Christianity and Mental Health Counseling: Voices of The Black-Negro American Experience

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ABSTRACT

CHRISTIANITY AND MENTAL HEALTH COUNSELING:

VOICES OF THE BLACK-NEGRO AMERICAN EXPERIENCE

Kyle Preston Goodwin, PhD
Department of Counseling and Higher Education
Northern Illinois University, 2023
Kimberly A. Hart and Melissa J. Fickling, Co-Directors

The narration of the lived experiences of Black-Negro Christian Americans in relation to mental health counseling services is vital because opportunities for researchers and clinicians to hear their voices instead of a story written for them by the leading culture is created. Specifically, when it comes to Black-Negro spirituality and religion as part of Black-Negro culture, it is one of the most beautiful and intriguing experiences that exists. A critical theory paradigm is being used for how knowledge is created and disseminated for the purposes of social change. Narrative Qualitative research is used to capture the Black-Negro voice, along with the expressive of the SHOWED model for data collection using Photovoice as data research analysis.
NORTHERN ILLINOIS UNIVERSITY
DEKALB, ILLINOIS

MAY 2023

CHRISTIANITY AND MENTAL HEALTH COUNSELING:
VOICES OF THE BLACK-NEGRO AMERICAN EXPERIENCE

BY
KYLE PRESTON GOODWIN
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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

Doctoral Co-Directors:
Kimberly A. Hart
Melissa J. Fickling
ACKNOWLEDGEMENTS

First, God, I thank you for your Strength, Grace, and Mercy that allowed me to make it through these difficult times of deep grief and trauma.

I would like to thank my dissertation Co-Chairs and committee members (Dr. Kimberly A. Hart, Dr. Tonya Davis, Dr. Melissa Fickling, and Dr. Ximena Burgin) for their guidance throughout the dissertation process; whose knowledge was priceless in conveying the research question and methodology. Your insightful advice pushed me to improve my intellect and brought my work to a greater level.

I would also like to thank my dissertation coach Dr. Jehan Hill PhD, for her valuable support throughout the writing process. Dr. Hill provided me with the skills needed to choose the right direction and effectively complete my dissertation.

Thank you to my CES Peeps and cohort members: Kari Fitzgerald, Raushanah Jackson, Katie Roderick, Dr. Robert Jury, Dr. Valarie Moreno-Tucker, and Dr. Sharazazi Dyson. I could not have gotten through this process without you all being within my cohort. The nights we cried and traveled together, the peer support meetings, the virtual man teatime, and grabbing tacos late at night was the highlight of this experience.

A big thank you to my friends and my bible study group (Shawna-Joy Mcintyre, Lotticia Powell, Aaron (Lauren) Baxter, Simeon Lewis, Jordan (Alisha) Gutierrez, Concepcion (Kyle) Cardenas Villegas, Stephanie (Bryan) Rodriquez, Jason (Audrey)Griner, Andre Joachim, Edler Joe-Ella Mcintyre, Dr. Raven G. Curling, Laura (Adam) Leddy, and many more who stuck by
my side through this educational journey, it was a difficult one, yet I appreciate you hearing my
cries and praying for me as I went through the valley, yet climbed the mountain beside still
waters to rest on green pastures.

Thank you to the men and women who have served this country, both in action and
stateside. Thanks to all who lost their lives due to combat or their silent struggles with mental
health. I would specifically like to thank and acknowledge one of my best friend Hunter D.
Hogan, KIA (Killed in Action), in Sangīn, Helmand Province, Afghanistan, June 23, 2012, for
laying down his life for us as Americans to live free and sleep peacefully at night.

Finally, I would like to honor both enslaved Africans and Black-Negros, who fought and
struggled for my freedom. Their past struggle, abuse, and oppression has allowed me to freely
obtain an education in the United States of America. My ancestors, I honor you for allowing me
to be your biggest dream and surrounding me spiritually, helping me get through this difficult
time.
I dedicate my work to my Rubies; my mother Roberta Goodwin, who has pushed me throughout my childhood to continue my education and never give up along the path God has given me. I also dedicate this work to my Aunt Kathy Goodwin (2021) who was my second mom and my Grandmother Jeanne Goodwin (2015), two women who have passed on, yet helped raised me to become the man I am today, may they continue to rest in peace.

Also, thanks to my Aunts, Rose (2021) Phyllis (2022), Karen (2001), Shirl and Viola.

My dads have played a major role in becoming the man I am as well; Birth-Father, Booker T. Annison II and Stepfather, Martin A. Wright (2012). I thank them both in giving me structure and contributing to who I am as a Black man.

Thank you to host of family and friends, especially my in-house siblings, Porsha R. Annison, Booker T. Annison III, and Ernest R. Jenkins. Special shout to my babies, nieces Kaylee C. Washington, Asette L. Annison, and nephew Kayden R. Wheeler. I hope you all carry the torch of light passed on from me to you and know you can achieve whatever you desire.
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CHAPTER 1

INTRODUCTION

Being Black-Negro in the United States of America has been a far less than welcoming experience (Mays et al., 2007). The social construction of race has had lasting impacts on the Black-Negro community in the US (Smedley & Smedley, 2005). These impacts have included hostile environments across systems of institutions due to colonization and racism (Puzzo, 1964). The concept of being Black has shifted from generation to generation: From the Civil Rights movement in the 1960’s to Black Lives Matter (BLM) movement of the 21st century, racial prejudices, racial discrimination, and systematic racism has shaped the worldviews and lived experiences of those who identify as Black within the United States (Mays et al., 2007). These influences are not simply interpersonal, but also legislative. The societal perceptions of race have influenced human rights laws having direct impact on daily living and generational life-trajectories for Black-Negro Americans (Smedley & Smedley, 2005). The history of African slaves, who once freed from enslavement, were not considered citizens based on prejudicial laws. Not until the late 1800’s were freed Black-Negros classified as American citizens (Chambers Jr., 2011). Generations of brutal racialized enslavement followed by generations of brutal racialized discrimination, marginalization, and oppression has unquantifiable influences on the mental health disparities and epidemic of pain experienced by Black-Negro Americans (Leary & Robinson, 2018; Mays et al., 2007).
Black-Negro Mental Health

Mental health services have not always been accessible, available, or even acceptable within Black-Negro sociocultural structures (Walker, 2020). During the period of enslaved Africans, those who wanted to be free or ran away from slave plantations were diagnosed with *dрапетомания* (Myers II, 2014). Drapetomania was a widely accepted diagnostic mental illness used to describe a slave as ill, insane, crazy, or manic for wanting to be free and not be brutally enslaved by White-European colonizers. Treatment for Black-Negro slaves diagnosed with Drapetomania included beating the devil (per se) out of the slave to make them feel as if liberation was not rational (Myers II, 2014). Even after this term no longer existed, diagnostically, medical doctors continued (into the 21st century) to respond to Black-Negro requests for humane health treatment and equal access to health care services with harshness, indifference, and the punishment of perpetual marginalization (Washington, 2006). Also, medical researchers have conducted inhumane experiential studies that included psychological and physical violence, as well as negligence (Washington, 2006). These medical treatment and research realities for Black-Negro Americans, post-enslavement, has resulted in distrust of health and health-related systems and organizations. (Leary & Robinson, 2018; Washington, 2006).

Alongside these health treatment atrocities for psychologically, emotionally, socially, politically, financially, and physically battered Black-Negro Americans, is the complex religious and spiritual history of the Black-Negro community (Woodson, 2018). For the scope of this proposed study, I frame Black-Negro Christianity, one prominent faith and religious tradition within the US, as foundation, background, and intersecting treatment modality for the healing of Black-Negro American hearts and minds.
**Black-Negro Christianity**

Although imposed by colonizers, enslaved Africans turned to religious practices such as Christianity, seeking to connect with spirit, creating community, and coping with the treacherous brutality they experienced (Weisenfeld, 2015; Woodson, 1921). Christianity in the western world derived from Eurocentric beliefs of White colonizers who settled and established roots in what became the thirteen colonies of Great Britain (Du Bois et al., 2011). As part of their enslavement, many Africans became detached from their homeland religious traditions, and were forcibly indoctrinated into practices of what some would describe as a “white man’s religion” (Woodson, 1921, p. 15). As Europeans came to what was called the new land seeking religious freedom; there was very little freedom in religion for enslaved Africans (McConnell & Posner, 1989). However, the 1700’s was an era towards religious freedom in the US, allowing members of the Negro church to congregate with one another, both free and enslaved Black-Negroes (Du Bois et al., 2011). As enslavement times progressed, some Black-Negro slaves were granted permission to teach Christianity to their enslaved peers (Woodson, 1921): With this almost singular allowance of any sort of individualized spiritual freedom, the Christian faith became a foundation and pillars of connection and survival for Black-Negro persons (Woodson, 1921).

**Christianity and Mental Health for Black-Negro Americans**

Not only did Christianity impact Black-Negro communities by providing hope for getting through problematic times (Woodson, 1921), mental health practices also influenced how Black-Negro people sought treatment for both mental and physical well-being. The known historical context of Black-Negro people in the US, the Negro Church, and mental health counseling will
be further discussed in Chapter 2. Nevertheless, I hope readers are already starting to see how being Black-Negro, Black-Negro Christian, and being mentally unwell as a Black-Negro Christian is complex when it comes to Black-Negro Christian mental health treatment. Black-Negro Christians within US typically seek out counsel from their religious leaders within their congregations (Avent et al., 2015; Wimberly, 1976). Due to lack of access or harsh treatment when accessing health services, this extends to seeking mental health counseling from congregational leaders (Campbell & Littleton, 2018). This Critical Narrative Inquiry Photovoice study (Haydon & van der Riet, 2017; Portfolio, 2008; Wang, 1999) is one exploration of the stories of lived experiences of Black-Negro Christians and their mental health treatment seeking: I hope to guide readers on a journey to see and hear the hurt, the pain, and the healing of a people who refuse to give up on life, love, family, and faith (Alvidrez et al., 2008).

**Purpose, Paradigm, and Frame**

The purpose of this proposed research study is to critically explore sociocultural teachings, experiences, and perceptions of Black-Negro American Christians regarding mental health counseling. As researcher, I align with critical theory in understanding knowledge as subjective (based on those developing the knowledge) and reality as an interaction of culture on social systems (Portfolio, 2008). In alignment with this purpose, I aim to answer the research question (RQ) “What are the living stories of Christian identifying Black-Negro Americans who received mental health counseling services?” My hope of this research is to provide knowledge to counselors and counselor educators for approaching both counseling and the integration of multicultural curricula within academic settings. My study purpose is also my practices mission as a critical scholar (Ehrenberg et al., 2009).
Critical Theory Research Paradigm

Critical scholarship is based on Critical Theory, a philosophical approach to understanding societal beliefs and literature, which involves challenging social, historical, and political bureaucracy and laws that may impose oppression or false realities regarding lived experiences of marginalized people (Jennings & Lynn, 2005). Embodying critical theory, researchers focus on processes of epistemology, which is a social construction for understanding origins, scope, and rationality for confirming knowledge that exists (Hill, 2019). Critical Scholars also focus on an ontological apprehension that reality is developed through lenses of historical realism; meaning, reality is shaped through historical, communal, political, and cultural understandings (Guba & Lincoln, 1994; Scotland, 2012). As part of the community of critical scholars, I share common beliefs about knowledge, approaches in applying critical theory, and committed engagement as praxis of critical theory.

Beliefs About Knowledge

Critical researchers’ beliefs are departures from traditional philosophies about purposes of research and ways of knowing, which focused on dominant culture narratives of histories; ignoring or marginalizing narratives of those with different socio-cultural constructions of lived experiences. Critical theorist aimed to approach and relied on both observations and interviewing within their methodical investigation within research (Portfolio, 2008). By focusing on observations and interviewing, critical theorist avoids naming or describing lived experiences for persons. Rather, critical scholars start with a hypothesis and ask their co-researchers, as participants, to reflect on their current and/or past lived experiences in-regards to their identified
intersections and/or values (Cohen & Crabtree, 2006).

**Application**

The application of critical theory is made up (a) the reality of social construction of knowledge, (b) critique of dominant power, (c) power of totality, and commitment to praxis (Prasad & Caproni, 1997). Social construction of knowledge is an essential principle of critical theory used for identifying the makings of a socially erected world. In this reality, information is not outright and impartial based on the dominant-cultural narrative (Prasad & Caproni, 1997). Rather, information is understood through continuous human creation, developed through human cooperation inside cultural, social, and political lives of beings. Knowledge is understood as stemming from one’s philosophical expectations formed by factors such as orientation, class, nationality, language, and religious beliefs (Prasad & Caproni, 1997). As times progresses, implications for societal change emerge by impressions of persons within a given society. As such, critical theorist explores habits in which these truths challenge predominant and standardized expectations of society (Prasad, & Caproni, 1997). Critical theorist challenge dominant culture narratives by changing narrative focus of their precepts by force, belief system, and power of authority (Prasad & Caproni, 1997).

**Praxis**

As a research paradigm, not only do Critical Theory researchers focuses on structure of knowledge and model of implementation, one also commits to the praxis of being the change; not only speaking of change (Freeman & Vasconcelos, 2010). Praxis can be illustrated as an intellectualized blend of sociopolitical analysis of society and contemplative tactics for social
change action in continuing efforts to expose systems of repression and supremacy (Freeman & Vasconcelos, 2010). Commitment to praxis requires researchers’ vow to take active part of the changes they study. This requires researches to be reflexive in their applications aiming to not perpetuate dominancy, oppression, marginalization, appropriation, nor other societal injustices. Critical theorists aim to comprehend early period constructs and policies of oppression; while guaranteeing their commitment to deconstructing, dismantling, and/or ending repressive and oppressive systems.

From this critical research paradigm, I aim to use photos and interviews to develop narrated knowledge, with participants as co-researchers, about some sociocultural realities of Black-Negro Christian’s mental health counseling stories. Knowing that these stories and voices have historically been silenced as a people who have often been ignored or spoken for instead of being allowed to speak for themselves (Hill, 2019); this is part of my praxis; helping to narrate voices. The tradition of spoken and visual narrative in African, Negro, and Black-Negro American (Jones, 1991), was my strongest rationale for framing this study proposal from perspectives of qualitative Narrative Inquiry (Connelly & Clandinin, 1990; Haydon & van der Riet, 2017; O’Tolle, 2018; Willig & Stainton-Rogers, 2017) with an integration of Photovoice analysis (Tsang, 2020; Wang, 1999).

Theoretical Framework

Philosophically, this study will be framed from a narrative lens for exploring and hearing voices of Black-Negro Christians within the US and their lived experiences. Framing and approaching research from narrative theory includes aspects of one’s cognitive, social, and attitudinal context (Fiore et al., 2009). Foundationally, a narrative framework in practice involves
storytelling by participants; and the critical care for how their stories are being verbalized, analyzed, and discussed (O’Tolle, 2018). These three components of narrative inquiry (Fiore et al., 2009; O’Tolle, 2018; Willig & Stainton-Rogers, 2017) will be used for organizing storying aspects of how participants narrate their mental health counseling experiences within their identified communities.

Mental health concerns impact the person, their family, and others who interact with them if untreated (Huang et al., 2005). As part of contextualizing participant communal experiences, one must understand the history of Black-Negro people within the US (Haley, 2002). This historical timeline organized in Chapter 2 aligns to narrative concepts and components for describing one's cognitive, social, and attitudinal beliefs (Fiore et al., 2009). More specifically, this research frame is one focus on thick descriptions of lived socio-cultural experiences and learnings of Black-Negro Christians. These culturally-centered first-person narratives are my aim in critical examination of influences of colonizing, as well as spiritual, interpretations of Black-Negro Americans and their mental health counseling experiences. One must not assume the description of certain words has a similar meaning; assumption is counter to the praxis of critical scholarship (Freeman & Vasconcelos, 2010). Readers understanding of certain terms used to describe; and thus study, Black-Negro Christian practices and mental health counseling are important for maintaining the scope of study (Avent & Cashwell, 2015).

**Definition of Terms**

In my praxis of studying and helping to give voice of lived stories of Christian identifying Black-Negro Americans who received mental health counseling services, these constructs of this study are important to define, differentiate, and contextualize. Here, I will
define each construct, briefly. In Chapter 2, I will provide a more comprehensive contextualized differentiation and intersection.

Being Black, African American, Colored, or Negro within the US are defined differently depending on the generation, region, and person (Smith, 1992). Within this study, Black Negro-American is used and defined as individual born in the United States of America having genetics of both, decedents of enslaved Africans and European genetics (Bryc et al., 2015). In Chapter 2 I will discuss in greater detail the difference between the Black race and African American ethnicity because not all Black-Negro people described themselves as being African American.

During the time of enslavement, for those of African descent, spirituality was vital, therefore the creation of the Negro-Church was created (Woodson, 1921). The Negro-Church is defined as a religious organization developed by enslaved Africans, who were Christianized. It is important to note segregation was enforced during religious Sunday services based upon the genetic makeup of the attendees (Du Bois et al., 2011).

Christianity is described as an organized religion based on the teachings of Jesus of Nazareth believing in a Trifectas God; God the Father, God the Son, and God the Holy Spirit (Johnson, 2012). This is an Abrahamic belief derived from creationism including the belief that the universe was made by the Trinity of God within six days and on the seventh day consisting of a day of rest (Johnson, 2012).

The definition of mental health within this study refers to human being’s emotional, psychological, and social well-being (Alvidrez, et al 2008) Mental health counseling includes one’s exploration, with a mental health professional, of one’s ability to cope with stressors of life and the influences sociocultural and environmental events have on one’s state of mind (Walker,
In this study, I am exploring the voices of Black-Negro Americans and their experiences with mental health counseling services. Specifically, within this study, counseling can be understood as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, 2010).

**Significance of Study**

The significance of this study can be understood through the intersection of study constructs; the living voices of self-authored stories from Black-Negro Americans, the first-hand stories of involvement with mental health counseling, and the socio-cultural perceptions of mental health as members of Christian communities. Yendork and their colleagues (2020) exclaimed that experiences of Christianity and mental health treatment in the Black-Negro community are vital to explore. Due to historical pathologizing of marginalized communities, mental health needs have increased while barriers to access have increased. (Walker, 2020). According to Campbell and Winchester (2020):

> There are so many people with mental health issues that are not addressed because we (African Americans) will not seek help. Maybe once they see that the church is concerned about them, they will be more inclined to open up and address what is going on with them. (p. 113)

Alvidrez, etl 2008 focused on specific formations of mental health concerns and counseling within the Black community and the stigma associated with receiving services within a peer associated journal article. However, there are missing data points (a dearth of literature) for authentically understanding the lived experiences and choices related to Black-Negro Christians seeking and/or not seeking mental health counseling services. Through this study, I
aim to contribute to filling the gap of collegiate and counseling literature, as well as facilitate an invitation for mental health institution leaders to see, hear, and embrace the importance of the narrative story of Black-Negro Christians and their lived experiences with mental health services.

Specifically, this study is a point of connecting readers to narratives of participants, which is important because much of Black-Negro American history involved dehumanization and marginalization of Black-Negro voices (Nartey, 2021). Seeing the imagery and reading the stories lived by historically marginalized and oppressed persons, is a praxis of liberation and healing (Prasad & Caproni, 1997). Also, I am conducting this study from an insider lens (Ross, 2017) as a researcher, who also identifies as Black-Negro American Christian having engaged in mental health counseling services. My insider-researcher identity adds an intimacy appropriate to critical praxis (Ross, 2017) while providing a bridge for participant engagement in institutional research, which has historically been experienced as likely harmful for people of the Black-Negro community (Braithwaite et al., 2009).

