COUNSELING

Researcher:

Jamille J. Edwards

Counseling, Adult and Higher Education Department

Northern Illinois University, Dekalb, IL

IRB Approval #HS22-0288 (March 04, 2022)

Key Information:

This is a voluntary research study on individuals who practice a religion based on Yorùbá traditions and have engaged in professional counseling. This study involves completing one interview that will be video recorded, to review a summary that will be sent to them via email and submit a statement of approval. The intended benefit of this study is to explore the lived experiences of individuals who practice a religion based on Yorùbá traditions and who have engaged in professional counseling.

Description of the Study

The purpose of this study is to explore the lived experiences of individuals who practice a religion based on Yorùbá traditions and who have engaged in professional counseling. People from indigenous religions and backgrounds have their own beliefs and practices which often conceptualization physical, emotional, and spiritual aspects of wellbeing. This study will focus on collecting data from practitioners who practice a Yorùbá-based religion and who have engaged in counseling. This will allow participants to provide valuable information related to their experience with using indigenous health methods and their experience in professional counseling.

Risks and Benefits

The researcher anticipates a minimal risk to individuals who chose to participate in this study. In the event, that you experience any potential risk and/or discomfort during this study, you may decline to answer questions and/or choose to end your participation in this study. Participants will be provided a list of counseling resources and are also encouraged to seek additional support as needed.

This study involves completing one interview that will be video recorded. Once the video has been transcribed this information will be categorized into a summary and sent to participants for review. After the summary has been reviewed, an email will be sent to the researcher.

Participants will be able to discuss their experience with using indigenous healing methods and provide insight on their counseling experience. This information has the potential to create a healthier understanding of how traditional healing modalities and Western forms of counseling

can better serve the community. People who may benefit from this study may include but are not limited to practitioners of traditional religions, indigenous people, mental health providers, educators, researchers, and other scholars.

Privacy and Confidentiality

You understand that if you agree to participate in this study identifiable information will be coded for confidentiality and privacy purposes. You understand that all participants will be given a pseudonym name. You agree to complete an interview for 45-60 minutes and review the summary of the interview sent to be via email. You also understand that not will be providing any personal and identifiable information when completing the interview, and in the event, this is done, this information will be removed from the transcripts. You understand that the transcripts from interviews and email documentations will be kept in a locked file, only accessible to the researcher for record keeping purposes, and will be kept for a period of up to 3 years, and then will be destroyed.

You agree to participate in the research study titled *A Phenomenological Study of Individuals Who Practice a Religion Based on Yorùbá Traditions and Have Formally Engaged in Professional Counseling*, is being conducted by Jamille J. Edwards. You have been informed that the purpose of this phenomenological study is to explore the lived experience of individuals who practice a religion based on Yorùbá traditions and have formally engaged in professional counseling and that you meet the following criterion:

- Practice a religion based on Yorùbá traditions (Ifá, Candomblé, Vodún, Lukumí, Santería, etc.) and am either an ordained priest and/or worshiper who partakes in functions related to ceremonies and having been doing so for at least one year.
- Are over 18 years of age or older
- Have completed two or more counseling sessions with a mental health professional
- Have not been hospitalized in a mental health facility or diagnosed with a severe mental health disorder withing in the last 12 months.

You agree to provide the researcher with an email address for the communication for this study, this includes but is not limited exchanging emails for scheduling purposes, for receiving the Zoom link for the interview, receiving the summary, and receiving the incentive for completing this study. You understand that you are solely responsible for who has access to your email account, and for maintaining information sent to you by the researcher. You understand that you will receive an email to review a summary of your interview. You understand that this email will not include any personal or identifiable information. You also agree to provide any feedback, suggestions, or feedback, along with a confirmation email approving the summary by sending the following statement to email address z1881331@students.niu.edu.

I approve the summary of my interview form the research study titled *A Phenomenological Study of Individuals Who Practice a Religion Based on Yorùbá Traditions and Have Formally Engaged in Professional Counseling*. Please accept this email as my electronic signature.

Video Consent

In additional to consenting to this study, you agree to participate and give consent to be video recorded during the data collection interview. You understand that these interviews are all accessible by the researcher and will be stored on an icloud secure platform. You understand that this recording will be destroyed after all data processes have been complete.