Summary

In summary, exploration of the lives of Black-Negro Christian Americans in relation to mental health services is important because opportunities for researchers and practitioners to hear their voices instead of a story written for them by the dominant culture is created. This study will explore the lived experiences of participants with a discussion of influential historical events for Black-Negro Americans. Chapter 2 will include knowledge about Black-Negro American history, the history of the Black-Negro church, and the impact mental health profession has had on Black-Negro Americans.
Chapter 3 is a detailed description of guiding methodology and research methods of recruitment, data collection procedures, and data analysis processes. Participant eligibility, the type of findings anticipated, and potential limitations will also be presented in Chapter 3. Upon completion of Institutional Review Board approval for data collection and completion of data analyses phases, findings from this narrative qualitative inquiry of social teachings and cultural experiences about mental health services for Black-Negro Christian Americans will be organized in Chapter 4. In conclusion, Chapter 5 will include a summary discussion of the entire study, stating the conclusions from the collected data and its implications for the potential praxis of mental health providers, counselor educators, religious leaders, and researchers.
CHAPTER 2

LITERATURE REVIEW

This literature review is historical in nature, presented as a critical story of literature and documented occurrences significantly pertinent to my exploration of the lived narratives of the Black-Negro Americans. As relates to Christianity and mental health counseling, this study is being conducted to address influences of Black-Negro American history; from the enslavement of Africans to the injustices of mental health practices, and the religion that functioned to instill hope to the Black-Negro community (Du Bois et al., 2011; Chambers Jr., 2011). By my examining and deliberating these historic and 21st century events, readers are provided with a contextual overview of Black-Negro experiences and voice across evolutions of the United States of America. By the close of this narrated story of available literature, I aim for readers to have a picture of the significance of the intersection of mental health counseling and Christianity for Black-Negro Americans. In weaving these aspects together, I believe conceptually framing what it means, looks like, and feels like to be Black-Negro American is foundational.

Conceptual Framework

The current state of the Black-Negro American is one that stems from a complex oppressive system (Alexander and West 2012), yet has a linear and traceable beginning (Alexander and West 2012). This study is an acknowledgment that to address the complexities of this population, one must understand their origins and one must create an awareness around their
indoctrination (Weisenfeld, 2015; Haley, 2002). By thoroughly examining experiences of enslavement (Weisenfeld, 2015), separation (Alpers, 2003), and spirituality (Du Bois et al., 2011), this study will serve as one provision of validation about the experienced narratives and initial naturalization of one of the United State’s most unique cultural communities in this country. Through this qualitative research study, I take an integrative approach comprised of critical theory (Hill, 2019), narrative approach (O’Tolle, 2018), and Photovoice method (Jennings & Lynn, 2005).

By implementing a narrative approach from a paradigm of critical theory, my intention is to facilitate voice-sharing as accounts of the Black-Negro from their own words and lived experiences. My concentrated goal is to ensure Black-Negro voices are heard within this historical review. My adoption of critical narrative inquiry helps me in establishing distinct focus on the birth and cultivation of Black-Negro American culture. This cultural examination includes the voices of my ancestors and voices of contemporary Black-Negro Americans.

I start this historical narration of relevant literature on slavery and enslavement in the United States (Weisenfeld, 2015), followed by an in-depth description of medical apartheid and the horrors of both mental health services and medical experimentations on Black-Negros (Washington, 2006). Last, but not least, there will be a broad description of influences of Christianity within the Negro-Church and its influence on Black-Negro Americans (Du Bois et al., 2011). Ta-Nehisi Coates stated it this way:

You must resist the common urge toward the comforting narrative of divine law, toward fairy tales that imply some irrepressible justice. The enslaved were not bricks in your road, and their lives were not chapters in your redemptive history. They were people turned to fuel for the American machine. Enslavement was not destined to end, and it is wrong to claim our present circumstance—no matter how improved—as the redemption for the lives of people who never asked for the posthumous, untouchable glory of dying
for their children. Our triumphs can never compensate for this. (Ta-Nehisi Coates, pg. 69-71)

**Servitude and Enslavement of the Black-Negro**

In 1619, the first African settlers arrived in Jamestown, Virginia, which is where the Black-Negro Americans existence and journey began (Davidson, 1994). The first African settlers in the new world were not slaves, they were indentured servants (Galenson, 1984). As indentured servants, their duties consisted of gardening, cooking, general field laboring, and some housekeeping (Galenson, 1984). Many of these servants were contracted to work within the new world or new Americas, known as the Thirteen Colonies, in exchange for shelter, transportation, food, and water (Galenson, 1984).

Enslavement was introduced to the Americas by the Spanish government in 1501 (Alpers, 2003). Portugal was the first country to bring over human slaves as cargo to the western hemisphere (Alpers, 2003): Dutch and the British settlers followed Portugal’s lead (Chambers Jr., 2011): These colonization voyages represented the first introduction of enslaved Africans in the thirteen colonies of the US. Most enslaved Africans were brought from west and central Africa from various countries and tribes such as: Yoruba, Kru, Ashanti, Senegalese, and Fatini (Chambers Jr., 2011). Their transport journey was called the *Middle Passage*; a charted voyage from Africa to the Americas, Europe, and the Caribbean. There was an estimation of twelve-million African people who were ripped away from their homelands in Africa for slave trading (Chambers Jr., 2011; Alpers, 2003). It was reported that about two million Africans died, or were killed, at port, sea, and upon arrival (Alpers, 2003) never having to suffer the atrocities of enslavement; and human lives senselessly cut-short.
Transport and Environmental Conditions for the Enslaved Black-Negro

Traversing the Middle Passage was a horrific journey because it included brutality endured by African people suffering as enslaved cargo (Harpham, 2022). As mentioned, the Middle Passage was a transport journey Africans lived-through (or died from), bound by chains and stacked together by merchant traders on slave ships embarking across the Atlantic Ocean to the new world (Alpers, 2003). In other terms, African ancestors who influenced Black-Negro American culture, were brought to the Americas and sold as property to mostly White Europeans who had settled in the Thirteen Colonies (Harpham, 2022). The voyage across the passage took between one and one-half months to three months on crowded cargo ships before arrival in the US (Alpers, 2003). This is six to eleven weeks of human beings living, and sometimes dying, in uninhabitable conditions, chained and locked to a wooden floor of a ship (Chambers Jr., 2011). African people, transported like animals, were forced to sit or lay in their own feces and urine, often inadequately fed, throughout this journey (Harpham, 2022).

Available archives about this portion of global history have reference to two ways of transporting enslaved Africans across the Middle Passage; Tight-pack and Loose-pack (Alpers, 2003). Tight pack transportation consisted of intentionally choosing to pack as many enslaved Africans as possible into cargo areas of ships. This tight-pack choice was made with the fore-knowledge that many Africans would die on the voyage, yet also expecting many to survive for merchant trading upon arrival (Harpham, 2022). The other way of transporting human slaves was the loose-pack method: This method of enslaved cargo transportation involved shipping less Africans per trip and more people survived transport across the passage (Alpers, 2003). All the same, even when using the loose-pack method, human conditions on this journey were horrific,
uninhabitable, dehumanizing, appalling, and fatally devastating (Harpham, 2022).

Figure 1. *Tight Pack Illustrations* (Νικηφόρος Κόρη Ζαϊμης, 2019; The History Cat Classroom, n.d.)
*Note: Many were packed extremely tight on ships, a captain of a slave shipped described it as “books on a shelf,” and people were extremely jammed packed that they could not move from left nor right (Plasa, 2012).*

Africans aboard slave transport ships were cramped (loosely or tightly), naked, lacked adequate food, experienced untreated sickness, humiliated, overall mistreated, and chained to ship decks (Plasa, 2012). While chained together, if another person died, the body of this deceased person would be left for hours, still chain connected to the other person (Harpham, 2022): Sometimes the dead were not removed from among the living until arrival at port of destination (Plasa, 2012). In other instances, deceases Africans were thrown overboard into the Atlantic (Alpers, 2003). As slaves were not allowed mobility to appropriately discard bodily waste, they were forced to sit or lay in their urine and feces: This untenable condition was a direct result for sickness that could spread rapidly to other slaves throughout the cargo area (Plasa, 2012). As a slave who survived the Middle Passage, Olaudah Equiano wrote:

> The closeness of the place, and the heat of the climate added to the number in the ship, which was so crowded that each had scarcely room to turn himself, almost suffocated us. This produced copious perspirations, so that the air soon became unfit for respiration,
from a variety of loathsome smells, and brought on a sickness among the slaves, of which many died. This wretched situation was...aggravated by the galling of the chains...the filth of the necessary tubs...the shrieks of the women, and the groans of the dying, rendered the whole scene of horror almost unbearable. (1999, p. 41)

In addition to these broad dehumanizing practices, crewmen aboard slave ships further mistreated and abused Africans, often subjecting women to being raped or mutilation of African bodies (Alpers, 2003). During their transport, many enslaved Africans were forced to entertain ship crewmen by dancing, and if they resisted, they were whipped (Harpham, 2022). During these rare instances of physical mobility, many Africans threw themselves overboard the ship to avoid vicious treatment (Alpers, 2003). This was perceived as their only opportunity, choosing to take their own lives, to be set free from the brutality of European oppressive and inhumane treatment (Alpers, 2003).

**Arrival and Separatism of the Black-Negro in the United States**

For those who physically survived this treacherous and dehumanizing journey from central Africa to the Americas, stripped from their homeland, they were also stripped of their identity, their religion, and their children (Ambrose, 2012). Africans were forced to take on European names, identities, and ways of living based on the English, French, or Spanish heritage of the colonizing rulers who were trading and/or purchasing the slave. Enslaved Africans were no longer able to practice their foundational religions based on colonized English-Eurocentric colony rules (Hickman, 1996). However, US-colonial rulers from Spain or France, allowed enslaved Africans to keep their religious beliefs and names (Aptheker and Gates 1993). English colonial rulers stripped everything away from the African people, also using Christianity as a weapon to reinforce false beliefs and manipulating behaviors onto enslaved Africans (Ambrose,
Religious manipulation practices will be addressed in more detail further below within this chapter. Colony rulers also used the knowledge (e.g., terrain, language, tools etc.) of Africans, who assisted White slave traders, as justification for enslaving Africans (Chambers Jr., 2011): Their rationale being that if Africans are willing to help enslave Africans, it must be acceptable.

Before being sold or traded, enslaved Africans were forced into overcrowded prisons, given slopped food scraps to eat and not allowed clothing or coverings (Ambrose, 2012). When being sold they would be forced to march, walk, or perform as if they were in a dog or pony show. This sort of showing was used to determine whether they were worthy of field work or indentured servitude (Chambers Jr., 2011). Being displayed as property for ownership, not only were enslaved Africans sold for cash, but they were also traded for gold, sugar, tobacco, salt, and sometimes wine (Alpers, 2003). African people were regularly separated from their children, spouses, and other tribal family members. This separation was not only across plantations, but different states and First Nation tribes. The enslavement of Africans by European colonizers is much more widely discussed than the reality that during the late 1700’s, indigenous First Nation tribes also enslaved Africans (Collins, 2020; Americans, 2011).

**Indigenous Nations Slave-holding of the Black-Negro**

The native indigenous people of North America had used a type of hostage taking and compulsory work some time before European contact (Americans, 2011). Captivity taking was most frequently used to substitute or replace professional positions of a deceased family member within their tribe (Americans, 2011). The Cherokee Nation maintained the largest number of enslaved Africans (Collins, 2020). This ideology of owning enslaved Africans was not authentic.
for indigenous people as they adopted this institution of enslaving people from their White European allies (Collins, 2020). The women within the indigenous nations supported the ownership of enslaved Black-Negros because this helped dispersal of their responsibilities within their tribe; placing traditional gender duties onto the slaves they owned (Collins, 2020). However, enslaved Black-Negros under Native Nation ownership were never stripped from families or subjected to racial hatred practices (Bartl, 1995). While the levels of disgrace and brutality experienced by enslaved African’s within Indigenous Nations and European colonizer plantations varied, the treatment based on skin complexion was pervasive.

**Colorism**

There was a hierarchy within colonial US amongst the enslaved Africans: Skin complexion, or color, was a major factor for discerning who was superior and who was inferior (Reece, 2018). Darker skin was equivalent to lower status, while lighter skin equated to higher status and more attractive appearance (Cade, 1935; Doyle et al., 2008; Reece, 2018). It was common knowledge that slaves with lighter skin worked as indentured servants within the *Big House* and regarded as house slaves or *house niggers* (Cade, 1935; Doyle et al., 2008). The Big House was a colloquial term used to reference the plantation home where slave master’s and their families resided (Cade, 1935). Meanwhile, those who were of darker skin complexions worked in the field with crops, these slaves were referred to as *field niggers* (Cade, 1935; Doyle et al., 2008). This color-based segregation within the Black-Negro community still exists, commonly called *colorism* (Reece, 2018). The impact of post-enslavement colorism on the 21st century Black-Negro community in the US will be addressed later within this chapter. From a historical reality, it is known that the hierarchy of skin color within the enslaved African
community stemmed from cross-cultural rape and, sometimes, cross-cultural love (Reece, 2018). This practice contributed to color-based supremacy and implementation of the One Drop Rule (Iverson et al., 2022).

**The One Drop Rule**

The one-drop rule was a social and legal standard of racial order that was conspicuous in the United States during both the 18th and 19th centuries (Iverson et al., 2022). This rule was a declaration that any individual with even one precursor of Black-Negro heritage (one drop of dark blood) is viewed as a Black-Negro (Jordan & Spickar, 2014). Inside the setting of Black-Negro oppression, Blackness was referenced by prototypical and phenotypical African elements (Hickman, 1996): Features such as brown complexion, a wide nose, and firmly looped hair were considered irrefutable markers of having dark blood and markers of human inadequacy as one and the same (Hickman, 1996). These elements were used to promptly convey or identify one's situation inside social power structures; and with regards to oppression, to convey or identify whether one was free or subjugated (Jordan & Spickar, 2014).

The one-drop rule was foundational, not just as a mindset of persons raced as White, but also in the grouping of White power (Hickman, 1996). As a matter of fact, on certain slave plantations, a select number of enslaved African women were held explicitly for reproducing with White men since mixed-race slaves brought greater revenue at the market (further perpetuating marginalization impacts of colorism; Hickman, 1996). This apparently basic social request for power before long became muddled by the widespread escalation in the blending of the races (Iverson et al., 2022): The constructed lines between White and Black, free or subjugated, became increasingly obscured. With this obscuring of racial lines, psychological
concerns about shifts in white-racial domination was what truly lay underneath the actual feelings of trepidation for White people and their belief that whiteness needed to stay unadulterated (Hickman, 1996).

**Mixed-Race Mulatto Emergence**

The description of mixed-raced individuals varied, and labels for them were assigned to them depending on the amount of dark blood one inherited (Jordan & Spickar, 2014). Terms such as mulatto, quadroon, and octoroon were used to describe individuals of mixed heritage (Jordan & Spickar, 2014). Implied by the numerical stem, quadroons were individuals with one-fourth of Black Blood and octoroon were individuals with one-eighth of Black Blood. The less heritage of Blackness one had the higher-class status the person was given in society (Jordan & Spickar, 2014).

A person of mulatto heritage was someone who was half Black and half White. The term mulatto, derived from the Portuguese and Spanish as a term signifying mule (Jordan & Spickar, 2014). This term not only reflected hatred held for the individual it classified, but also the manner by which race was conceptualized during the era of enslavement within the United States (Jordan & Spickar, 2014). For clarity a mule is the posterity of a female pony and a male jackass: This half breeding of two unique creatures resulted in a crossover of an immensely stronger though sterile animal. To allude that children brought into the world through interracial sexual encounters were Mulattos highlighted the conviction that Whites and Blacks were two particular creatures and the connected conviction that if they somehow managed to blend, their posterity would be sterile, limited in their utility, and consequently less human (Hickman, 1996). The ending of these absurd atrocities of race-based enslavement were progressively advocated
against and the hoax of Black-Negro freedom emerged.

**Legal Freedom: Proclamation and Amendment**

The ending of formal enslavement directly and indirectly coincided with the United States Civil War (Brauer, 1977; Gunderson, 1974). As the country entered into the civil war, both enslaved Black-Negros and First Nation Native Americans were forced off their land; and indigenous leaders were forbidden from the ownership of slaves, which caused further disruption between the northern and the southern states (Krauthamer, 2013). For some, the civil war was about a single issue, owning enslaved Africans and/or Black-Negros (Gunderson, 1974). Many White southerners could not accept the idea that cotton could be grown without the work of enslaved Africans (Brauer, 1977). Although slave trade was outlawed in the United States by 1808, enslavement continued to occur in the South, specifically in the cotton kingdoms. As the freeing of slaves was implemented, several southern states individually began to separate themselves from the Union and developing the Confederacy (Brauer, 1977). These states included South Carolina, Mississippi, Florida, Georgia, Alabama, Louisiana, and Texas. However, slaves living close to remaining Union states had an opportunity to be set free by the assistance of Union soldiers (Brauer, 1977). In August 1861, it was proclaimed that the slaves claimed by Confederates in Missouri were free; however, this was not truly acknowledged until President Lincoln signed the Emancipation Proclamation in 1863 to free the slaves in Confederate states (Johnson, 2020).

On December 18, 1865, enslavement became illegal with the passage of the 13th Amendment to the United States Constitution (Johnson, 2020). Even though, President Lincoln actions contributed to freeing slaves, his speech to the American people displayed support in
saving the Union:

My paramount object in this struggle is to save the Union and is not either to save or destroy slavery. If I could save the Union without freeing any slave, I would do it; if I could save it by freeing all the slaves I would do it; and if I could save it by freeing some and leaving others alone, I would also do that. (1989, p. 358)

All the same, the nation gathered together to vote and end enslavement within the entire United States, not only the north. However, emancipating enslaved Black-Negros, was not a simple endeavor. Several political legislators were furious over the execution of the emancipating enslaved Black-Negros (Brauer, 1977). Although the union won the civil war, this win left scars on the nation and a national divide continued as the country moved into a new era of laws prohibiting Black-Negro citizens from being accepted, within a modernized post-enslavement White Eurocentric US (Tischauser, 2012).

**Legal Marginalization: Jim Crow Laws**

Within a post-enslavement era of US history, equality for all US Americans did not exist and laws were created to limit the freedom of the Black-Negro in a liberated US (Tischauser, 2012). Jim Crow was the name of the legal racial isolation system, implemented between 1877 up until the late 1960’s (Tischauser, 2012). Jim Crow laws were accompanied by a false belief system of Whites being better than, or superior to, Black-Negros in exceedingly significant ways (Fanon, 2012). Whites’ perceptions of superiority included, yet was not restricted to, knowledge capacities, profound quality, and right conduct (Fanon, 2012). Whites believed procreating between Black-Negros and White-Americans would create a crossbreed race that would eventually eradicate the US (Fanon, 2012).

Within most southern and border-states, enslavement was simply replaced with
oppressive segregation and violent practices that continually reinforced an inferior status to Black-Negro Americans (Fanon, 2012). A few laws within Jim Crow that can be deemed as bizarre or inhumane, are as follows:

- A Black Negro man is not allowed to offer to shake hands with a White man due to the implication of being equal.
- Blacks and Whitess are not allowed to eat together. If eating together, Whitess are to be attended to first, to display partition of social power amongst one another
- Never show privilege to, or overly exhibit, superior knowledge or intellect over a White person
- Never laugh scornfully at a person of Whiteness
- It is okay to lynch a Black Negro Man or Women publicly

(Fanon, 2012, pp. 417)

Figure 2. Jim Crow Law Enforcement Exemplar

The Jim Crow law manual (Fanon, 2012) is well descriptive and was divided into four separate categories. Category one laid the foundational etiquette of differences amongst the Black-Negro and Whites within the US. This was designed to inform Black-Negros on how to address and interact with Whites publicly (Fanon, 2012). The second and third categories of the law manual was descriptions of Black-Negros’ social-environmental limitations such as voting
rights, public transit rules, and not being allowed to congregate with one another within an
educational setting (Fanon, 2012); ensuring that Whites and Black-Negros did not have an equal
opportunity or access to a sufficient education (Fanon, 2012). The fourth category of the Jim
Crow manual addressed the legal rights for Whites to publicly abuse and kill Black-Negros
without any legal repercussions (Fanon, 2012). These abuses often went unpunished in part
because they were legalized and in part because may powerful political officers were Klan
members. The Ku Klux Klan (KKK) was organized in Pulaski, Tennessee in 1865, the same year
the 13th amendment that legally abolished enslavement was passed. The core purpose of the
KKK was to undermine racial equality through acts of terrorism (Fanon, 2012). Legalized and
socially-perpetuated oppression, marginalization, and brutality against Black-Negro Americans
persisted pervasively until efforts of the Civil Rights Movement (Gressman 1952).

**Manifest Freedom: The Civil Rights Movement**

The civil rights movement was a fight for social justice, equity, and inclusion within the
US for the Black-Negro (Gressman 1952). As communicated through this literature review,
inhumane Jim Crow Laws replaced inhumane race-based enslavement, and hindered Black-
Negro liberated citizens from experiencing freedom within their new homeland (Fanon, 2012;
Gressman 1952). Additionally, southern segregation deepened in 1896 when the United States
Supreme Court judges announced the ideal of separate, but equal in the case of Plessy v.
Ferguson. Legally, this allowed for Black-Negros and White individuals to be isolated and
declared equivalent in their treatment, opportunities, and access (Tischauser, 2012). This
judgement permitted White politicians and business leaders to implement divisional laws in
public transportation systems, dinners, schools, churches, and educational institutions.
The Civil Rights Movement was popularized in December 1955 when a Black-Negro woman by the name of Rosa Parks refused to give up her seat on the back of the bus to a White man, who could not find a seat in the designated White area in the front of the bus (Fanon, 2012). After being arrested and mistreated, the Montgomery Bus Boycott stimulated a movement across the US (Fanon, 2012). While other efforts toward Black-Negro civil liberty pre-dated Rosa Parks, this event is considered the official start of the Civil Rights Movement as a national movement (Tischauser, 2012). Black-Negro Americans created combined voices to fight for their rights to be treated equal to White-European Americans in both the north and south of the United States of America. Due to the civil rights movements in 1695, Black-Negros were able to vote, attend non-segregated schools and obtain jobs from places which was no longer able to discriminate against them due to the color of their skin (Tischauser, 2012).

The civil rights movement was tumultuous for the Black-Negro; many died by lynching, burnings, and bombings (Fanon, 2012). The civil rights movement endured an unfortunate turn on March 7, 1965. On this day, in Alabama, 600 peaceful protestors partook in the Selma to Montgomery walk to fight for social liberation and fight against the ongoing torture and murder of Black-Negros (Tischauser, 2012). Refusing to discontinue their peaceful march, the peaceful protestors were beaten viciously by Alabama police; many were killed and many more hospitalized (Gressman 1952). This historical incident was televised becoming known as Bloody Sunday (Fanon, 2012). “There never was a moment in American history more honorable and more inspiring than the pilgrimage of clergymen and laymen of every race and faith pouring into Selma to face danger at the side of its embattled Negroes” (King, p. 121).
Due to this being televised and the entire world seeing the peaceful protesters demoralized, dehumanized, and several brutally murdered, the movement eventually received protection from the government which allowed for future protestors to be protected during marches (Tischauser, 2012).

Notably, not all Black-Negros fought for their rights to be free and liberated within the US because they were afraid of being killed. Many Black-Negro Americans decided to hide amongst a group of people who did not accept them in the effort to physically survive racial discrimination and prejudices their cruel new world (Gressman, 1952). What has been long understood about human responses to stress, long before Black-Negros were acknowledged as human beings, has complex, profound, and generationally transmitted influences on physical and mental health (Tischauser, 2012; Gressman, 1952).
The sordid history of Black-Negro Americans within the United States has impacted the health of the Black-Negro community, not only physically, yet also mentally (DeGruy J 2017). As stated in Chapter 1, mental health can be defined as a person’s mental, emotional, social, and spiritual wellbeing having influences on their psychological, physical, and behavioral functions (Avent et al., 2015). Mental health within the Black-Negro community has been one of the most complex topics discussed, or avoided, because of the ongoing generational, national, community, family, and individual experiences related to enslavement of Africans, the injustices of the Black-Negro during and post-enslavement, and the horrific implementation of medical experimentations on the Black-African American community. These large-scale atrocities are a few broach-reaching influences on the state of mental health and influences of mental health treatment for Black-Negro Americans (Mental Health America 2020); other individual and communal influences, not specifically named here, are important to consider alongside the mental health related influences of slave-trading, enslavement, and racism post-enslavement (DeGruy, 2017.

**Slave Inheritance**

A vast majority of African Americans trace their ancestry to the indentured or forced slave trade that operated for four centuries (Plasa, 2012), in contrast to most other ethnic groups who voluntarily choose to immigrate to the colonies or United States. As written earlier in this chapter, the narrative of abuses perpetrated against human enslaved Africans was wholly inhuman (Reece, 2018). Enslaved Africans were considered one-tenth of humans because Whites
did not consider the Black-Negro to be of human capacities, but like farming animals with human physicality (Reece, 2018). However, as human beings, enslaved Africans and Black-Negros wanted to be free. Yet, those who desired and sought liberation were regularly diagnosed with Drapetomania by mental health professionals (Myers, 2014). This diagnosis was given to enslaved Africans who tried to escape from enslavement and were considered to be manic because they desired their freedom (Myers, 2014). Once captured and brought back to the plantation, enslaved Africans were typically beaten, skinned, whipped, and some were raped (Myers, 2014). The cruelty of the Black-Negro did not only exist during the civil rights movement, but traces back to the beginning of colonization, which carried over from the capturing of Africans for the intention of enslavement and has bled over into several systems within the United States, especially health care, as articulated further below.

Additionally, colorism impacted the dynamic and functions of the enslaved Black-Negro; lighter skin being valued over darker skinned individuals (Reece, 2018). These influences persisted into the post-enslavement Black-Negro community (Iverson et al., 2022; Reece, 2018). Examples have been identified and studied in which the privileges (i.e., unearned advantages) lighter-skinned African-Americans or Black-Negros received over those of darker skin complexions (Reece, 2018). Darker-complexion was considered less than, lacking beauty, and described as too-Black. Darker skinned people were regularly called ugly, dumb, black devil, coon, or monkey (Reece, 2018; Kerr, 2005). This socio-cultural poison has been entwined within the Black-Negro community for generations and has caused Black-Negros and African Americans to differentiate amongst one another (Kerr, 2005) furthering the separatism controls of slave traders.
Another influence of divisiveness and hurt influenced by enslavement was in the naming of the community. Going from being known by one’s tribe and family to being called Niggers, Negroes or Colored, to African American and many identifying as Black or Black American: the identity was Black-Negro American with others as Black-Negro American in community has had numerous psychological and social influences (Smith, 1992). Many Black-Negro individuals frequently default to "African American" due to politicized correctness (Smith, 1992); though being challenged by the lost knowledge or disconnection to the heritage and peoples of their African homeland (Tischauser, 2012).

These forms of colorism and slurs derived from White colonizers, fed over into Black-Negro communities and perpetuated by Black-Negro elders through manipulative indoctrination (Kerr, 2005). Being of darker skin within the Black-Negro community was difficult for many because several church and professional organization leaders used tests such as the paper bag test and comb-test to determine if the person was of privilege skinned toned to join the church, group, or organization (Kerr, 2005). The paper-bag test compared an individual skin tone to the color of a brown paper bag. For the comb test, using a fine-tooth comb, if the comb could not be passed through one's hair easily, he or she was not invited to fellowship within the church or professional organizations (Kerr, 2005). This can be upsetting and distressing, contributing to identity confusion, decreased motivation, and generalized fear and isolation (Hickman, 1996). During the time of enslavement, mental and physical survival depended on learning who could be trusted, which typically meant trusting no one or only a few Black-Negro elders. In post-enslavement times, after the destruction of Jim Crow laws, identifying reliable resources became increasingly complex as the colonizing influences manifested in the practices of seemingly

**Medical Apartheid**

Medical Apartheid against Black-Negro Americans has existed for years (Washington, 2006) and some scholars and human rights leaders believe health care system practices continue to be unjust (Washington, 2006). This part of this historical narrative literature review is an exploration of the dark history of experimentation on the Black-Negro from the beginning of colonization of American to the early 21st century. When slaves were being sold, particularly from one owner to another, the slave would be stripped naked, thoroughly examined (without regard to the person), and evaluated for a clean bill of physical health to be packed-up for sell to the highest bidder (Chambers Jr, 2011). For many human slaves, this humiliating experience was their first encounter with a medical physician as they were being treated as property, without voluntary consent, and regularly moved, probed and prodded without concern for their comfort or questions during examinations (Washington, 2006). For slaves who had not prior interactions with physicians or healers, this contributed to narrowed perspectives about the purpose and contributions of medical professionals (Chambers Jr, 2011; Washington, 2006). For those who had experienced humane helpers in their previous communities, these demeaning physician experiences stimulated mistrust of American medical community across generation to generation of Black-Negro Americans (Chambers Jr, 2011).

**Poison as Medication**

During the time of colonization, many diseases broke out amongst southern enslaved
Black-Negros (Washington, 2006). Because of lack of knowledge about enslaved Africans health life-styles in their homeland (Gamble, 1993) and because of inaccurate biases held about the humanity of Black-Negros (Gamble, 1993), experimentations were conducted in order to treat their sickness (Washington, 2006). Some physicians’ remedies consisted of poisons such as opiates, cocaine, and even mercury (Washington, 2006). This resulted in many slaves to die, being killed unnecessarily, furthering distrust of medical professionals, and the Black-Negro righteous fear and resistance to taking medications to treat their sicknesses (Washington, 2006).

Many enslaved Black-Negros were forced to endure pain during unethical surgical procedures (Gamble, 1993). Historians showed that Dr. Marion Sims, a famous gynecologist, would perform experiments on enslaved women to treat a disorder by the name of vesico-vaginal fistula (Washington, 2006). During this procedure, Dr. Sims would not give any of the women medicine for pain because he believed they were not in enough pain for anesthesia to be admitted. This was a forced form of sterilization and was legal because enslaved women were considered as property (Gamble, 1993). Not only were enslaved women targeted and mistreated within the medical field, but men were often abused (Gamble, 1993).

**Lab Rat Experimentation**

The infamous experiment on the Tuskegee airman was nightmare for the Black-Negro men who served this country. In 1932, an experiment was conducted by the United States Public Health Services to study how venereal diseases exhibited within Blacks versus Whites (Fremuth et al., 2001; Washington, 2006; Gamble, 1993). The scientist within this study did not disclose to the Black-Negro airmen that their syphilis’s illness would not be treated (Fremuth et al., 2001). Instead of treating the sickness, the researchers documented the progression of the diseases
within the Black-Negros. Once a participant died, they would order an autopsy to see the internal progression of the illness and to see if the illness impact their physiological functioning specifically their cardiovascular system. Inform consent was not collected from the 600 Black-Negro men who participated within this study, this experiment took place until it was ceased in 1972 after study finders were made public (Gamble, 1993). Reviewed by the Assistant Secretary of Health in 1972, he pronounced the study being conducted “ethically unjustified” (Washington, 2006). The issues mentioned were unjust and talking disusing medical apartheid in regard to the Black-Negro gives a glimpse of the darkness our ancestors endured (DeGruy, 2017; Washington, 2006). This mistreatment within the medical profession continued in several other experiments involving Black-Negro Americans and has impacted the mental health of those within the community (Washington, 2006; Gamble, 1993).

Misdiagnosis

For many generations, Black-Negros have been misdiagnosed with mental disorders (Lawson et al., 1994). As introduced above, enslaved individuals who wanted to be free were considered manic because they wanted liberation after being mistreated by White colonizers (Myers II, 2014; Washington, 2006). Throughout the years, professionals within the field of mental health have not met the needs of the Black-Negro community in treating their mental health concerns (Lawson et al., 1994). Researchers have shown, Black-Negro Americans display symptoms differently from non-Black study participants (e.g., college-aged White men). Schizophrenia, Post-traumatic Stress-Disorder, and bipolar disorder have been frequently misdiagnosed within the Black-Negro community (Lawson et al., 1994), leaving researchers questioning if cultural factors are being effectively considered within clinical decision-making
(Lawson et al., 1994).

Dr. William Lawson, MD has been studying the over-diagnosis of the Black-Negro; and discovered Black-Negro patients were regularly rated higher within their diagnostic assessments versus Whites even though symptoms across clinical groups were the same (Lawson et al., 1994). This rater inconsistency created more Blacks being misdiagnosed as schizophrenic; increasing further discrimination against Blacks based on existing stigma associated with schizophrenia (Lawson et al., 1994). Being misdiagnosed with schizophrenia was not the only issue: Blacks were less likely to be given lithium for their bipolar disorder treatment (the foremost evidence-based treatment in that era). Instead, they may have been given psychotropic medications that had little to know evidence of efficacy and sometimes without having any testing or monitoring for potential side-effects (Lawson et al., 1994). Being misdiagnosed is another factor for mistrust of health professionals and the foundational element for mistrust of mental health professionals (Avent et al., 2015).

**Transgenerational Trauma**

Black-Negro experiences of injustices, inequity, racism, inequality, and discrimination affect the mental health of the larger community (DeGruy, 2017). Racial mistreatment due to the pigmentation of one’s skin and being viewed is inferior are contributing factors to sadness, fear, hypervigilance, complex grief, and traumatic stress responses (DeGruy, 2017). These experiences do not only happen individually in isolation: According to Dr. Joy DeGruy (2017), the symptomology many 20th and 21st century Black-Negro Americans experience is embedded within their genetic core (deoxyribonucleic acid; DNA). These are *co-experiences* of vicarious, empathic, nurtured, or genetically inherited symptomology and pathology passed through
ancestral blood lines. More specifically, Dr. DeGruy defined Post-Traumatic Slave Syndrome as follows “a condition that exists when a population has experienced multigenerational trauma resulting from centuries of enslavement and continues to experience oppression and institutionalized racism today” (DeGruy, 2017, p. 109). Within the homes of many Black-Negros, Black-Negro parents and guardians teach their children to be aware of White spaces (DeGruy, 2017). This practice is proactive prevention practices to support self-protection based on experienced generational trauma (DeGruy, 2017); however, this vigilance can lead to anxiety and other forms of emotional disorders from being in a constant state of hypervigilance (Alvidrez, etl 2008). Not only is the Black-Negro community impacted mentally and emotional by racial discrimination, violence, and stigma, various socio-environmental disparities are major factors in the avoidance of seeking treatment for many Black-Negro Americans (Alvidrez, etl 2008). Economic disparities, such as lack of access to gainful employment and livable wages, residential marginalization in resource desserts with inadequate transportation access are dynamic economic oppressions of medical apartheid (Alvidrez, etl 2008; DeGruy, 2017).

**Economic Marginalization**

In many situations, financial variables can make choices for seeking treatment less accessible (Mental Health America, 2020). In 2018, 11.5% of Black adults in the U.S. had no type of health care coverage due to insufficient employment benefits (Mental Health America, 2020). One out of every five Black-Negro Americans live in poverty, according to the 2018 US Census report. The Black-Negro community, like other marginalized communities, are bound to encounter financial strain in meeting their basic needs; leading them to de-prioritize mental health treatment (Mental Health America, 2020).
**Societal Stigma**

Besides poverty, stigma also influences Black-Negro Americans avoidance of seeking mental health treatment (Alvidrez et al., 2008). Pessimistic perspectives and cultural convictions towards individuals diagnosed with mental health disorders within the Black-Negro community have been strongly expressed (Alvidrez et al., 2008). The results of one study showed 63% of Black-Negros viewed having a mental health diagnosis indicated weakness (Mental Health America, 2020). Many Black-Negros develop feelings of shame based on having a psychological sickness (Alvidrez et al., 2008). Subsequently, those who are afraid of being victimized based on their condition may engage in alternative treatments or attempt to hide the impact of their condition (Alvidrez et al., 2008). Even though Blacks make up 13.4% of the US, 16% of the Black-Negro American population reported experiencing mental health issues within the year of 2021 (Mental Health America, 2020). That is more than the population of Chicago and other major cities combined.

Disparities in effective health care and culturally conscious treatment have persisted since the abolishment of enslavement with moderate gains (Alvidrez et al., 2008). This includes lack of education and skepticism about information provided about mental health and mental illness (Abdulla & Brown, 2011). While the Black-Negro experience within the US varies greatly, common traditional influences play a part in defining mental health, supportive well-being, healing, and strength (DeGruy, 2017). Cultural experiences of family relationship, ethnic values, and religious expression contribute to the resiliency of the Black-Negro (DeGruy, 2017). Furthermore, many individuals decide to look for help from their faith-based community to assist in their adversities and lived transgressions (Abdulla & Brown, 2011). Where socio-
environmental systems have been sources of dehumanization and apartheid (Washington, 2006), the *Negro Church* has a form of freedom, support for one’s welling being, solidarity, and healing for many Black-Negros Americans (Avent et al., 2015).

**The Black-Negro Church**

Recall that upon arrival in the Americas, enslaved Africans were stripped naked, children sold off, and their traditional religion forbidden from practice. Without a choice or invitation, slaves were forced to adopt Christian practices (Alpers, 2003). Prior to their abduction, many Africans believed in *ancestral-foundational* religion, varies ways of connecting with their deities, and/or worshiping nature (Ambrose, 2012). Not being able to practice religions from their homeland, embracing Christianity was their way of creating hope while in a foreign world (Ambrose, 2012; Woodson, 2018). Many White colonizers used Christianity as a way of justifying enslavement, using scripture as a weapon, believing the word of God condoned their behavior in dehumanizing enslaved Africans (West 2012). Many used the scripture written by Apostle Paul, in the New Testament, in the Book of Ephesians, Chapter 6, Verses 5-7, as stated in the New International version:

5) Slaves, obey your earthly masters with respect and fear, and with sincerity of heart, just as you would obey Christ. 6) Obey them not only to win their favor when their eye is on you, but as slaves of Christ, doing the will of God from your heart. 7) Serve wholeheartedly, as if you were serving the Lord, not people (International Bible Society, 1984, p. 1017)

Ephesians, 6 was only one sources of scripture utilized by White colonizers to weaponize Christianity as justification of enslavement and violence against slaves who did not conform to the scriptures (Ambrose, 2012). Depriving the African people of their traditional religion was a
way for Imperialist to control the entire life of the enslaved people (Ambrose, 2012). Even after being stripped of their identity, the Black-Negro fought cognitively, created resolve emotionally, and adapted in their resilience socially (DeGruy, 2017). Black-Negros had an attitudinal and cultural conviction to keeping their history alive through oration; such that their voices did not die in the midst of physical death (Jones, 1991). For many Black-Negros embracing Christianity was inborn by foundations of spiritual necessity; transferring how the connected spiritually into the only religion they were allowed to practice (Ambrose, 2012). For many others, Christianity was embraced as a mechanism of survival (West 2012).

Making It Their Own

The development of the Negro-Church was not always accepted within the traditional White Christian community (Du Bois et al., 2011). The Negro-Church, also called the Black-Negro Church or African American Christianity, stemmed from enslaved Africans praising God through their hardships and discovering strength as they were abused, mistreated, and forced to work in non-compensated occupations (Woodson, 2018). In the beginning of imposing the religion of Christianity, Black-Negros were forced to listen to messages delivered by White ministers, because White-Europeans declared Black-Negros needed to be cleansed of their ancestral demonic religions (Ambrose, 2012). Many Black-Negros lined up one-by-one to be baptized and confess their faith to an unknown God (Du Bois et al., 2011).

In the early 1800’s the first Black-Negro Churches were organized by free Black-Negros, in Georgia, Philadelphia, and in other states where Black-Negros worshiping freely was supported (Woodson, 2018). Due to segregation laws, Blacks and Whites were not allowed to worship in church communities with one another (Du Bois et al., 2011). Intentionally, therefore
having separate places of worship. Many slaves used the clapping of hands, stumping of their feet, and creating hymns as they worshiped and honored God during church services (Adogame, 2013; Woodson, 2018). Whites did not believe these were ways in which God should be honored and that these ways of conducting Black-Negro Church services were not appropriate (Du Bois et al., 2011). However, many Black-Negros were not allowed to pastor their own churches, after liberation, being evaluated as not being educated enough to lead others into religious redemption (Du Bois et al., 2011).

**Seeking Validation: Perceived as Unworthy**

The vetting process of the Black-Negro church was not an easy process because Whites within the US did not recognize them as worthy enough to attend religious institutions and preach the gospel (Woodson, 2018). These infidels, some Whites referred to as, were pagan and heathens at the corps of their religious conversion. Due to laws in the south, the Black-Negro was still viewed as inferior and scripturally as a slave, therefore many denominations did not freely welcome Black-Negros into their religious organizations (Du Bois et al., 2011). Many Black-Negros moved, strayed away from White-Protestant Christianity and drifted towards Methodist and Baptist denominational Christian faiths (Woodson, 2018). Many Black-Negros held their own church services and were supervised under White ministers to insure they implemented the religion properly (Woodson, 2018). The Negro Church grew drastically under liberation when many Black-Negros fled the south, moving north in what is called the Great Migration (Tolnay, 2003).
Migration and Expansion

The great migration within the Black-Negro community was a movement that took place beginning in 1910, wherein a large group of southern Black-Negros, moved towards northern states to cities such as Chicago, New York. Los Angeles, and other major cities (Du Bois et al., 2011; Tolnay, 2003). It was said that six million Black-Negros moved north to escape Jim Crow laws and social segregation (Tolnay, 2003). Many who moved north was inspired to do so by Negro Church leaders, preaching about liberation and freedom for all and seeking a sense of belonging within the US (Tolnay, 2003). Moving north was not an easy adjustment, yet many Black-Negros formulated creative ways of developing community (Tolnay, 2003). The results of the Great Migration stemmed new society of Black-Negro excellences, giving us the Harlem Renaissance, The Chicago Black Renaissance and other great reformative ways of living in the northern states (Pilgrim Rest Missionary Baptist, 2022). After the great migration, Black-Negro church communities grew larger in cities such as Chicago and New York.