Compensation

You will receive the following compensation for your time, a \$30 e-gift card from Amazon. You will receive this via email after completing both steps of this research study.

Your Rights

The decision to participate in this study is entirely up to you. You may refuse to take part in this study at any time. You are aware that your participation is voluntary and that you may withdraw from this study at any time without penalty or prejudice, at any time. If you have any questions or concerns about this study, at any time, feel free to contact the researcher Jamille J. Edwards at z1881331@students.niu.edu and/or Committee Chair Dr. Suzanne Degges-White at sdeggeswhite@niu.edu. You understand that if you wish to obtain future information regarding this study or your rights as a research subject, you may contact the Office of Research Compliance, Integrity, and Safety at Northern Illinois University at (815) 753-8588.

NIU Policies & Researcher Rights

You acknowledge that Northern Illinois University policy does not provide compensation nor carry's an insurance policy covering injuries or illness incurred as a result of the participation in university sponsored research projects, nor does the researcher conducting the research study. You understand that your consent to participate in this project does not constitute a waiver of your rights as a result of your participation. You have the right to maintain a copy of this consent form and agree that you did meet the criterion as stated above for this study.

Future Use of the Research Data

After removing all identifying information from your data collected the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent form you.

By signing below, you are indicating that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. Please print or take a screenshot picture of this form to keep for your records.

- I agree to participate in this study.

- I agree to be videorecorded in this study.

Signature of Participant

Date

APPENDIX C
RESOURCES AND HOTLINES

RESOURCES AND HOTLINES

National Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org/>

1-800-273-8255

National Hopeline Network

<http://www.hopeline.com>

1-800-784-2433 (1-800-SUICIDE)

1-800-442-4673 (1-800-442-HOPE)

LGBT 24-hour Crisis Hotline

773-871-2273 (773-871-CARE)

http://www.centeronhalsted.org/new_website/EVA.html

National Alliance on Mental Illness

CALL THE NAMI HELPLINE

[800-950-6264](tel:800-950-6264)

Crisis Text line TEXT NAMI TO 741741

National Domestic Violence Helpline – 24 hour support

1-800-799-7233 (1-800-799-SAFE) <http://www.thehotline.org/>

National Sexual Assault Hotline

<https://www.rainn.org/get-help/national-sexual-assault-hotline>

1-800-656-4673

Free, confidential, 24-hour support.

APPENDIX D
INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

1. What is your age, ethnic background, and religious association?
2. How long have you been practicing the religion?
3. What is your experience with using indigenous healing methods for mental health purposes? If you do not have any personal experiences, please share what you know about using indigenous health methods for mental health purposes.
4. Explain whether your experience with using indigenous health methods for mental health purposes was challenging, or successful?
5. Tell me about your decision to seek help from a professional counselor.
6. Describe your perception of your counselor and your counseling relationship.
7. Did you openly discuss your religions practices with your counselor? If so, please explain what caused you to share this information.
8. Did you use any indigenous healing methods during the process of your counseling? If so, were there any challenges/successes, please explain.
9. Explain whether your experience with a counselor for mental health purposes was challenging, or successful?
10. Do you prefer religions/indigenous methods of treatment over counseling? If so, please share the reason for your preferences.
11. How many sessions of counseling did you engage in?
12. What led you to end/terminate your counseling services?
13. Is there any form of support that could have been beneficial for you to improve your overall counseling experience that you would like to share?

APPENDIX E

EMAIL FOR SUMMARY CONFIRMATION

Hello,

Thank you for your participation. Attached is a document which includes a summary of the findings. Please review this information and send any questions, comments, feedback, or suggestions to z1881331@students.niu.edu. If you approve of the following information, please sent the following statement to z1881331@students.niu.edu. Please note this is the same statement included on the informed consent form:

I approve the summary of my interview form the research study titled A

Phenomenological Study of Individuals Who Practice a Religion Based on Yorùbá

Traditions and Have Formally Engaged in Professional Counseling. Please

except this email as my electronic signature.

Thank you

Jamille J. Edwards

APPENDIX F

EMAIL INCENTIVE FOR COMPLETEING THE PHASES OF RESEARCH

Hello,

Thank you for completing all phases of the research study. Your virtual \$30 gift card has been sent to you. Please contact me with any issues.

And again, thank you so much for your time.

Sincerely,

Jamille J. Edwards

Z1881331@students.niu.edu