For example, after migrating from Little Rock, Arkansas, my great grandfather, Reverend Matthew Thomas, built Pilgrim Rest Baptist Church, located on the westside of Chicago (Pilgrim Rest Missionary Baptist, 2022). Reverend Matthew Thomas was the fifth pastor of Pilgrim Rest Missionary Baptist Church; and he ministered to a flock of 10 members without financial salary. As he led the church, in 1939, membership within the church continued to increase. This increase resulted in the church building transition, leaving a storefront building into a small congregation building. Membership continued to increase over time; and in 1949, Rev. Thomas raised $25,000 to purchase a new church headquarters located at 1901-05 West Washington Boulevard in Chicago, IL, and is currently located next to the United Center (Pilgrim Rest Missionary Baptist,
2022). Pilgrim’s membership continued to flourish, and Pastor Thomas ministered for over 50 years until his home-going on April 8, 1987.

**Spiritual Healing**

As mentioned earlier, mental health within the Black-Negro community has been minimized regarding its importance and experiencing mental health issues being viewed as individual weakness (Campbell & Littleton 2018). This social construction has limited the frequency of Black-Negro Americans seeking mental health counseling treatment (Alvidrez et al., 2008). Having faith as the Black-Negro while navigating mental health services can be complex (Wimberly, 1976). Many Blacks believe counseling is unrelated to them or their needs; also believing or those providing counseling services are not being culturally competent to support their needs as Black-Negro Americans (Avent et al., 2015). Many Black-Negros, found emotional and mental healing through attending church, seeking pastoral counsel, and vocational support to provide for their families (Avent et al., 2015; Wimberly, 1976). The Black-Negro faith is a physical, spiritual, and social space for the person to be their authentic self (Du Bois et al., 2011). Therefore, the Black-Negro Church remained as go-to first or go-to only location to treat depression, anxiety, and other forms of life stressors (Avent & Cashwell, 2015).

As 21st century mental health professionals understand that by creating a secure, genuine, and meaningful space for clients is helpful for clients to experience belonging and safety within the therapeutic space (Avent et al., 2015). Though one’s religious beliefs and practices can assist in processing everyday stressors and coping with mental illness, it does not make our issues magically disappear, healing trauma is also needed (Avent & Cashwell, 2015; Avent et al., 2015). Many Black-Negro Christians use religious-based counseling as a way of fighting their
carnal issues both in the natural and spiritual (Avent & Cashwell, 2015). Leaning towards some form of pastoral-counsel or Christian-counseling within the Black-Negro Church to treat mental health concerns has generational trends influenced by oppressions of enslavement (Tischauser, 2012), medical apartheid (Washington, 2006), marginalization of Jim Crow Laws, and years of systemic racism that has yet to be dismantled (Fanon, 2012).

**Summary**

When it comes to being Black-Negro or Black-American, I am one of a group of people that is made-up of different cultures and micro-cultures. It is so broad in what it means to be Black (Smith, 1992). The complexity of different groups of people within itself, Black-Negro Americans are not just skin color. However, as Black-Negro people in the US, there is an expectation, a forcing for one to erase so many micro-cultures of oneself because the primary US narrative is about the identity of your skin color.

Specifically, when it comes to Black-Negro spirituality and religion as part of Black-Negro culture, I think it is one of the most beautiful things that exists. Remembering, not everyone knows that Black-Negro spirituality and religion was and is so connected to African lineage (Ambrose et al., 2010). Clapping of the hands, dancing, screaming and the shouting in praise, and so much of the charismatic way of being also connects to Black-Negro people. As one looks way back historically, one will see how African lineage included tribal groups connect with one another in song and dance, connecting with the earth, connecting with spirit (Adogame, 2013). This is still displayed in different forms within the African Church, in the Black-Negro Church, as part of Black-Negro Christianity (Mofokeng, 1988).

Even though Christianity was imposed on enslaved Africans (Ambrose, 2012), African
slaves were still connected to it within their heart, finding a way to take that thing and make it personal. Christianity as weaponized religion to justify enslavement and provoke compliance among slaves, was taken in and transformed into powerful and empowering (Ambrose, 2012). They took hymns and sung them as they picked cotton. They took hymns and sung them as a way of healing. When traveling the Underground Railroad, seeking to be free, they took hymns; even when they were skinned or whipped, bled out, and experimented on. Black-Negros found strength and healing in believing that Jesus is the Messiah and he will get them through (Woodson, 2018).

So, when it comes to Black-Negro mental health and mental health treatment services for Black-Negro Americans, scholars and helping professionals have to understand the connectivity and transgenerational inheritance of medical apartheid against the Black-Negro Community (Lawson et al., 1994). Direct and vicarious experiences of deceptive experimentation, unwanted surgeries, being denied treatment under false pretenses, or being denied evidenced-based treatments, misdiagnosis and over-diagnosis based on biases and disregarded cultural realities, across generations and generations these violent, pathologizing, and dismissive practitioners caused mistrust of health professional and professional health treatment for Black-Negro people (Lawson et al., 1994; Washington, 2006).

Valid mistrust has been passed down across generations from early Black-Negro experiences (Washington, 2006). For some Black-Negro Americans resolution has been created; while others still hold on to beliefs and statements like, “as Black people, we don't do that mental health stuff.” And in the 21st century, many Black-Negro people do not even know the reasons why (that's a pathological piece) they do or do not participate in certain aspects or resources
within US systems. That’s a cultural piece. That's a generational piece. Some things were spoken. Some things were unspoken. Some things that were healthy survival mechanisms and some things that were maladaptive survival reactions. And these are the pieces I aim to bring together through this study. I aim to help tell the narratives that have been handed down and lived-out: Whether they have been pathological narratives or generational survival narratives, this giving of voice for participants to capture, look into, and speak out about their own connectivity between mental health services, the Black-Negro community and their religious faith and beliefs.
CHAPTER 3

METHODOLOGY

This chapter includes the methodology and research design proposed for this study. The research question and purpose of this study iterates the following, a brief description of the importance of qualitative testimonial research. This methodology for this study is an integration of Narrative data collection and Photovoice data research analysis processes, nestled with my Critical Theory (Guba & Lincoln, 1994; Jennings & Lynn, 2005; Scotland, 2012) research paradigm. Specific methods conducted within this study includes recruitment of participants, data collection procedures, analysis coding processes and methods for confirming trustworthy thematic findings are outlined.

Participant Recruitment

Participants for this study were recruited through several digital formats and use of snowball recruitment (Willig & Stainton-Rogers, 2017), in which initial receivers of the study announcement can passed the flyer along, encouraging eligible others in their networks to respond and decimate further into other networks of Black-Negro American Christians. For the purposes of sharing Black-Negro American voices and their rich stories of Christian faith at the socio-environmental intersection of mental health counseling, six participants were selected as co-researchers in this study. Patton (2002) indicated there are no specific rules for sample size in a narrative qualitative inquiry. My aim towards richness was emphasized in my participant
recruitment choices. With my goal to give meaningful voice to several lived experience narratives of Black-Negro Christians to support, identify, and improve what we know about their involvement with mental health services. Therefore, once the sixth eligible participant had been recruited, including providing consent for participation in the initial interview, any prospective participants who responded to the call for participation were notified that the study had been closed.

Participants who identify ethnically and/or racially as African American, Black, Black-American, Negro-American, or of African descent living in the United States of America and self-identify of having Christian faith was considered for this study participation. Participants self-identified as having some experience in a contemporary clinical counseling services such as individual or group facilitated face-to-face talk-therapy with a counselor, psychologist, or clinical social worker.

The recruitment flyer in Appendix B, was disseminated via my personal and professional social media networks, specifically Facebook, LinkedIn, and CESNET. I e-mailed the flier to variable Christian churches and Christian community networks based on an extensive, through a non-exhaustive internet data search. Prospective participants were able to use the quick response (QR) code or uniform resource locator (URL) address from the flyer to complete a self-reported demographic questionnaire (outlined in Appendix C, completed via Qualtrics survey software; Provo, UT, 2022), as an initial screening for eligibility. I used snowball sampling (Creswell, 2013; Willig & Stainton-Rogers, 2017); combing initial screener responses for eligibility and aiming to diversify study participants based on divergent demographics. Snowball sampling can be defined as a technique whereas potential participants or participants currently participating
within a research study helps recruits co-researchers for a conducted study (Etikan et al. 2016). Snowball sampling is frequently used within qualitative Narrative Inquiry to assure included study participants meet eligibility requirements as aligned to purposes and objectives of the study (Etikan et al. 2016). Once potential participants complete initial screener, I sent an e-mail invitation (Appendix D) to each chosen participant describing the process of the study in greater detail. The invitation included information about scheduling researcher facilitated interviews using Microsoft Teams video conferencing software (Microsoft, 2022) and digital consent document (Appendix E) for participant review before conducting all interviews. Once enough participants have been recruited, I activated an automated message for prospective participants indicating the study recruitment has closed (Appendix C).

**Methodological Rationale**

The purpose of this research was to explore social, cultural, teachings, experiences, and perceptions around mental health counseling for Black-Negro Americans within the Christian communities. The research question (RQ) to be answered through Narrative Inquiry methods is, “What are the living stories of Christian identifying Black-Negro Americans who received mental health counseling services?” My research question is one effort to explore experiences and views of mental health and mental health services of those identifying as Black or African American living in the United, who identify as Christian.

This RQ is focused on individuals lived experiences of how spiritual and/or religious faith intersects with an individual’s seeking help for mental health issues within their community. From Chapter 2, it was made clear that faith may have an influence for Black-Negro people concerning mental health disorders. It is crucial for readers to see the connection between
Black-Negro people within Black or African American Christian communities and their views regarding mental health issues based on influences of what and how they were taught about faith. As a Black, male, USMC veteran, Christian, researcher, my hope is that by using Narrative Inquiry methods I was able to apprehend testimonials of Black-Negro Christian participants, helping to give and share voices of their lived experiences at the intersection of mental health counseling and faith.

**Critical Theory**

Within my study of Black-Negro American Christian experiences with mental health services, I focused on and critiqued the social construction of knowledge and commitment to praxis. This Narrative Photovoice research study is part of my commitment to broadening knowledge about the lived experiences of Black-Negro American Christians and their communities. My critical theory hypothesis revealed the cruelty of supremacy in mental health services for those within the Black-Negro American Christian communities. Within this research, not only did I challenge the structural knowledge and stigma of mental health treatment, my praxis facilitated my study design choices and rigorous promotion of trustworthiness in conducting research.

**Qualitative Research**

The intention of scientific research is to find solutions to problems or proposed questions (Creswell, 2013). There are several different types of research designs: For the purposes of this research, a qualitative methodology allowed me to facilitate a personable approach in elevating voices of participants over numerical trends (Pathak et al., 2013). Denzin and Lincoln (1994)
described qualitative research as a multimethod focus: Qualitative researchers aim to make sense of experiences of people and/or sociocultural phenomena in settings of natural occurrences.

Qualitative researchers articulate what they capture from lives of their participants and researchers illuminate the meanings made through rigorous study (Creswell 2013; Willig & Stainton-Rogers, 2017). The goal of the researcher was to give a voice to the participants in the study and allow the readers to see the descriptive details of participants lived experiences. The researcher worked on the social parameters in addition to the quantitative measures within a narrative study (Pathak et al., 2013). As the researcher, combing Photovoice as analysis strengthened the reliability of this study.

For this study, I am implemented a narrative inquiry data collection (Willig & Stainton-Rogers, 2017) and Photovoice data analyses (Wang, 1999) to understand lived experiences, cultural construct, teachings, and perceptions around mental health counseling of Black-Negro Americans within Christian communities. This research approach is appropriate for researcher purposes for strengthening narrative voice findings (Wang, 1999; Willig & Stainton-Rogers, 2017). I am hope throughout this study, I helped strengthen the narration of the Black-Negro voices surrounding mental health services and their Christian faith. Photovoice is a meaningful pathway for me to capture the embodiment of Black-Negro American voices representing their Christian identity and views on mental health counseling because it assists in extending the knowledge of Black-Negro experiences and connects to the praxis of their stories being told through the power of artifacts

**Narrative Qualitative Inquiry**

Narrative inquiry involves capturing rich stories of participants through testimonials of
their lived experiences. The use of narrative research began with Connelly and Clandinin, in 1990, using this approach to assess personal stories of teachers within elementary-level education. Narrative research is the study of ways people experience the world (O’Tolle, 2018). Individuals within Black-Negro communities’ experiences with mental illness has evolved, from generation to generation. My use of narrative inquiry broadened the knowledge-base and viewpoints of counselor educators regarding influences of faith and culture on Black-Negro Christian communities’ experiences with mental health counseling.

Conceptually, Narrative Inquiry is part of a refined perspective that educational exploration involves processes of construction and reconstruction of personal and communal stories (O’Tolle, 2018): Learners, teachers, and researchers are narrators and characters in their own and others' stories (O’Tolle, 2018). Within this study, the components of (a) Black-Negro Americans within the United States (b) mental health counseling, and (c) the Christian community are intertwined foci of inquiry as aligned with Haydon and van der Riet’s (2017) elements of sociality and spatiality. Based on literature in Chapter 2, Haydon and van der Riet’s (2017) element of temporality may emerge across narratives of generationally different participants.

Temporality is defined by relationships with time in which experiences influence or could influence individuals or communities of people. Spatiality is defined as environmental surroundings and what is happening for persons based on what is happening around the individual. Sociality is understood as social-cultural or personal-relational influences of an individuals’ experiences. These three elements help narrative researcher focus on the richness of lived experiences of participants through exploration of internal and external perspectives of
influences. Narrative researchers collect stories, explore identities, and co-narrate participant experience stories (organized chronologically), bridging historical context, when necessary (Haydon & van der Riet, 2017). Researchers can utilize or integrate artifact data through narrative inquiry (Haydon & van der Riet, 2017); therefore, I chose to implement Photovoice (Wang, 1999) as a part of this Narrative Inquiry of Christian Black-Negro American mental health counseling stories.

**Photovoice**

Photovoice is a participatory action research method whereas participants identify, represent, and enhance data about their lives and/or communities through photographic techniques (Tsang, 2020). Participants within a Photovoice analysis-based research study is viewed as co-researchers because they are presenting artifacts (captured or chosen images) supported by verbalizations of their lived experiences. Also, Photovoice analysis can be used to facilitate social change (Tsang, 2020); as is aligned with my research paradigm. Argrow Kitnequa “Kit” Evans-Ford (2017) demonstrated the power of Photovoice used in assisting sexually abused Black women, on a spiritual retreat, overcome traumatic experiences. These Black women engaged in capturing photographic images they defined as “healing aids” within their lives.

*SHOWED* is an acronym used within Photovoice methods to help participants describe their photographs (Gant et al., 2009). Within this study, I incorporate SHOWED as a structured qualitative interview within my approach to gathering participant testimonials about their lived experiences with mental health counseling as Black-Negro Americans of Christian faith. Figure 4, below, is illustrative of how participants will be guided in articulating (1) what they *See* in in
the captured image, (2) thick description of what is *Happening* in the image, (3) about individual-in-relationship to others denoting the *Our* in their experience, (4) *Why* the phenomena or type of story *Exists*, and (5) actionable things one can *Do* in response to the phenomena or story.

![Diagram](image)

**Figure 4. SHOWED method for structured Photovoice interview**

Within this study, I, as researcher aimed to assist participants in increasing knowledge and/or deepening awareness regarding their mental health and mental health service experiences alongside their Christian faith. Next, I will describe recruitment processes and data collection implementation of this Photovoice Narrative Inquiry methodological approach.

**Benefits of Photovoice**

There are several benefits and risks when using Photovoice, as researcher, I was aware of the impact Photovoice may have on participants as co-researchers (Tsang, 2020). A few benefits of using Photovoice analysis, co-researchers may develop or gain greater insight into their experiences, may develop a sense of internalized connectedness, and having residual knowledge of other participants may influence some sense of belonging (Wang, 1999). A benefit of this
research also contributed to the counseling profession and the Black-Negro community by gathering data to develop better approaches in assisting people of color within the Christian faith (Pattillo-McCoy, 1998).

**Risks of Photovoice**

A few risks within this study could include reliving painful memories co-researchers may have suppressed (or were repressed) before participation in this study. Reliving the past may cause anxiety (Le Roux, 2015); therefore, having counseling resources prepared post-interview is important to assist participants in reducing symptoms (Tsang, 2020). Being a researcher who is also a Licensed Clinical Professional Counselor, I have the skills to provide brief de-escalation and regulation interventions if a participant is triggered or experiences hypervigilance during the study. Also, a general information about how participants could search for additional therapeutic resources for post-interview support. General information, instead of a specific list was used because participants resided in different geographical regions and no information about health insurance will be collect as part of this research study.

**Data Collection**

The latter processes for participant recruitment are initial procedures for data collection methods, gathering demographic data and initial researcher rapport building through telecommunications. Researcher rapport is a critical care procedure in in many qualitative designs (Willig & Stainton-Rogers, 2017) is referenced further below. Before recruiting participants for this study, my primary goal was to submit an application for the Institution Review Board (IRB). Once my research is approved by the IRB, immediately following approval
within 24hrs, I disseminated my recruitment flyer (Apdx B). The flyer included a QR code leading participants to complete the initial screener, leading to a Qualtrics form (Apdx C). I was sure to check my email for updated inquiries twice a week. I finalize my recruitment within a month and contacted participants via email (Apdx D) inviting them to participate in the study with the inform consent link attached to another digital Qualtrics form (Apdx E). The digital Qualtrics (2022) informed consent form included a liability and a compensation release statement for the use of photos presented and documented within this study. At the start of interviews, participants were given the opportunity to self-select their pseudonym for use in outcome findings reports of this study. I selected pseudonyms for participants who decline to self-select their own. I also facilitated re-selection or designate alpha ordering (e.g., Jeff[a] and Jeff[b]) for participants who request the same pseudonym. After receiving all required documents and photos from potential co-researcher, I scheduled an interview with each participants after two weeks of correspondence.

**Capture and Interview**

For this narrative inquiry, I implemented a single Photovoice interview process as my primary modality of data collection. First, participants, as co-researchers, took photos based on guidelines in the participant invitation e-mail (Appendix D) and e-mail photos to me, as primary investigator, and facilitator. Second, co-researchers participated in a SHOWED interview through Microsoft Teams audio-video conferencing. As facilitator, I decided a few photos for participant submission (Amos et al., 2012). For this project, participants were instructed to capture two photos, with non-identifiable information (neither person nor location), illustrating their view of mental health counseling and Christianity. According to photovoice one picture is
sufficient (Wang 1999) and methodology states researchers get to choose a certain number of photos (Tsang, 2020). One photo appears insufficient for collecting rich data for this specific research study yet choosing two photos can provide a different thick description for data. In regards for the co-researchers and their volunteered time, to avoid overwhelming co-researchers choosing two photos appeared to be adequate. Once I confirmed receiving consent for participation and both photos were received, I scheduled and facilitate one 60 to 90-minute, semi-structured interview as outlined in Appendix F. Structured interviewing is assistive to co-researcher's describing their experiences of mental health counseling and Christianity (Patton, 2002). The structured SHOWED interview is designed to allow each participant to narrate their lived experiences while ensuring some consistency in parts of narrative being gathered (O’Tolle, 2018; Sutton-Brown, 2014). Nevertheless, allowing flexibility with researcher opening, probing, and closing interviews based on the relational energy of researcher and co-researcher-participant supports rapport and authenticity in participant disclosures (Connelly & Clandinin, 1990; Denzin & Lincoln, 1994; Haydon & van der Riet, 2017). A quasi-third phase of data collection exists within the structures of member checking and was completed the end of my analysis work; allowing for participants to provide clarification or additional testimonial data about their photos and photo meanings, if applicable.

**Role of Researcher**

My role as primary researcher within this narrative Photovoice inquiry was to access participant reactions (thoughts, sensations, emotions, and actions; Wang, 1999). Accessing authentic reactions can be challenging because this requires participants to be vulnerable in disclosing intimate experiences (Willig & Stainton-Rogers, 2017) in regard to mental health
disorders and their Christian faith. As discussed in the risk and benefits portion of this chapter, exploring participants’ pasts could trigger co-research reliving of their past. In support of gaining access and supporting participant sense of emotional and psychological safety, my goal was to build rapport with co-researchers as they and I narrated their stories for this study. I have similar identities to anticipated participants, which was a protective factor, but also a risk factor for me in remaining reflexive about in monitoring implicit biases that may surface as I collect and analyze narrative data. Participant stories needed to be narrated through co-research; this study was not designed to produce my own interpretation of their lived experiences (Saldaña, 2015). Nevertheless, this research connects to my personal life growing up as a Black-Negro Christian within Chicago; thus, my positionality as researcher was disclosed as part of reflexivity and practice in trustworthiness.

**Positionality**

Within the community I grew up, mental health experiences were not addressed directly: Mental health and mental illness was screened through the lens of religion. Growing up, I had a relative diagnosed with clinical schizophrenia; yet, I was told she was struggling with demonic forces. Therefore, prayer was the way of (treatment for) freeing her from her daily torture. Even though I deeply believe in my Christian faith, I knew there was more to that story. My experience as a Black man, who believes in Christ, has brought me to question the reason behind those within the Black-Negro community who stray away from seeking out mental health services when they are hurting emotionally and in pain mentally.

As outlined in Chapter 2, messages within Christian faith systems influence many to stay away or stray away from discussing mental health, seeking a counselor, and/or only using prayer
to resolve mental health issues. I believe as stated, “However, the spiritual is not first, but the natural, and afterward the spiritual.”—1 Corinthians 15:46. This verse in the New Testament (NKJV; Nelson, 1982) helped me realize, God wants us as human beings to take care of ourselves naturally and spiritually. This realization was my catalyst for this research study of how others within Black-Negro American Christian communities describe their experiences with mental health counseling in connection to their Christian faith. As a Critical theory scholar, using narration of captured photo stories will assist me in approaching this research with a much broader view for the societal and historical influences of mental health services and Christian faith systems for participants while sharing findings as broadly in service to my praxis towards systemic change.

**Data Security**

Being diligent in designing this study and safeguarding the vulnerability of participants during active data collection extends to safeguarding their data throughout study processes. After capturing two photos, participant co-researchers are to e-mail their photos to my secure Northern Illinois University affiliated electronic mail account (kgoodwin1@niu.edu). Once I received participant image capture sharing emails, I immediately use secure Microsoft Outlook to secure Microsoft OneDrive to secure Microsoft Teams electronic attachment transferring for storage of data with my single-user Microsoft Team: “Narrative Research Study.” Immediately after transferring capture attachments, and any applicable participant disclosures included in their e-mail correspondence, I deleted participant e-mails from my inbox and permanently delete the e-mail from my automated e-mail account digital “deleted messages.” These procedures assisted in eliminating chances of identifying information being exposed to those outside of myself and my
dissertation committee members.

The interviews were conducted via Microsoft Office Teams video conferencing application from my personal secure access account. Teams includes automatic video storage within in a secured online recordings folder without needing to use computer-based or other unsecure data transfer options. Immediately after each interview were completed, I deleted any individual or automated video conference Chat messages. Only I, as the primary investigator for this study, had access to the secure Microsoft OneDrive folder and Microsoft Team through which data was saved and stored. All data related to this study was stored in my Narrative Research Study Microsoft Team digital documents file. This included weekly download transfer of data gathered through Qualtrics and deleting the corresponding records from Qualtrics and the transfer computer devise.

Microsoft Office Teams includes an Advance Threat Protection (ATP) feature, integrating SharePoint, OneDrive, and Teams as part of its security systems. “ATP allows you to determine if content in these applications is malicious in nature, and block content from user access” (Microsoft Office, 2022). Using this application increased management of confidentiality and decreased potential breaches of confidentiality for security of all documents, interviews, and photos sent from participants. Microsoft Office Teams video conferencing also offers secure transcription of recorded interviews, which was my initial process for data analysis. Identifiable data stored within Microsoft Teams was kept until the publication of the finalized manuscript.

**Data Analysis**

Within three to five weeks of receiving the first participant screener response, I hope to conduct all initial interviews; then begin data analysis processes. I used an open coding analysis
system (McAlister et al., 2017) for this narrative inquiry Photovoice study. Comprehensive analysis of structured interviews will allow me to identify meaning behind captured pictures and communicate these meanings through narrated voices of participant lived experiences. While Microsoft Teams video conferencing software has an integrated transcription feature, my first task was to create accurate transcriptions of each structured interview recording. As of analysis processes, I listened to each interview recording three times to be sure participant voice is being heard (Saldaña, 2015).

**Notating and Coding**

During my first listen, as a part of my open coding process (McAlister et al., 2017) I completed a comprehensive verbatim transcription creation and cleaning. This included documenting participant physical reactions and fluctuations of voice; marking identified disclosures with non-identifying symmetrical phrasing; and notating any researcher thoughts, sensations, emotions, and curiosities that emerge. During my second listen, I began to openly code participants meanings (McAlister et al., 2017), notating any narrative indicators of varying significance in meaning or influence for participants. Wang (1999) stated researchers should code issues, themes, or theories arising from participant photographs. For the most part, I focused on issues that arise through the analysis processes because Photovoice is well suited for action-oriented analysis (i.e., generating guiding principles and practical objectives), which is significant for the critical theory paradigm of this study.

My initial coding, within my open coding process (McAlister et al., 2017), included underlining, circling, and highlighting participant words and phrases by categories of narration. Transcripts were printed out for each participants which was downloaded and uploaded within
Microsoft Word, from Teams. According to Erickson (1986), one must collect and code data properly. If opened coding done improperly (McAlister et al., 2017), two errors can result researchers may reject claims of analysis or fail to refine adjusted claims within the data. I focused on several forms of open coding: first round during second recording listen. Through second round coding of interview transcripts (before my third listen of recordings), I used the rename or recode technique (Saldaña, 2015) to help merge related codes into categories of events, settings, and activities codes as more refined codes. Within open coding, after the initial coding, re-coding was used when there were common threads between a few initial codes. Re-coding common threads strengthened the argument of eventual themes found, or narrative voice presented, from data collected (Rabinovich & Kacen, 2013). Within this second phase of coding, I created a Microsoft Excel sheet document to organize the chosen data used within the findings. Each participant had their own tabs with the chosen quotes, I decided to use for this research project. This organization was categorized by using the SHOWED model interview guide.

**Narrative Theming**

During my third listen of interview recordings, I concurrently read finalized coded transcriptions paying attention to settings, events, thoughts, feelings, sensations, and activities of participants, to contribute to the thick description of this study. At this time, I was able to recognize narrative themes and issues of co-researchers meaning as participants stories of lived experiences with mental health counseling as Black-Negro American Christians. In reviewing my field notes, I critiqued disclosures of participant testimonies from my own realizations, curiosities, and personal storying.

After this third round of listening and identifying narrative themes of each participant
story, I reviewed the narrative themes paying attention to similarities and differences of the thematic narratives (i.e., settings, events, feelings, thoughts, sensations, activities, and issues). Also, cross-referencing screening questionnaires, I organized narrative themes by-participant and across-participants to be able to share the most about findings from this study to stay true to the open coding process (McAlister et al., 2017). I also cross reference my researcher reflection journal for differentiating participant voice from researcher voice before conducting member checking. These processes helped assure I captured the narrative stories of participant's lived experiences as differentiated from my own and differentiated from the other narratives I gathered. Before finalizing my findings, two weeks following my open coding process, I scheduled members check for each participant who wanted to participate in this portion of the study. Once co-researchers confirmed the illustration of their story is correct, I finalized findings of the voices of the Black-Negro American experiences.

Findings

While the exact findings remained unknown until the end of my data analysis, this Narrative Inquiry Photovoice study should yield a minimum of six photo captures and three narratives of Black-Negro Christian lived experiences with mental health services (two captures and one narrative per participant; maximum of 12 captures and six narrations). Each capture and excerpts from participant narrations will be included in my final dissertation research report manuscript for publication through the ProQuest database (2022). The end goal of this research project was to present a Photovoice exhibit of participant's photos in Chicago, Illinois. This exhibit will not have any identifying information about participants within presented materials. The Photovoice exhibit will consist of one or two brief quotes from co-researchers alongside one
image capture collected for this study. Seven image captures are anticipated for inclusion in the exhibit. The Photovoice exhibit is an opportunity for attendees to read and visually connect with voices behind exhibited photos. As a part of my praxis and advocacy within critical theory research, I am inviting my family, committee members, and others within the Black-Negro Christian community to experiences the narratives of the co-researchers within this study. The photo exhibit consisted of pictures captured by participants and quotations of co-researchers; this allowed the audience to connect with the voices portrayed behind the photos.

After reciting co-researchers lived experiences based around their major themes, I, as primary researcher, provided, in detail, the convergent themes found within the thematic stories of the co-researchers. As presented next, excerpts from co-researcher stories were recounted to build up excitement, introducing a photo, followed by a continuation of their narrative. In addition to the Photovoice exhibit, themes of participant narratives and themes across participant narratives was organized visually within the final manuscript report. As this study is a Narrative Inquiry designed to facilitate the sharing of stories, further interpretation of the themes is beyond the scope of this study. Also, evaluation of the rigor and trustworthiness of the research before the exhibit is important because, as the researcher, one must be sure their storytelling is being narrated properly (Creswell 2013; Wang, 1999; Willig & Stainton-Rogers, 2017). Processes to ensure trustworthiness of these findings is outlined here, too.

**Trustworthiness**

There are several ways to assure trustworthiness within qualitative research (Willig & Stainton-Rogers, 2017). According to Connelley (2016), trustworthiness can be described as the dependability or thoroughness of a study referring to the degree of sureness in data collection,
analysis, and methods used to guarantee the eminence of a study. Within this study, I used reflexivity, thick description, and member checking mechanisms to support trustworthiness.

**Reflexivity**

My self-reflection in the present moment, including thoughts, emotions, and choice actions during research processes are a benchmark of establishing trustworthiness within this study. This is crucial because field notes, journals, and other ways of being aware of oneself throughout research study, more so in conducting qualitative research, because the researcher as the tool in design, facilitation, and analysis influences findings (Hays & Singh, 2011). Therefore, knowing my internal reactions when one participant is vocalizing their lived experiences helped me differentiate if my interpretations are showing-up in findings where participant voice is supposed to be heard. The practice of reflexivity helps to facilitate in-the-moment choices that may impact rigorous data collection and analysis processes more directly than only engaging in reflecting after processes have concluded (Hays & Singh, 2011; Willig & Stainton-Rogers, 2017). I conducted post-interview processing journals as I collection data, transcribe interviews, and code findings. This helped me mine for implicit biases of my own personal lived trauma within the Black-Negro community involving mental health disorders. Writing up my analysis in detail allowed testimonials of co-researchers to be the forefront in trusted findings.

**Thick Description**

My use of thick description (Hays & Singh, 2011) included processes developing a detailed narrative of the participants lived experiences. Describing participants’ demographics, reactions, and tonality of voice (i.e., verbal, non-verbal, content, and meaning) is a part of thick
description processes (Hays & Singh, 2011). Within this process, handed over power to each co-researcher in narrating their individual stories. Individualized interview prompts that were asked was recorded and justified based on individualized oration as a primary purpose of Narrative Inquiry (Haydon & van der Riet, 2017; Willig & Stainton-Rogers, 2017). This was supported by having pictures, direct quotes, and member checked narrative themes presented within findings. This was important because as the researcher, I aimed to eliminate my own options and beliefs best ways possible.

**Member Checks**

Member checks involve a participatory interaction with co-researchers, after initial data collection and analysis phases, to assure participant lived experiences are articulated and narrated accurately through the findings reports (Hays & Singh, 2011; Willig & Stainton-Rogers, 2017). As researcher, I schedule follow up check-in with each participant, via Microsoft Teams, to provide each participant with a detailed summary of their interview (Hays & Singh, 2011). The summary included original captures, description of coding processes, illustration of coding evolution, resulting themes, and initial narrative story. The recorded member check discussion helped me verify the meaning behind their capture photos.

This process is used to clarify and identify any changes necessary from the initial interview (Hays & Singh, 2011). If, at any time during member checking, co-researchers provide feedback regarding any inaccuracies of narration of their lived experiences, these notated on the summary document during the discussion. As primary researcher, I explored corrections, remove inaccurate narrations, and make thematic coding modifications. After completing member checks, I reflected on both internal and external factors of my processes and experiences as the
study comes to completion (to be documented in researcher reflexivity journal). Even though trustworthiness is designed to validate this proposed research, there are limitations within all research studies, including this narrative Photovoice inquiry.

**Potential Limitations**

Some limitations to this study were recognized by design choices I made and some I will become aware of as I complete this study. One limitations within this narrative inquiry qualitative study is that data examined is intensely subjected to the researcher’s abilities and knowledge at the time of initiating the study (Guetterman et al., 2019). This limitation is moderated by my reflexive practices and consultation with my project committee members.

More importantly, data outcomes could be affected by my very own predispositions and biases despite rigorous mechanisms of trustworthiness in place. The reason or this is because as the researcher I do identify as both Black-Negro American and Christian, therefore when analyzing data unintentional favoritism could show up within the coding process as I coded for themes, narrate participant stories, and/or identify similarities and differences in participant stories for presenting findings of this research. Due to predispositions, thoroughness was difficult, hard to keep up, evaluate, and illustrate throughout the analysis (Atiano, 2009). The volume of information makes examination and translation tedious (Connelly & Clandinin, 1990). Member checks will assist me being accountable for any inaccuracies in narration experienced; me creating space to formulate corrections with co-researchers about their lived experiences.

Difficulties with technology occurred when completing forms, sending pictures, and accessing Microsoft Teams for the interview. Challenges happened because of a lack of access to a computer, which can lead to some challenges in the initial screening process and other use of
technology for this study. Issues of identified information and privacy introduced issues and limitations while introducing discoveries of study and was not troublesome when presenting data.

**Summary**

In summary, I presented my Critical Theory paradigm for how I believe knowledge is constructed and for the purposes of social change. From a methodology of Narrative Qualitative research, I outlined my use of the SHOWED model for data collection and Photovoice as my method for data research analysis. This included processes of recruitment, data collection, and qualitative research coding that would support my development of thick description of participant lived experiences. Once approved by my project committee and IRB, I facilitated these proposed methods. Within Chapter 4 of this dissertation manuscript, I discussed the actual findings of my research study. I described the participant’s demographics, share their photo captures, and summarize their stories of mental health counseling at a crossroad of Christian faith as Black-Negro Americans. Participants’ voices will be narrated within Chapter 4 supported by gathered testimonials. My coding process will be discussed in greater detail with disclosure of themes found within and across participants.
FINDINGS OF NARRATIVE-PHOTOVOICE ANALYSIS

In this chapter, I will present study findings by narrating the stories of co-researchers (i.e., study participants of this narrative inquiry study), along with presenting their submitted photos. This approach is, by design, an integration of narrative inquiry (O’Tolle, 2018) and photovoice (Tsang, 2020) analysis processes in finding disclosures. As mentioned in previous chapters, co-researcher narratives about their lived experiences with mental health counseling, as Black-Negro American Christians, was conceptually framed by cognitive, social, and attitudinal elements (Fiore et al., 2009).

In completing one SHOWED model (Gant et al., 2009) semi-structured interview, co-researchers articulated their lived experiences of mental health counseling services as Black-Negro American Christians. Their photo captures were aids for co-researchers narrative sharing about the influences on and impact of their personal journeys with (a) mental health counseling, (b) the Black-Community, (c) and the Black-Christian Community. Co-researchers also shared their perception of what the country should do to impact change for Black-Negro Americans and mental health counseling. Co-researcher thick descriptions of their lived experiences included clear connections to my narrative inquiry conceptual framework elements above. Through their lived experiences as Black-Negro American Christians, co-researchers discussed finding meaning of life, purpose, and the importance of mental health counseling services within their lives.
This chapter is a part of my researcher praxis, giving voice to co-researchers in narrating their lived experiences and bringing to life the impact of mental health counseling on these Black-Negro American Christians. The stories of co-researchers are organized into three major themes, (a) The Strength of the Black-Negro American Christian, (b) Brokenness and Put Together, and (c) United, but Separate. These themes emerged during my open-coding analysis processes (McAlister et al., 2017); providing thick descriptions of some Black-Negro American Christian experiences with mental health counseling. Furthermore, contributing to answering my research question, (RQ) “What are the living stories of Christian identifying Black-Negro Americans who received mental health counseling services?”

Narrative inquiry finding reports can be written in any story telling format common to the culture and context in which the narrative research is conducted and shared (Butina, 2015). There is no standard format or way of writing up narrative findings according to Butina (2015). I have organized these narrative photovoice inquiry findings in three consecutive parts: I start by (1) sharing excerpts from co-researcher narratives, (2) introduce one photo capture, and (3) then proceed with a continuation of their narrative as related to the respective major theme.

As the researcher, I have chosen this narration format because I believe it helps readers to connect with stories of co-researchers and see illustrations of their lived experience in context. I enjoy stories that unfold across the co-researchers lived experiences: As the primary researcher, this narrative formatting grasped my continuous attention and prompted me to become invested in the characters. I hope readers will create their own connections to co-researcher stories as well.

After narrating co-researchers lived experiences based around their major themes, I
present findings of the convergent themes (Tsang, 2017; Butina, 2015) found within the thematic stories of co-researchers. Figure 5 is an illustration of how the research question for this narrative inquiry photo voice study was answered through the major and convergent thematic findings through this study. Co-researcher photovoice narratives follow hereafter (all names presented are co-researcher’s chosen pseudonyms).

Figure 5. Thematic relationship of major and convergent themes

**The Strength of the Black-Negro American Christian**

Each participant verbalized their personal relationship regarding the impact of mental health on their lives. The major theme “Strength of the Black-Negro American” stemmed from open coded analysis (McAlister et al., 2017) of co-researcher orations about how their submitted
pictures represented their mental health journey during the *Happening* and *Our* portion of the SHOWED (Gant et al., 2009) interview. Each co-researcher narrated personal experiences behind their journeys as clients, some as counselors, and their overall encounters as Black-Negro American Christians. Three co-researchers stated their lived experiences as Black-Christians were intertwined with the strength of being resilient as Black-Negro Americans. Here are their narrative findings.

Lavern Johnson is a single mother of two children, both girls. She received her children back from the Department of Child Protective Services (CPS) roughly three years prior to our interview. Her children were taken away from her due to her being in a physically abusive domestic violence (DV) relationship with the father of one of her daughters. Lavern did not volunteer to enter into counseling based on her traumatic experiences: She was “forced to complete weekly court mandated individual sessions,” assigned by the DV service provider. She described her mental health counseling experience as life changing because she knew she had a goal, and that goal was to get her children back.

My situation is different; I had no choice but to come to the starting point as you can see in the picture. I was at the beginning of the tunnel, within this tunnel there are thorns, which are obstacles I faced. Just trying to get through this process, my mental health. I learned to set boundaries to get to the light at the end of the tunnel. My children symbolize the light, they are my light, and I had to do whatever was needed to get them back.

Lavern was prepared to go through the processes, the obstacles, of life to be reunited with her children, which displayed her strength and resistance to giving up as a Black Negro-American Christian woman.
The experiences of mental health counseling for Lavern were forced, as mentioned. Yet, as time went on, Lavern realized it was meaningful and purposeful. The image above, *Tunnel Vision*, represents exactly what Lavern discussed in her lived experiences, a process that is not easy, yet if one believes and stays focused, one can reach the light at the end of the tunnel. Lavern stated, “it is not easy as an African American Woman, to jump into getting your mental health on track, getting help, or talking to someone.” For Lavern, this picture embodies process, progress, and purpose: The strength of who she is a Black-Negro American Christian woman who endured trauma and who was willing to journey through the tunnel to be unified with her children after being apart for several years.

For Janet, domestic violence, within her home as a child, was a traumatic experience in her narrative as a Black-Negro American Christian woman. Growing up facing unmet mental health needs while learning about faith was challenging because she did not feel safe. Janet
would hear scripture on Sundays and experience “a collided world of refuge and condemnation” happening simultaneously.

Janet voiced how isolation became a coping mechanism for her throughout her life processes since childhood. Isolation was Janet’s safe space because she had everything she needed for sustainability in regard to “food, shelter, water.” Janet stated, “in relation to mental health, isolation is the way that I experience things emotionally and mentally. I was kind of trained to do so.” As a young child, and into adulthood, Janet has used isolation as a shelter, a “place of protection” she says, yet also “it has been a prison at times.”

I see all the elements that I would need or that anyone would need for life, right? I see water. I see light, I see shelter. But I also see limitation, right? Like, I see that outside of here that there's no real, direction maybe up. We don't know. I see vegetation, right. So, it's a beautiful abundant shelter that can sustain me, but it also limits me.

Janet described her mental health maintenance processes as a Black-Negro Christian American woman can be isolating. Janet seeks a sense of belonging within her Christian
community and sometimes feels like an outsider in certain areas of her life. Janet would describe her journey as a Christian woman as lonely or by herself when she knows she has her community. “I know I'm supposed to be here, but why do I feel like I'm by myself, right? And yet I have this belief system and this community that is built to protect me and guide me”

Janet’s community exists in this place of worship, yet she seeks for her community to protect and guide her. Even though she felt isolated at times, “finding refuge and having a form of relationship with God, was my light, as you see in the cave, God is the light beaming down into the cave.” The cave represented a place of healing for Janet, and her trauma, with God as her strength and refuge as a Black-Negro American Christian.

For Marcus, the strength of being a Black-Negro American Christian man, and his experiences with mental health counseling was different than both Lavern and Janet. As a Black man, Marcus described being Black, particularly as a Black man, is like being viewed as a brick building.

So, a lot of times, we think brick is strong. Brick is firm, it’s still expected to stand firm and show up in whatever space it needs to, even if you have all these things going on, you dare not be seen tenuous, you have to show up and have faith.

For Marcus, the way to deal with mental health concerns that was modeled for him was “we pray about it” and do not seek help externally (i.e., outside of self or outside of the church). “You can’t get caught slipping because your dirty laundry gets put out into the community.” Therefore, being Black, we are to remain constantly strong, to “endure things and get over it”

So, when I took this picture, my immediate thoughts were for me as a Black man and [Black men,] their mental health. A lot of times, no matter what is going on around, even if the vegetation and everything is about to overtake us, we are still supposed to stand firm, stand tall, and look as if nothing’s going on, and you can see it.
Marcus described Black men and their mental health as a building. We see the growth of vegetation (i.e., mental health needs) that needs to be tended to; yet, many times, Black men, and their mental health, (i.e., the brick building) are neglected or overlooked. Black men need care. Marcus needs care, at times. Yet, he must always show up as his best self, as strong, even if the care he needs has not been tended. “Us and this building can use some light, we can use a little bit more lighting, too.” For Marcus “Never Let’Em See You Sweat” represents everything “we are expected to be, everything we are expected to be as Black men and our mental health; pristine, clean cut, and landscaped.” For Marcus, strength as a Black-Negro American Christian was about his resiliency in not making internal stresses visible on external communities.

Even though the narratives of the Black-Negro American Christians depicted in the stories and captures above display strength and perseverance through life stresses, several adversities of life impacted their current cognitive understanding of mental health and their social expectations of, and authentic presence in, their community. Other stories of the Black-
Negro voices spoke about being together as a people in faith yet feeling judged for their moment of brokenness due to stigmatization about being mentally unwell.

**Brokenness and Put Together**

Co-researchers of this study shared lived experiences of navigating relationships within the Black-Christian community as relates to mental health support. Specifically, narratives regarding attitudinal elements of Black-culture that show-up within the Black Negro-Church. For Zekia, Emani J., and Nathan, mental health conversations within the Black-Christian Community co-exist with little to no separation. Yet, many of their stories of hesitancy to seek services was due to a Black Negro-Church cultural narrative of “we don’t go therapist, we go to Jesus,” as stated by Lavern Johnson.

Zekia described her view of mental health and Christianity as like a door of separation between two worlds that works interchangeably depending on how much one decides to, how far one would like to open the door for them to co-exist with one another. “The door separates my internal world, my mental health, and the external world, Christianity.” Zekia believes when both sides of her “internal and external worlds” merge or open, they become one (put together).

I look at it as my mental health and my Christianity, as one. And the lacking key is the therapy for me. Therapy is the mechanism that allow everything to be purposeful. Christianity and Mental Health must be integrated in order for me to be whole and to have purpose.

Zekia believes Black Christians have placed a door in between our mental health and Christianity; closing the door to one world (i.e., mental health) and choosing to exist only in the world of Christianity. As Black-Christians see people struggling with mental health needs, in her words, people categorize them as “crazy because that is the term we use in the Black
Zekia deems the words used to describe mental health issues of others, such as “crazy,” within the Black-Christian community as stigmatizing. She believes once one stigmatizes or judges someone for verbalizing their struggles with mental health, the doors close instead of allowing the worlds of mental health and Christianity to merge. “I think it signifies the closure and the separation that we could create within our community to integrate the two, yet there is an opportunity to integrate both worlds within our communities.” For Zekia, no matter the historical damages that has taken place in both worlds (mental brokenness and community marginalization), the entire problem cannot be fixed completely. Yet, seeking an understanding between both worlds can be effective for the Black-Negro American Christian and their struggles.
Emani J’s journey living with unmet mental health needs has existed from childhood into adulthood. Emani J orated how her culture as a Black woman influenced her relationship with God and her views about mental health. Within her community, mental health issues have been looked down upon (brokenness) because people assumed “you are not being faithful to God.” For Emani J, she noticed many Black-Christians who seek out mental health counseling services not only have to fight the communal stigmas, “you have to fight the culture. And, after fighting the culture and its resistance to mental health, you eventually find a therapist.” Fighting cultural resistance leads to mistrust in the cultural community (social brokenness), which is why “eventually, when you find a therapist, you do not tell anyone, to avoid people thinking poorly of you.”

Figure 10. Bliss
Note: submitted by co-researcher, pseudonym Emani J.
These trees are hundreds of years old, and they are surrounded by water. Water degrades and you would think the trees would not sustain and fall, yet they continue to grow. When I see this, it represents my religion, which is my anchor. I want to be unmoving in my faith and my beliefs and stand tall like those trees.

The image *Bliss*, Emani J said, represents her faith and her beliefs. She stated, “even with the messiness around it, there is a calmness.” God represents that for Emani J and her mental health: Even when her mental health concerns are stigmatized by Black-Christian people around her, and with all the chaos taking place within her family, she chooses to lean on her faith as her anchor for peace. Emani J found it unfortunately “interesting, for someone’s mental health to be questioned” as Black-Christians among Black-Christians. She noted, that “if you were crazy, traditionally within the Black-Christian community, you were hushed or hidden depending on your disability” she states. This communicates the detriment mental health stigma has had on the Black-Negro American community and the struggles faced when someone presents themselves with mental health issues.

Nathan, a Black man who works in the finance world, “seeks mental health services as a refuge, along with leaning onto his religious beliefs,” as a Christian, to overcome the struggles he has within his worlds, both professionally and personally. “I feel like the Black Community, especially as Christians, your emotions are taboo.” Nathan often hesitates to display his vulnerability or brokenness because he wants to avoid being viewed as less than within his communities.

Releasing your emotions shows weakness and it shows submissiveness. As a Christian, mental health is not discussed. I feel like, a lot of people tend to use the bible as a fixture device to conquer issues, without really addressing the issues of their mental health.
Nathans believes many Black-Christians struggle with mental health issues, yet they avoid talking about it because of the negative connotations within the Black Christian community. “Many of the mental health issues we have are cycles we developed overtime from our grandparents and parents.” For Nathan, if we were taught to address our mental health within our family then our approach to mental health would be different. “I feel like we were taught to act a certain way around people, to demonstrate you are not weak.” Being vulnerable was not an option for Nathan because culturally resiliency and being strong was the only way to be around family and others. Nathan stated that “I feel like the struggles many Black Christians experience, in regard to mental health, is cycles learned from our parents, them learning from our grandparents and thus forth” Nathan realized he had his family who taught him not show his weakness and he had the togetherness of his community who utilized the bible as a fixture for everything, yet Nathan knows the things learned is cycles from generation to generation. Sometimes the co-researchers avoided showing their family and community when they were
hurting and therefore wedging a division between their internal world of intimacy and their external world of congregants and family.

**United, but Separate**

This time, *united, but separate* represents social justice, advocacy, and diversity of mental health representation at individual personal levels for Black-Negro Christian co-researchers within this study. Co-researchers Janet and Emani J discussed ways they have advocated for and spoken up about the importance of mental health counseling within their family, church, and other communities: Some expressed the push back they may have received. Co-researchers also gave voice to what the Black-Church can do to change regarding scrutiny, social ways of being, and mindsets about mental health counseling services within churches. Marcus expressed what the country should do differently overall regarding mental health counseling for all people within the United States of America.

Emani J., who is a mental health therapist, discussed the strength of attending counseling and how counseling has assisted her in gaining insight from her lived experiences as a Black-Negro Woman. She stated, “being African American Christians, it is very difficult for us to take care of ourselves.” Emani J believes it is important for us to take time to physically and spiritually, stop, and just breathe because it necessary for our overall health.

I try to normalize mental health in my community whenever I get a chance and its importance to take care of both mental and physical health. But sometimes I just stop and contemplate and then I look at the natural things in the world and it makes me really in awe of all that God has made for us to enjoy.
Figure 12. Strength and Serenity
Note: submitted by co-researcher, pseudonym Emani J.

Emani J expressed, through her capture *strength and serenity*, the importance of normalizing mental health counseling for her community and the significance of taking care of oneself mentally and physically. She hopes to continue to incorporate spirituality and Christianity within her counseling practice as a way of de-stigmatizing the view of mental health counseling for her Black-Negro Christian American clients. Also, Emani J expressed her passion about discussing better ways other clinicians can assist or help Black clients. “I too do this with other clinicians, let them know, just because you are not Black, does not mean you cannot help Black people.” She not only has these types of discussions with her professional peer group, she also advocates for mental health services within her religious organization by telling them “Hey I’m a Christian, I go to counseling, I get something out of it and I’m okay.” Her reasoning
behind her testimony within the Black-Church, is because it allows others who look up to leaders such as herself, to create a way for others within the congregation to seek out mental health counseling help. She stated, ministers need to “start talking about it and lead from the pulpit regarding mental health.” Not only should the Black-Church lead from the pulpit, “the country should create a way for marginalized communities to discuss prejudice and racist experiences without being fearful to discuss the impact of whiteness” on Black, Indigenous and People of Color within the United States. Emani J’s narrative is one of being united within her church yet separate in their values about seeking out mental health counseling services.

Like Emani J., Janet voiced how the Black-Negro Church should lead by example regarding mental health counseling and normalizing that people sometimes struggle physically and mentally. “The Black-Church should normalize this idea of mental health yet, there's a lot of judgment going on because there this mis-interpretation”. Janet believes the Black-Church should create regular check-ins with their congregation and reduce the judgment that occurs within the church. She is one of the only mental health providers within her congregation and she has “offered to provide free groups [within the church] and [church leaders] respond with ‘ohh no, we got it’.” Janet was searching for inclusiveness and acceptance of her profession as a mental health provider within her church yet was turned away. “I feel like, speaking from the Black American perspective, we are conditioned since slavery to find honor in suffering. As a Christian I feel like faith sometimes glorifies suffering too.”

Janet views both her intersected identities (i.e., Black-American, and Christian) exalt this idea of suffering. With the idea of suffering being praised, Janet believed her calling, in this life as counselor, is to find ways start conversations within her communities about both faith and
mental health, seeking out ways to unite what has been separate between the two outside of her clinical practice. “I open my self-up and I create space for people to name and explore meaning behind their experiences.” Before speaking and advocating, Janet prays, and seeks guidance from God because she wants to avoid speaking from self- “before doing any clinical work, I pray God guides my tongue. Unclog these ears, so that I can hear what I meant to hear, so I do not work solely in my own intention, in my own selfish purpose, but I in the purpose of God”

Figure 13. *Eden*
*Note: submitted by co-researcher, pseudonym Janet*

With being turned away from helping her church with groups, to allowing God to use her when speaking to her clients, her other communities, and going into other spaces, Janet believes if we all collaborate as a country and find meaning of life, we all can “work together, embrace one another, and not condemn each other” to create space and normalize mental health and
mental health counseling, regardless of faith differences. “I truly believe we all have a common thread, trying to develop meaning and to live righteous, honorable, caring, and loving.”

Marcus discussed mental health in his family, creating space for talks within his church, and how the country should put a stop to capital gain on Black-Trauma, in a manner of us living in this country, together as a country yet septate from church and state by law. Likewise, Marcus believes many people within the United States run to the church for mental health issues, especially Black-Negro Christians, to deal with their trauma. He stated, “if the country focuses on Black mental health, and start having serious conversations about it, we can make things better.” Marcus would like for us to look at the history of this country and see the residual impact of slavery on our country and how it continues to impact everyone.

Figure 14. We’ve Been Waiting for You
Note: submitted by co-researcher, pseudonym Marcus

“While we may not be enslaved, [we] have some enslaved mentality that we’ve not been able to break. We still have, systemic racism that we deal with.” Systemic racism is a barrier that
presents itself within the country according to Marcus, hindering many from seeking counseling services due to the financial strain it puts on the Black-Negro American Christian. “If we had to pick food or mental health, we pick food” Marcus says. With inflation, Marcus believes it deters many from counseling because physical survival is a must over mental wellbeing. He was not only infuriated by the financial impediment within the systems of the United States, but Marcus’ fluctuation of voice exhibited being enraged by police brutality: “Another Black person was shot and killed, and we see it on TV, that is traumatic.” Marcus believes the country must do better with those who suffer from the system. He sees how his family and church continues to be impacted by the system, too.

Marcus openly discusses mental health with his father, family, and church members. He noticed the generational difference, between his father and himself; one generation not addressing mental health, yet Marcus being a huge proponent of discussing mental health. Now seeing how they are united as a family yet separate within their own personal beliefs or values about mental health. Marcus wants to do more than talk about mental health counseling with his immediate family, he wants the church to talk about it and not be afraid to show up to better themselves regarding seeking mental health counseling. He stated, “prayer is great. Prayer changes things. If we pray about mental health, I really think we should follow scripture, ‘faith without works is dead’.” The church must stop ignoring Black-Trauma and start unpacking the hurt and pain of the Black-Negro American Christian within their congregations and connect with mental health professionals within their community.

With the three major themes presented, a) Strength of the Black-Negro Christian, b) Brokenness and Put Together, and c) United but Separate, we see the impact of racism, religion,
and resiliency on the mental health of the Black-Negro American Christian. As the themes have been placed into three major categories, there we convergent themes (sub-themes) that stemmed from the thick description data findings mentioned above. As shown in Figure 15 below, Trauma, Light, Stigmatization, and the Impact of Enslavement derived from the three major themes.

**Convergent Themes**

As mentioned above, the themes have been placed into three major categories. The convergent themes (sub-themes) derived from the thick description data findings mentioned throughout the major thematic tales narrated. Trauma, Light, Stigmatization, and the Impact of Enslavement arose from the three major themes; a) Strength of the Black-Negro Christian, b) Brokenness and Put Together, and c) United but Separate. After writing all three major thematic narratives, I noticed that sub-themes were presented within the co-researchers’ stories, therefore leading me to conduct an even deeper analysis, as discussed in my methodology, within the open coding (McAlister et al., 2017) process for this study. As shown in Figure 5, at the beginning of this chapter, the relationship between each major theme and its convergent theme(s) findings of this narrative qualitative and photovoice research study were illustrated. Figure 15, below, is representative of co-researchers’ collective orations of their lived experiences as indicating some connections, some relationship, and/or some influence across some of the convergent themes.
Figure 15. *Convergent Themes for the Black-Negro American Christian*


Here next, I present co-researcher narrative excerpts findings depicting these convergent themes. Readers will be able to review photo captures in figures presented above when referenced below.

**Trauma**

The co-researchers often discussed traumatic experiences within their narrations of mental health as Black-Negro American Christians; some involving domestic violence, church trauma, and compound trauma from experiences they have endured over time. Janet discussed how domestic violence impacted her life as a child, growing up in home with a stepfather who would preach in the church pulpit and then “come home and turn into a monster.” Janet had this representative in her house teaching the word of God, but “then behind closed doors at times was
like a monster to me, my sister, and my mother.”

For Lavern Johnson, her trauma was also involving domestic violence, which caused her to enter a dark tunnel (see Figure 6) that she had to navigate; and was further hurt by the reaction of her family during this process. Lavern was told to “pray about it, just pray about it, give it to God, that is all you could do.” In addition to domestic violence, poverty, in multiple forms was part of Lavern’s trauma story and mental health journey.

Figure 16. Poverty
Note: submitted by co-researcher, pseudonym Lavern Johnson.

This image represents my mental health and trauma. Having to see this in my neighborhood impacts the mind of me and my children. We have to see this locked house every day. People do drugs and prostitute in this house.

Living in poverty was an experience of trauma in Lavern’s story: “seeing the abandoned buildings . . . shows a lack of support,” which further impacted Lavern’s mental functioning.
Trauma, for Marcus, is repeatedly seeing how public outlets have portrayed Black people within the media. Marcus said the narrative media personnel puts out about Black men or Black male teens is traumatic. “

It's also traumatic for us to see those things. There is always a difference when the media relays a story in the news about non-white people. Black teen becomes a Black man and white teen is just that, to portray empathy for white people.

Marcus hopes the media will stop showing unconscious bias by weaponizing race of Black people and perpetuating trauma experiences through media. Regardless of the type of experiences resulting in trauma, Lavern Johnson, Janet, and other co-researchers, experienced (N = 4), Light, which assisted them in building strength; peace was present, even during chaos.

**Light**

Based on their disclosures, for four co-researchers, any form of light represented the presence of God for them. Included in narrative excerpts above, Lavern Johnson, Janet, and Marcus verbalized the power of light as relates to being mentally healthy as Black-Negro American Christians. One may recall the light for Lavern Johnson was her children (see Figure 6). Mentally healthy was light, the goal she needed to reach in order to be reunited with light, her two daughters. For Marcus, the light (internal resiliency) offered him strength amid the thick vegetation (see Figure 8) growing up around him as a Black Christian man. Janet specifically referenced light as representation of God-given strength and serenity. “Having a form of relationship with God, was my light, . . . God is the light beaming down;” the power of the light in *Eden* (Figure 13).

This is Eden. This is where we all ideally want to be, where ideally, I’d like to be. The light of God is the light of the world. Christ is the light, right; and therefore, His spirit. The Holy Spirit that lives in us. We are the light and the salt of the world.
For Janet the light is God giving her the strength to climb out of the “isolation in the cave” to experience *Eden* which her peace in God when things feel uncertain. Janet embodies *The Light* as the Holy Spirit within her; God connecting with her on a spiritual and personal level.

Zekia also discussed light; feeling renewed when the light of the sun, which “is a gift of God, beams down upon me.”

For me, as a believer like, the idea, that my God is omnipotent is something that keeps me, right. And so like, there's so many possibilities that He gives or provides. And with that, I think those possibilities are endless.

Figure 17. *Omnipotent Peace*  
*Note: submitted by co-researcher, pseudonym Zekia*

Zekia spoke about the omnipresence of God and how God is everywhere for her, to her, and within her as the Holy Spirit. God, gives, provides, and guides her throughout this life. For Zekia, Omnipotent, which means the all-mighty or all-powerful one, is her ultimate peace. The presence of God, for Zekia, allows her to navigate various types of spaces, be that as a psychologist or her other intersections as a Black-Negro American Christian woman. Zekia sees the “omnipotent peace” of God as a moment to standstill and heal. Some of that need to heal, as
Black-Negro Christians, was discussed as living through stigmatization.

**Stigmatization**

Many study co-researchers orated lived experiences of stigmatization about mental health issues within their intersecting communities. The theme of *stigmatization* derived from the *Broken and Put Together* major thematic narrative. Some participants discussed criticisms they received regarding their faith and attending mental health counseling, respectively. For Emani J., her faith was challenged by her family and congregation members, on several occasions, due to her seeking mental health counseling. She would often hear “Black people do not go to counseling.” This influenced Emani J. to hide her experience of going to counseling from her family and friends because she did not want to be judged for seeking out help to better her mental health.

Nathan avoided seeking out mental health services for years, until he gave it a chance because he no longer wanted to view going to counseling negatively: “For the longest, mental health has been on the back burner.” To Nathan, people within the Black-Christian community ignored going to counseling because of the belief that their faith will fix everything. According to Nathan, “People feel alone, they feel lonely in their own thoughts. And they just have this dark cloud over their heads all the time because they may feel like they can’t talk to anyone.”

However, Nathan believes:

> the Black Christian community should honestly, hear us out. Listen to us, be able to offer us a helping hand when we are hurting or an ear to hear, to be heard. If the Black-Church hears their congregants voices, normalize mental health, and judge less, more people would have a willingness to assist others during their suffering.

Nathan’s recommendations for the Black Christian community were reminiscent of other co-
researchers lived narratives expressed in *United, but Separate*, which some co-researchers spoke to a convergent theme about the *Impact of Enslavement*.

![Mental Health First](image1.png)

**Figure 18. Mental Health First**  
*Note: submitted by co-researcher, pseudonym Nathan*

### Impact of Enslavement

When discussing their lived experiences, co-researchers (N = 2) noted several residual impacts that 246 years of enslavement (1619 to 1865; Galenson, 1984) has on 21st century Black-Negro Christian Americans. This specific convergent theme was not centralized from any one capture submitted yet emerged through co-researchers telling their lived stories with mental health counseling as Black-Negro American Christians. According to Marcus and Janet, the injustices of enslavement, Jim Crow laws, and racism, that exist within their communities have contributed to mental health issues and/or created barriers to regaining mental health. Janet described this impact as the *glorification of suffering*. To her, many Black-Negros find suffering
as a way of life. According to Janet, there is “this idea that suffering is somehow going to bring us closer to God” or is something that Black-Negro Americans are inevitably supposed to endure for a lifetime. She believes “that is misprint.” To her, “suffering is something that does happen, but this idea that we need to stay in it . . .” Janet does not believe in Black-Negro’s suffering for a lifetime; “this is not in the will of God.”

For Marcus, the impact of enslavement is the present issues within sociopolitical systems: Forms of slavery continue to exist for many Black-Negro Americans, it is just packaged differently. Marcus says, “while we may not be enslaved, we're still dealing with a lot of damage from it and still trying to repair from enslavement.” To Marcus, many Black-Negros think like their generational predecessors; continuing to be bound by mental chains, just not physical ones. Being a son of a sharecropper, Marcus orated, “[slavery], it’s “still ingrained in our systems and how do we move forward from that? Still there, I'm in the South. There was still the Jim Crow that happens around here.” Co-researchers expressed being able to connect some of their lived-experiences as Black-Negro American Christians to continuous influences of enslavement on their cognitive, social, and attitudinal functioning and mental health even 158 years post-slavery.

**Summary**

The excerpts and articulations of narrative photovoice findings I presented above are only a peek into the richly descriptive narratives these six co-researchers and I orated through their participation in one SHOWED model (Gant et al., 2009) interview. In agreement with both narrative qualitative research design and presenting photovoice analyses, when organizing study findings from six co-researchers, I was able supply several excerpts of the thick descriptions of lived experiences of six Black-Negro American Christians regarding mental health counseling.
The co-researchers in this study disclosed personal and distinctive experiences, emphasizing their voyage in life, using photos to guide their narration of mental health counseling experiences within their identified family, church, and professional communities.

Major themes identified through this study, (a) The Strength of the Black-Negro American Christian, (b) Brokenness and Put Together, and (c) United, But Separate, were descriptive frames for readers to make sense of and connect with the lived journey co-researchers narrated during Photovoice data collection interviews. Neither Lavern Johnson, Emani J., Marcus, Janet, nor Nathan, allowed the impact of post-slavery mentalities, trauma, or stigmatization stray them from experiencing the omnipotent presence of God through seeking the light offered through mental health counseling services.

In the next chapter, I will provide a discussion of my Chapter 4 findings (narratives and themes) as relates to framework elements of this study and background foundations (pre-existing literature) for conducting this study. I will also discuss implications derived from this study; understanding the culture of the Black-Negro American Christian, and systems of social justice advocacy that impact Black-Negro American Christians. In conclusion, my review of study limitations, future research, and my final thoughts from conducting this research, will be outlined as I close this dissertation with a Bible verse.
CHAPTER 5

SUMMARIZATION OF CHAPTERS

Years of severe racialized subjugation followed by centuries of ruthless racialized separation, underestimation, and persecution was a plague of torment with unquantifiable emotional, mental, and sociocultural impacts on contemporary Black-Negro Americans (Leary & Robinson, 2018; Mays et al., 2007). The purpose of this research study was to critically explore sociocultural lived experiences of Black-Negro American Christians regarding mental health counseling. In association with this purpose, I wanted to answer the research question (RQ) “What are the living stories of Christian identifying Black-Negro Americans who received mental health counseling services?” My study purpose was aligned with my research paradigm and mission as a critical scholar. As such, I chose to integrate narrative inquiry with photovoice designs. This implemented choice allowed me to answer my research question in a way that elevates participant voices (Jones, 1991). In collecting data through narratives to present findings within Chapter 4 (Ehrenberg et al., 2009), I aimed for readers to be able to imagine the crossroads of events and their significance on the lives of each study co-researcher participant.

Historical literature, I presented in Chapter 2, was a critical narration of occurrences significantly relevant to my approach in exploring lived narratives of Black-Negro American Christians. In relation to Christianity and mental health counseling, this study addressed some influences of Christianity on Black-Negro Americans; from the enslavement of Africans to the
injustices of mental health practices, and the religion that functioned to instill hope for the Black-Negro community (Du Bois et al., 2011; Chambers Jr., 2011). The social development of being viewed as weak has recurrently restricted many Black-Negro Americans from looking for mental health treatment (Alvidrez et al., 2008). Many Black-Negros, found profound mental health refuge by going to church, looking for peaceful direction, and professional backing to accommodate their families (Avent et al., 2015; Wimberly, 1976).

The procedures for this dissertation research study consisted of Narrative Qualitative Inquiry (O’Tolle, 2018) and Photovoice Analysis (Tsang, 2020), intwined within the paradigm of Critical Theory (Guba and Lincoln, 1994; Jennings and Lynn, 2005; Scotland, 2012). Precise strategies directed the process of this study, including the recruitment of co-researchers, collecting data, analyzing, open coding, and procedures for sustaining trustworthiness of thematic findings within this study. Six co-researchers were recruited through several digital formats using the recruitment flyer in Appendix B and snowball sampling (Willig & Stainton-Rogers, 2017). Co-researchers for this study self-identified as being age 18 or older, of having Christian faith, and ethnically and/or racially identified as African American, Black, Black-American, Negro-American, or was of African descent living in the United States of America. Co-researchers completed an initial survey (Appendix C) to gain demographic information (Appendix J), completed inform consent (Appendix E), submitted two photo captures representing mental health counseling as Black-Negro American Christians (Appendix H), participated in one SHOWED model semi-structured interview (Appendix F), which was followed by member checking to reassure trustworthiness of findings (Willig & Stainton-Rogers, 2017).
The analysis for the collected data consisted of three phases of the open coding processes (McAlister et al., 2017). The findings of this study yielded six narratives and twelve photos. The praxis of my research was to create a photo exhibit, for attendees to encounter the lived experiences of co-researchers through photo captures and connect with their voices through excerpts of their lived narratives. As primary researcher, my efforts in accuracy and rigor for trustworthiness of findings before the exhibit was important to be sure co-researchers lived experiences were narrated appropriately (Creswell 2013; Wang, 1999; Willig & Stainton-Rogers, 2017). In the wake of describing co-researchers' lived encounters based around their major topics (major themes), I presented convergent themes found within the major-thematic categorizations of co-researcher stories.

In the remainder of this chapter, I will discuss the findings of Chapter 4 in relation to the historical foundations in the literature regarding enslavement, mental health, and the Negro-Church. I will also discuss the connection of findings to the narrative conceptual framework for this study regarding the cognitive, social, and attitudinal elements (Fiore et al., 2009) of co-researchers’ lived experiences. The limitations of this study will be discussed within the context of methods I chose for this narrative study. This study was a Narrative Inquiry (O’Tolle, 2018) designed for communicating narratives; thus, interpretation and/or further explanation of themes is beyond the scope of this study. In closing, I will discuss implications of this study, followed by future research considerations, and the importance of this research to me as the main researcher.

**Discussion of Findings**

Conducting a study with a combination of both narrative and photovoice aspects was an efficient approach to capturing the lived experiences of Black-Negro American Christians of
mental health counseling (Avent & Cashwell, 2015). As mentioned previously, this researcher was led by and yielded to the narrative framework (O’Tolle, 2018) of how the Black-Negro Christian experience mental health counseling services socially, cognitively, and attitudinally. In this discussion chapter, I will pinpoint these framework elements in regards to narrative findings of participants as co-researchers within this study. Co-researchers verbally and visually expressed their inner emotions through their submitted photos and interview orations. There were moments when co-researchers paused after describing deep emotions, varied their tone and volume of speaking, or used facial expressions to communicate meaning about their lived experiences as Black-Negro Christians having engaged in mental health counseling. These thick descriptions were integral for accurate develop co-researcher narratives. Submitted photos were assistive for co-researchers in developing language for their verbal interview guided by the SHOWED model (Gant et al., 2009). The captures submitted were useful in facilitating deeper relationships to the lived experiences of co-researchers. This narrative inquiry photovoice research study yielded three major themes and five convergent themes as depicted in Figure 5 (located in Chapter 4). Below, I have highlighted the social, cognitive, and attitudinal framework elements present across each of the eight themes, as well as relevant connections or divergence in co-researchers narratives to pre-existing literature.

**The Strength of the Black-Negro Christian**

The co-researchers within his study revealed major narratives of exhibited strength throughout their lives as Black-Negro American Christians. Co-researchers, Janet, Marcus, and Lavern, faced obstacles that were distinctive to their lived experiences, which affected both their cognitive and attitudinal influences on their views and/or perceptions of mental health
counseling. Even when bombarded with negative societal impacts (Smedley & Smedley, 2005), co-researchers did not allow their lived experiences to conquer the way they currently navigate their lives, co-researchers took on attitudes of endurance within their circumstances and to cognitively overcome obstacles. As we see in the research, many Black-Negros leaned on their strength and resilience (Du Bois et al., 2011) to get them through difficult hardships. Readers have already read how Trauma was a very apparent societal and community impact connected to the Strength of the Black-Negro Christian.

**Trauma**

Enduring trauma influenced ways co-researcher, as study participants, navigated their journey with mental health counseling, attitudinally. The traumatic experiences of co-researchers were revealed during interview processes. Some of the trauma endured by the co-researchers were due to societal (social) impacts of family, church, media, and intimate partner relationships. This convergent theme of trauma was prominent for two co-researchers, Lavern, and Janet, experiencing domestic violence within their homes; one from a parental figure and the other from an intimate partner relationship. Other narratives of being traumatized surfaced as directly connected to public media, and false portrayals of Black-Men or Black teens. Media depictions showing Black-Men as dangerous to the country has impacted many Black-Negros, such as Marcus, to feel fear and develop attitudes of hypervigilance about their blackness.

As each co-researcher expressed their traumatic experiences, there was a change in their facial features and fluctuation of their voices. When verbalizing the abuse Lavern experienced from her “baby daddy,” Lavern needed to take a moment of silence (regulating strength) and then resume talking about her experiences with mental health counseling services. For Marcus,
he began to depict this trauma with his body and hands, being expressive, in portraying how he is traumatized by media narrates of negative stories about men who look like him across the United States. Scholars have noted, this damaging idiom of the way Black-Negro men are portrayed within the United States, can cause cognitive distress (Mays et al., 2007). Through the moments of enduring trauma, co-researchers focused on Light to help shift their attitudinal perception and maintain and/or regain Strength as Black-Negro Christians throughout their lived experiences.

**Light**

This metaphorical concept of *light* for the co-researchers represented God in many different forms. Historically, many Black-Negros leaned on their faith of Christianity for hope and refuge (Woodson, 1921): This was shown true throughout this research study. This connectedness to light as semblance of the divinity of God is rooted in the social and attitudinal perception of the Black-Negro American Christian. Light for Lavern was a goal she knew in her spirit, she needed to be accomplished; getting her children back from Child Protective Services. Lavern, allowed the light to be her motivation and guidance to achieve a goal even in the midst of “thorns,” as she stated. For Zekia and Janet, the light shining down was their view of God presence beaming down from the sun and shining into the cave. As one explores the historical and social events of the Black-Negro, amid being in a dark tunnel, picking cotton, feeling trapped in a cave, or even whipped by slave owners, taking an attitude of focusing on God as form of liberation, assisted the Black-Negro American in finding freedom (Du Bois et al., 2011; Chambers Jr., 2011). This light representing the omnipresence of God, brought togetherness cognitively, yet also division, socially (e.g., major theme of Broken and Put Together), when seeking mental health counseling services.
**Brokenness and Put Together**

With two co-researchers, Emani J and Nathan, they revealed challenges of being stigmatized or judged by their social community members as a sort of *brokenness*. This idea of brokenness, therefore contributed to their hesitancy in seeking counseling services. Brokenness and Put Together, within this study using the narrative of the co-researchers, was described as, socially having faith and family, yet feeling neglected by or judged their family or friends-of-faith for making the decision to seek out counseling services. Due to their negative social experiences, the co-researcher’s attitudinal perception of needing or wanting mental health counseling services impacted co-researchers cognitively. As stated before, mental health within the Black-Negro community has been diminished concerning its significance and experiencing mental health issues being viewed as individual weakness (Campbell & Littleton 2018). This social construction has limited the frequency of Black-Negro Americans seeking mental health counseling treatment (Alvidrez et al., 2008). This resulted in Black-Negro Christians seeking counseling services in secret, as Emani J stated, and for some of them continuing to keep their experiences within counseling secretive; feeling broken and showing up in their social communities as Put Together. Such experiences of *Stigmatization* converged with distinction co-researchers as the orated their connectedness to their families, friends, and church communities, while enduring socially influenced brokenness and viewed as being less than.

**Stigmatization**

Within her congregation, Emani J was perplexed about the questioning of congregant’s mental health as appearing as a lack of faith. This is observed in the literature, where the lack of
education or skepticism regarding mental health and other forms of illnesses has been misattributed (Abdulla & Brown, 2011). Both Nathan and Emani J discussed their sociocultural experiences of family, religion, and ethnic values in connection to receiving help for their moments of cognitive distress (being mentally unwell). For Nathan, his attitudinal perspective of getting counseling was about being viewed as weak. This was orated when I asked in follow-up, “why does this experience of needing to keep it together exist within the Black-Negro Christian community?” Nathan’s response has connections with common social traditions of mental health and the well-being of the Black-Negro community to be managed by going to the church for healing; not seeking external assistance from professionals (DeGruy, 2017; Abdulla & Brown, 2011). With the presented excerpts of narrative findings, one can see this social societal trend of judging others for their need of mental health counseling services, which negatively impacts (past and at time of data collection) co-researchers’ attitudes when seeking, and even considering seeking, counseling services. Aside from this communal trend of being judged, as the researcher, I noticed the co-researchers previously questioned if they should seek services, along with keeping their experiences of treatment secret from family and church members. This avoidance makes me, as primary researcher, believe many of co-researchers were suffering in silence, cognitively, due to the societal beliefs about mental health counseling services and mental illness. Co-researchers orated lived experiences of being socially United within their faith and faith communities but Separate in regard to their mental health counseling.

**United, but Separate**

Oppressive social systems within the United States, such as slavey, have produced hurdles for many modernized Black-Negro Americans (Alexander & West, 2012). The co-
researchers, Marcus, Emani J, and Janet, noticed they contended with several difficulties due to systematic racism and its noticeable impacts on their current communities. As stated in Chapter 2, many southern and border-states, replaced enslavement with oppressive laws and violent practices that repeatedly reinforced an inferior importance of Black-Negro Americans (Fanon, 2012). Impact of Enslavement was voiced by co-researchers who noticed the ever-present residual aftermath of the enslavement of Africans and Black-Negros within the United States of America.

**Impact of Enslavement**

Co-researchers Janet and Marcus noticed the lingering aftereffects of enslavement on Black-Negros as individuals and within modernized social systems. Janet called this the “glorification of suffering.” As readers could see in Dr. Joy Degruy’s book, *Post-Traumatic Slave Syndrome* (2017), many Black-Negros have this inherited symptomology and pathology passed from generation to generation, socially and cognitively. This condition of suffering exists due to multigenerational trauma stemming from spans of enslavement and the suffering lingers. As primary researcher, I would describe this as self-oppression due to established and internalized racism (DeGruy, 2017, p. 109). This self-oppression, or as Janet would say, glory of suffering, has been ingrained in the genetics of Black-Negros cognitively, first as indoctrination from the inflictions of White colonizers (Davidson, 1994). Not only was this need for self-oppression discovered within the literature, systematic racism also was verbalized by Marcus. Marcus made mention of systems of racism on the minds of modernized Black-Negro Americans. Systems, such as Jim Crow laws (Tischauser, 2012) and residual Jim Crow practices, created intentional barriers for Black-Negros. These are present into today’s societal system and
mentalities, according to Marcus. As a man currently living in the southern United States, Marcus notices the cognitive processes of his church members and family members and socially exhibiting enslaved mannerisms (Iverson et al., 2022; Reece, 2018); mistrust in medicine (Chambers Jr, 2011), lack of trust in legal systems (Tischauser, 2012; Fanon, 2012), and sometimes distrust of one another (Reece, 2018).

**Discussion Summary**

The eight themes (major themes and convergent themes) exhibited through this study were thematic influences in the lived journeys of co-researchers. This included (a) experiences with mental health counseling, (b) experiences as part of the Black-Community, (c) experiences within the Black-Christian Community, and (d) their perceptions of what the country should do to help change unhealthy elements of living narratives of Black-Negro American Christians seeking mental health counseling. The influences mentioned have several direct connections with each element the narrative framework (Fiore et al., 2009) used to guide this study (i.e., cognitive, social, and attitude elements). One can see the cognitive influences social communities had on the Black-Negro Christian American attitudes about mental health counseling services. The Black-Negro Church community, and other forms of social groupings, influenced the ways co-researchers navigate life due to social community values and beliefs. Nevertheless, co-researchers did not allow their social experiences nor cognitive perceptions shift their attitudinal perspectives about mental health counseling services: Particularly, after they experienced mental health services and embracing the added strength that came with professional help amid their brokenness and feelings of separatism, uniting them back to focusing on the light of God for peace in being put together.
Limitations

There were several limitations that existed within this dissertation research search study. As mentioned in Chapter 3, some limitations were anticipated based on factors that had the probability of being out of my control as primary researcher, and some out of the control of co-researchers. Difficulties with technology occurred when completing forms, sending pictures, and losing connection accessing to Microsoft Teams during the interview. Some of the pictures from certain co-researchers had to be sent twice due to the photo not configurating with one drive; those emails and mishaps were deleted throughout the data collection process. This technological bump, I believe shifted the narrative. Instances when original co-researcher capture submission data file was not retrievable by me as primary researcher, co-researchers did resubmit new captures. However, this may have resulted in a loss of data or depth of data collection due to changes in what captures were included in the showed interview data collection process.

During two of the interviews, once with Emani J and with Marcus, the internet disconnected on my end and on their end, neither the co-researcher nor I gave up on the process. Loss of internet connection during interviews may have resulted in missed co-researcher communications resulting in lost data or richness of data. When primary researcher and co-researchers recognized that there may have been a disconnect or glitch in the fluidity of communications, co-researcher attempts at reiterating or restating their oration of the images submitted, may have impacted the way that they restated that part of their narrative and thus loss of meaning or misconstrued meaning and/or impact of lived experiences may have occurred.

Completing forms online via Qualtrics (Provo, UT, 2022) was smooth besides I noticed after emailing certain prospective co-researchers during the recruitment process, after completing
the initial survey, most of the potential co-researchers never responded. Nevertheless, I did recruit the maximum number of co-researchers as designed for this study. Another limitation I believe displayed within this study was my positionality as being a Black-Negro Christian. Hearing the experiences of those in whom I identify with regarding their journey within life and mental health counseling, was difficult because some of their stories replayed over and over into my head even weeks after the interview, especially during the coding process of this research study. This impacted me emotionally, and may have resulted in slight disconnections or distance in data collection processes of later interviews. I recognize this still more as a potential limitation because I was faithful in maintaining reflexivity and my own bias self-checks.

**Implications**

The findings of this study resulted in two implications for practices of counselors and counselor educators: (1) understanding cultural components of Black-Negro American Christians; and (2) advocating for social justice actions within systems (e.g., education, justice, mental health, medical, religious organization, etc.) that impact Black-Negro American Christians. Understanding the social, cognitive, and attitudinal cultural elements of the Black-Negro American Christian is important for counselors and counselor educators in accordance with pre-existing literature and findings of this study. Yes, the identity of the Black-Negro is complex due to enslavement, religion, and current elements of culture (Ambrose et al., 2010). Yet, by analyzing and reflecting on historical and 21st century events, I believe readers of this research, should be able to contextualize the voices of lived experiences of these Black-Negro American Christians across evolutions of peoples in the United States of America.
Understanding Culture

Many study co-researchers discussed their battle between experiences with faith and seeking mental health counseling. Several co-researchers orated managing their emotional and mental healing through their spiritual practices along with seeking mental health counseling services. Not only is it important for co-researchers to be understood spiritually, but they also talked about stigmatization and their hesitance in seeking mental health counseling services due to their cultural norms. Besides discussing trauma and spirituality, stigma also influenced Black-Negro American co-researchers. Many expressed their avoidance of mental health services because it may have been looked down upon, displayed weakness, and culturally speaking, counseling was not something that Black-Negro Americans do: They go to Jesus. As mentioned in Chapter 2, and within the reported findings, many Black-Negros have built-up emotions of embarrassment or shame based on having a psychological sickness (Alvidrez et al., 2008). Thus it may be implied that counselors who seek to understand the individual stories of their Black-Negro American Christian clients may provide more culturally effective and supportive services for clients, being able to acknowledge and broach discussions around intersections of faith, religion, and church community acceptance while in counseling. Counselor Educators may benefit from additional continuing education programs as knowledge is ever evolving and culture changes over time. Counselor Educators who remain connected to Black communities and information about historical and contemporary Black-Negro American culture may be better prepared to prepare counselors who encounter Black-Negro American clients and colleagues.

Social Justice Advocacy
All co-researchers, overtly or covertly, disclosed hinderances of social systems on their lives. The systems I speak of includes oppressiveness of the foundational institution of Christian faith upon the arrival of enslaved Africans (Alpers, 2003), medical apartheid (Washington, 2006), and Jim Crow practices (Tischauser, 2012). Black-Negros having been misdiagnosed with mental disorders over time due to their *unwhite* symptomology (Lawson et al., 1994) and shame due to illness being attributed as a lack of faith, contributes to the hesitancy towards help seeking (Alvidrez et al., 2008). Some co-researchers believe the country, can shift, and alter their views on how the Black-Negros are portrayed through media, by not displaying being Black as negative or a threat to the fragility of whiteness.

Co-researchers, as participants in the study, all disclosed how their faith contributes to their reasoning for seeking or avoiding mental health counseling services. Some voiced their advocacy efforts within their church congregation, yet one participant disclosed being rejected for offering help as a mental health professional. Co-researchers voiced, naturally how the institution of the church can change in its connection to mental health. This occurrence of change can begin by the church just talking about mental health illnesses and normalizing the idea of seeking mental counseling services. Not talking about Black and Christian and mental health could be viewed as generational spiritual oppression due to the impacts of medical mistrust within the Black-Negro church, Black-Negro community, and Black-Negro as individual people. Like Avent and colleagues (2015), as well as Wimberly (1976), this makes me wonder, as primary researcher, how powerful of a change many Black-Negros may experience when being able to transparently unite their spiritual faith with mental health counseling.

Counselors who are church members of non-Black ethnic or racial backgrounds may take
action to increase their mental health advocacy efforts with church leaders. Counselors can provide psychoeducation groups within Black Christian churches around mental health, being persistent in offering free services within the church building; verbalizing the historical reasons that influence Black-Negro Christian mistrust and hesitancy in seeking counseling services. Counselor Educators can also be a part of these same church-level advocacy efforts. In addition, counselor educators verbalizing when they engage in supremist behaviors to model and contributing to the creation of safe spaces within and outside of the classroom is encouraged. Counselor Educators can be intentional on including readings and/or community engagement learning activities that directly connect their students to Black-Negro Christian narratives.

Moreover, while this study was centered around information counselors and counselor educators could integrate into their practices. The systemic implications and recommendations for future research included co-researcher orations for application for other services workers, pastors, and individuals who have contact with the Black-Negro Christain. I believe it is important for counselors, counselor educators, and others who are providing mental health services to understand the complexity of the Black-Negro identity. Also, for helpers to look at and acknowledge impact racist systems have on the mental health of the Black-Negro American Christian. This could be helpful when providing mental health counseling services to Black-Negro Christians because it can assist in more culturally supportive communication and treatment through increased understanding of the Black-Negro as a client, which should be considered when conducting future research. Sharing of these findings and future studies that center additional Black-Negro Christian community contacts internal and external to the primary community may provide additional praxis of critical scholarship with Black-Negro Christians.
Recommendations for Future Research

In reflecting on this study, having provided narrative findings, aided by photovoice and thick description analysis, of the lived experiences of Black-Negro American Christians and mental health counseling, I will share some of my recommendations for future research. In conducting follow-up narrative photovoice studies, future researchers could explore what if any differences in co-researcher orations exist between Christian denominations (or other prominent Black-Negro faith systems) as each denomination of Christianity shows up differently with the culture of Black-Negro Christians. Also, I would hypothesize that researcher correlation studies about mental health services seeking experiences between older and younger generations of Black-Negro Christians could yield additional nuanced data at a micro-cultural level. Likewise, I recommend comparison studies of Black-Negro American Christians based on gender identities.

My primary recommendation for future research design is using a culturally appropriate quantitative measure, alongside collecting additional qualitative narratives with integrated photovoice methods (i.e., duplication of current study methods) as a mixed method implementation. I believe a series of questions using the Likert or Likert-type scale (McLeod, S.A 2019) consisting of psychometric responses in which co-researchers could indicate the degree of impact that Black-Negro American culture and Christianity as faith, religion, or church community has on their decisions to receive or not receive mental health counseling services. Two advantages to a mixed methods approach would allow co-researcher to submit their responses anonymously and allows for primary researcher to gather a broader range of standardized data about the Black-Negro Christian lived experiences outside of a scheduled 60 to 90-minute interview.
Conclusions

The narrative inquiry photovoice study was part of my researcher praxis; an officering of a distinctive way for Black-Negro American Christians voices to be heard from what other such research may not have shown previously. This study was centered around the voices of Black-Negro Christian Americans by using photos as a part of the data collecting process in alignment to Black-Negro heritage of oration and imagery. Readers were able to see and hopefully feel how co-researchers have been impacted by their religion, identity as Black-Negros, and its impacts on their social, cognitive, and attitudinal connections with mental health counseling. The themes co-researchers voiced through this research were outlines of historical impacts on generations of Black-Negros from enslavement up to modern times: The Black-Negro American Christian has many voices, many needs, complexity, humble humanity, and perseverance of self and for community. Their call to counselors and counselor educators is to seek understanding of them and to become active and persistent allies in healing historical impacts and changing systems that perpetuate those impacts across generations.

My Final Thoughts

This study was dear to my heart: It was a showing of the power of strength, the impact of community, and the limitations that foundational oppressive systems place on Black-Negro American Christians. As someone who identifies as a Black-Negro American and is of the Christian faith, I was hesitant on conducting this study. To have the voices of my people heard through a unique study concept. Yet, I knew it was important to my spirit to conduct a study that was creative. One thing I thought of when creating this research study was to take one photo for
myself that represented my experiences as a Black-Negro American Christian and mental health counseling services.

Figure 19. *Light in the Valley*
*Note: Capture submitted by primary researcher, Kyle Preston Goodwin.*

This image reminds of Psalms 23 when King David stated ‘Ye though I walk through the valley of the Shadow of death I shall fear no evil’ (Psalms 23:4 KJV). This represents my mental health. Not being afraid in the midst of change, death, and when everything appears to be dark, there is light. The light of Jesus shining down into the valley, providing me with hope and love.

As I took this picture on a hike at Starved Rock state park, I began to ponder on the impact my faith, identity and lived experiences has had on my mental health. My faith has brought me through deep grief, trauma, and the sudden changes of life. I see this as a representation of God’s love. There was a moment in my life when I experienced this *season of darkness*: I felt as if death was going to engulf my family during the previous four years I spent studying at Northern Illinois University. This moment of death and dark heaviness was brought
on by me losing 13 immediate family members, from August of 2019 until February 2023. The co-researchers in this study offered such wisdom regarding having their Christian faith as a sound foundation in persevering through the caves, the locked doors, the darkness of the thorny tunnels, the tears of the Black-Negro, the stigmatization, and remembering no matter what, one should prioritize their mental health. This research is hope, left for the future, when perseverance or long suffering is occurring, to lean onto my faith as a Black-Negro Christian.
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APPENDIX A

THEORETICAL FRAMEWORK DIAGRAM
Figure 20. Theoretical Framework Diagram

Note: Framing and approaching research from a narrative story-telling approach, includes aspects of one’s social, cognitive, and attitudinal context. Socially (the way they interact and gather as Black-Negros who are Christian), Cognitively (what they think as Black-Negro Americans), and Attitudinally (The expressiveness regarding mental health issues as Black-Negro Americans).
APPENDIX B

RECRUITMENT FLYER
CHRISTIANITY & MENTAL HEALTH

Your voice is needed

If you
Identify as a person of Color,
Believe in the Christian Faith,
Are between the ages of 25 to 65, and
Have attended at least one Mental Health Counseling meeting

Your participation is being requested for the purposes of exploring social, cultural and familial experiences and perceptions around counseling as Black or African-Americans within the Christian community

Use the link or QR code below for more information.

Share with others: Trust your discernment to determine which peers may be interested
APPENDIX C

SCREENING SURVEY
Hello Potential Participant, the following questionnaire is a screening survey to determine if you match with the goals of this study for Christianity and Mental Health: Voices of the Black-Negro Experience

Please respond Yes or No to the following questions.

1. Do you identify as Black or African American? (Click one)  Yes  No

2. Do you identify as Christian? (Click one)  Yes  No

3. Have you ever participated in a form of mental health counseling/therapy? (Click one)  Yes  No

4. Do you have access to a camera or cell phone camera, you would be able to use for this study? (Click one)  Yes  No

5. Are you able to use general internet-based technology for the uploading of photographs, emailing, and video conferencing? (Click one)  Yes  No

6. Potential Availability for Interview: M T W Th F    Time: Morning Afternoon Evening  (Click one)

If you answered 'No' to any of the above questions, I apologize, you do not fit the criteria to participate in this study.

If you answered 'Yes' to all of the questions above, please lookout for a follow up email from kgoodwin1@niu.edu describing, with great detail, what is being requested for your participation in this study.

E-mail will be used for follow-up communication about participation in this study.

Please provide your e-mail:

Your real name and contact information are requested for scheduling purposes only. Your personal contact information will not be disclosed as part of research reports and other potentially identifying information will be masked to maintain confidentiality of your identity.

Please provide your contact information.
First Initial:
Last Name:
Year Born (yyyy):
Phone Number:
Thank you for your interest and giving time to complete this initial screening

-------------------------------------closed survey automatic message----------------------------------------

Thank you for being interested in the study of Christianity and mental health counseling: Voices of the Black-Negro American experience. The recruitment process for this study has been closed. Respectfully,
Kyle Preston Goodwin, LCPC
APPENDIX D

PARTICIPANT INVITATION E-MAIL
Hello,

This e-mail is specifically for you in response to your submission from an initial screening response for your participation:
Christianity and Mental Health Counseling: Voices of the Black-Negro American Experiences

I am inviting you to participate in a study that uses photos to explore the social, cultural, teachings experiences, and perceptions around mental health counseling of Black Americans within the Christian community. Photos for this study should capture or depict your experience within mental health counseling services as a Black Christian. After taking pictures that depict your experiences within mental health services as a Black Christian, you will email those photos to kgoodwin1@niu.edu.

Based on your lived experiences, I believe you can deliver knowledge to the field of Counseling and Counselor Education and Supervision (CES) in learning about the lived experiences of mental health services for Black or African Americans within the Christian Community.

Instructions: For this project, as a participant you should capture two photos, with non-identifiable information (neither person nor location), illustrating your view of mental health counseling as a Black Christian. After capturing both photos please email them directly to kgoodwin1@niu.edu.

I have included details of this study and the confidentiality consent form via Quatrrics link. You can also copy and paste the link (https://niu.az1.qualtrics.com/jfe/form/SV_1zw3DMN6kSKgKoe) into your web browser:

Attached you will also find a read-only version of this document for your own records. Once both photos are sent, and the consent form completed, I will schedule an interview with you promptly.

If you are concerned and would like more details about myself, or the study, before making a decision, I am happy to share. I can be reached via email. If you decide, at any time, this study is not for you, you have the right to withdraw.

Thank you for your consideration, and for your time,

Kyle Preston Goodwin, LCPC, PhD Candidate
E-mail: kgoodwin1@niu.edu
Department of Counseling and Higher Education
Counselor Education and Supervision Program
Northern Illinois University
APPENDIX E

CONSENT FOR PARTICIPATION
Title of Study: Christianity and Mental Health Counseling: Voices of the Black-Negro American Experience

Investigator: Kyle P. Goodwin
Department: Department of Counseling and Higher Education
E-mail: kgoodwin1@niu.edu
Phone: 773-947-4105

Key Information
1. This is a voluntary research study on the lived experiences of Black or African Americans Christians and mental health services.

2. Your participation would include, capturing two photographs, one 1-hour to 1.5-hour recorded video-conference interview, and one 30-minute participant check-in discussing your experiences with mental health counseling as a person of Christian faith.

3. The benefits for your participation include an opportunity to provide a testimony of your lived experiences with mental health services as a Black or African American Christian. Using Photovoice methods, additional benefits include an increased knowledge, awareness and/or information about your lived experiences and providing implication knowledge for mental health professionals. Potential risks for participation may include emotional or mental discomfort or distress if reminders of prior trauma or anxiety come up. Risks are moderated by participant ability to take breaks at any point in the data collection and you are able to withdraw your participation in the study at any time, up to the point of report submission, if desired.

Description of the Study
This study will consist of narrative design and a Photovoice analysis, to discuss the lived experiences, cultural construct, teachings and perceptions around counseling for Black-Negro Americans within the Christian community. Utilizing this concept of qualitative and photo voice, I am hoping to strengthen the narration of the Black-Negro voice involving mental health services and their Christian faith. The goal of this research is for the lived experiences of the participants to come life by capturing photos that represents their Christian identity and view on mental health counseling.

Risks and Benefits
Potential risks of this study may include participant discomfort, distress, reminders of prior trauma or anxiety. Participants are able to take breaks at any point during data collection and are able to withdraw from the study if desired. The researcher can provide information about searching for additional supports if needed.
The benefits include an explorative narration of participants lived experiences for Black or African American Christians involving mental health counseling using Photovoice and an increased knowledge, awareness and/or information about participants’ lived experiences regarding mental health counseling within their identified community. The potential for increased self-awareness and/or catharsis is a direct benefit to participants.

Confidentiality
Responsibility as the Researcher I will:
Protect all research data that is shared (e.g. flash drives, notes, transcripts, data, etc.) private by not conversing or sharing this information orally or in any format with anyone other than my committee members;

Ensure the security of research information while it is in my custody. This may include:
• Protect all documents and/or data connected to the research study on a password protected computer with password protected files;
• Closing any programs, forms, or records files associated to the research study when absent from the computer;
• Guard any printed forms and/or data related to the research study in a protected place such as a safe filing cabinet;
• Permanently removing any correspondence of communication encompassing papers and/or data associated to the research study.
• Will not duplicate any documents and/or data associated to the research study except if I am instructed by my overseers;

Your Rights
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time. Your decision will not result in any loss of benefits to which you are otherwise entitled. You have the right to skip any question or research activity, as well as to withdraw completely from participation at any point during the process.

You have the right to ask questions about this research study and to have those questions answered before, during, or after the research. If you have any further questions about the study, at any time feel free to contact the researcher, Kyle P. Goodwin at kgoodwin1@niu.edu or by telephone at 773-947-4105 or my committee Co-Chair, Kimberly A. Hart at khart2@niu.edu

If you have any questions about your rights as a research participant that have not been answered by the investigators or if you have any problems or concerns that occur as a result of your participation, you may contact the Office of Research Compliance, Integrity, and Safety at 815-753-8588.
By continuing 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 take a screenshot or picture of this form to keep for your records.

☐ I agree to participate in this study.
☐ I agree to be audio/videotaped in this study.
☐ I agree to release any claims for liability and claims for compensation for use of photos in this study. I understand that photos will not contain identifying information.
APPENDIX F

SEMI-STRUCTURED INTERVIEW GUIDE
Welcome

Informed consent review

Pseudonym Confirmation

Thank you for participating in this study. I have received the two pictures you have sent me via email. You and I will use the pictures as a guide within this interview. As we look at this first picture, please feel free to answer openly, there is no right or wrong answer I am looking for.

SHOWED questions:

- What do you see here in this image you captured?
- What is really happening here in this capture?
- How does this relate to yourself, and others identifying as Black-Negro American Christians? (Researcher to use participant self-identified ethnic-racial identity term)
- Why does this “situation, concern, or strength” exist? (researcher to select most appropriate verbiage based on participant disclosures)
- What can you do about it?
- What can the Black-Negro American Christian community do about it?
- What can the larger Christian community do about it?
- What can we, as a country, do about it?

Thank you.

Closing information

Confirmation of pseudonym selection
APPENDIX G

PHOTOVOICE ANALYSIS MAP
Coded and themed data collected through SHOWED interviewing and analysis (further below) will yield reference or lack of reference to cognitive, social, and attitudinal elements that inform individual lived experience narratives of mental health counseling as Black-Negro American Christians.

Figure 21. Framework Elements and Constructs Illustration
See: What do you see here in this image you captured?

Happening: What is really happening here in this capture?

Our: How does this relate to our lives as human beings? How does this relate to you and others in relation to “Black-Negro American” Christians?

Why exists: Why does this “situation, concern, or Strength” exist?

Do: What can you do about it? What can the Black-Negro American Christian community do about it? What can the larger Christian community do about it? What can we, as a country, do about it?
APPENDIX H

PHOTOVOICE CAPTURES
Tunnel Vision

Isolation in the Cave

Never Let 'Em See You Sweat
Separation Entry

Bliss

Tears of the Black-Negro Man
Strength and Serenity

Eden

We’ve Been Waiting for You
Poverty

Omnipotent Peace

Mental Health First
APPENDIX I

THEMATIC FINDINGS
Figure 22. Thematic Findings Illustration

United, but Separate
- Impact of Enslavement

The Strength of the Black-Negro Christian
- Trauma
- Light

Brokenness and Put Together
- Stigmatization
APPENDIX J

PARTICIPANT DEMOGRAPHICS
# Participant Co-Researcher Demographics

<table>
<thead>
<tr>
<th>Co-Researcher pseudonym</th>
<th>Gender identity</th>
<th>Age</th>
<th>National region</th>
<th>Salient social identities</th>
<th>Thematic voice</th>
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</thead>
<tbody>
<tr>
<td>Emani J</td>
<td>Cis-gender woman</td>
<td>50</td>
<td>Midwest</td>
<td>Mental Health Practitioner</td>
<td>Brokenness and Put Together, United but Separate, Stigmitization, Light</td>
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<tr>
<td>Janet</td>
<td>Cis-gender woman</td>
<td>33</td>
<td>Midwest</td>
<td>Married; educator; mental health professional</td>
<td>The strength of the Black-Negro, United but Separate, Trauma, Light, Impact of Enslavement</td>
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<td>Lavern Johnson</td>
<td>Cis-gender woman</td>
<td>31</td>
<td>Midwest</td>
<td>Mother of 2 daughters</td>
<td>The strength of the Black-Negro, Trauma, Light</td>
</tr>
<tr>
<td>Marcus</td>
<td>Cis-gender man</td>
<td>34</td>
<td>Southern US</td>
<td>Single; educator; mental health professional</td>
<td>The strength of the Black-Negro, United but Separate, Trauma, Impact of Enslavement, Light</td>
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<td>Nathan</td>
<td>Cis-gender man</td>
<td>25</td>
<td>East Coast</td>
<td>Single; finance accountant</td>
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</tr>
<tr>
<td>Zekia</td>
<td>Cis-gender woman</td>
<td>38</td>
<td>Midwest</td>
<td>Single; educator; mental health professional</td>
<td>Brokenness and Put Together, Light</td>
</tr>
</tbody>
</table>