

Blessed Assurance

African-American Christians'
Perspectives on Pastoral Counseling



North American Association of Christians in Social Work
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October 26, 2012

Funded by UConn SSW Dean's Research Incentive
Award

Abstract

African-Americans are the most religious population in the United States. Their connection to the institution of the Black Church has both religious and social foundations whereby all the needs of the congregation as a collectivity as well as individually could be met through the clergy.

Those needs have included mental health and counseling for serious personal issues. This study seeks to explore whether or not the perspectives of African-American Christians continues unabated by exploring their perceptions of pastoral counseling.

Why the “Black” Church?

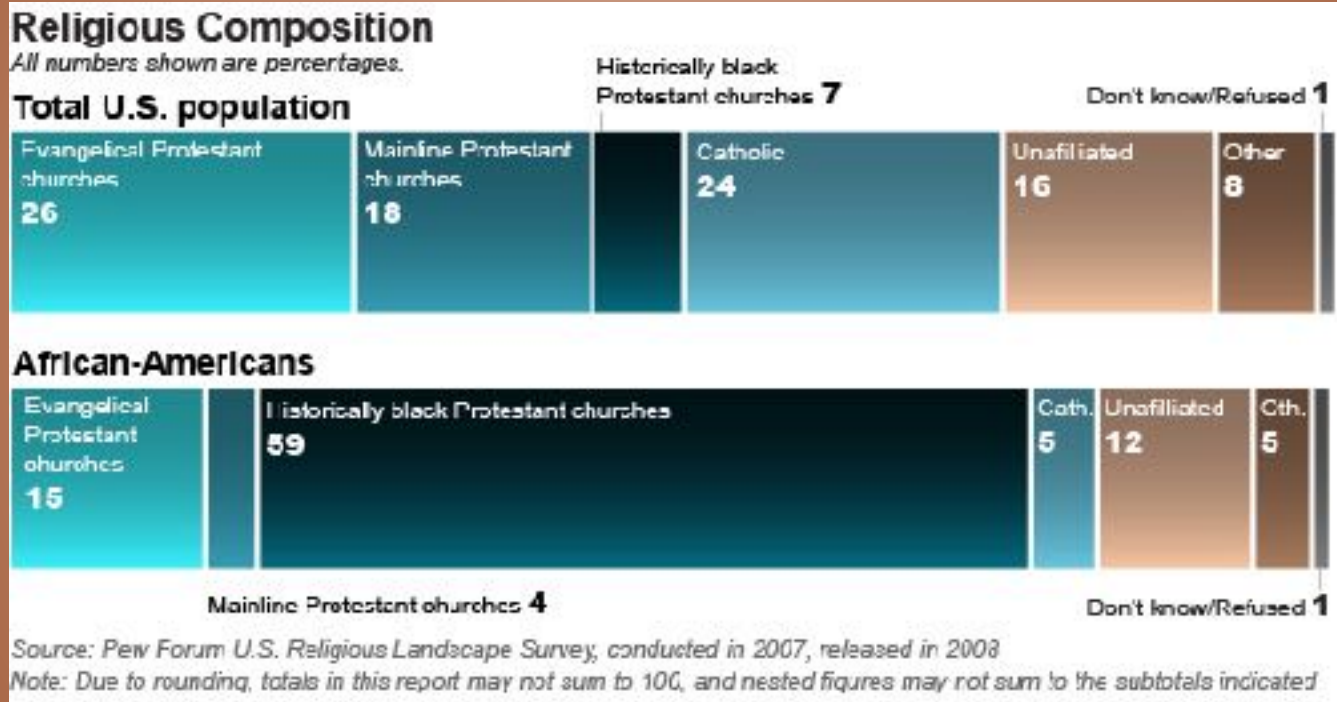


- Termed the “Negro Church” until the 1960s
- Comprised of the seven historically independent, totally Black controlled denominations
 - African Methodist Episcopal (AME)
 - African Methodist Episcopal Zion (AMEZ)
 - Christian Methodist Episcopal (CME)
 - National Baptist Convention Incorporated
 - National Baptist Convention Unincorporated
 - Progressive National Baptist Convention
 - Church of God in Christ (COGIC)

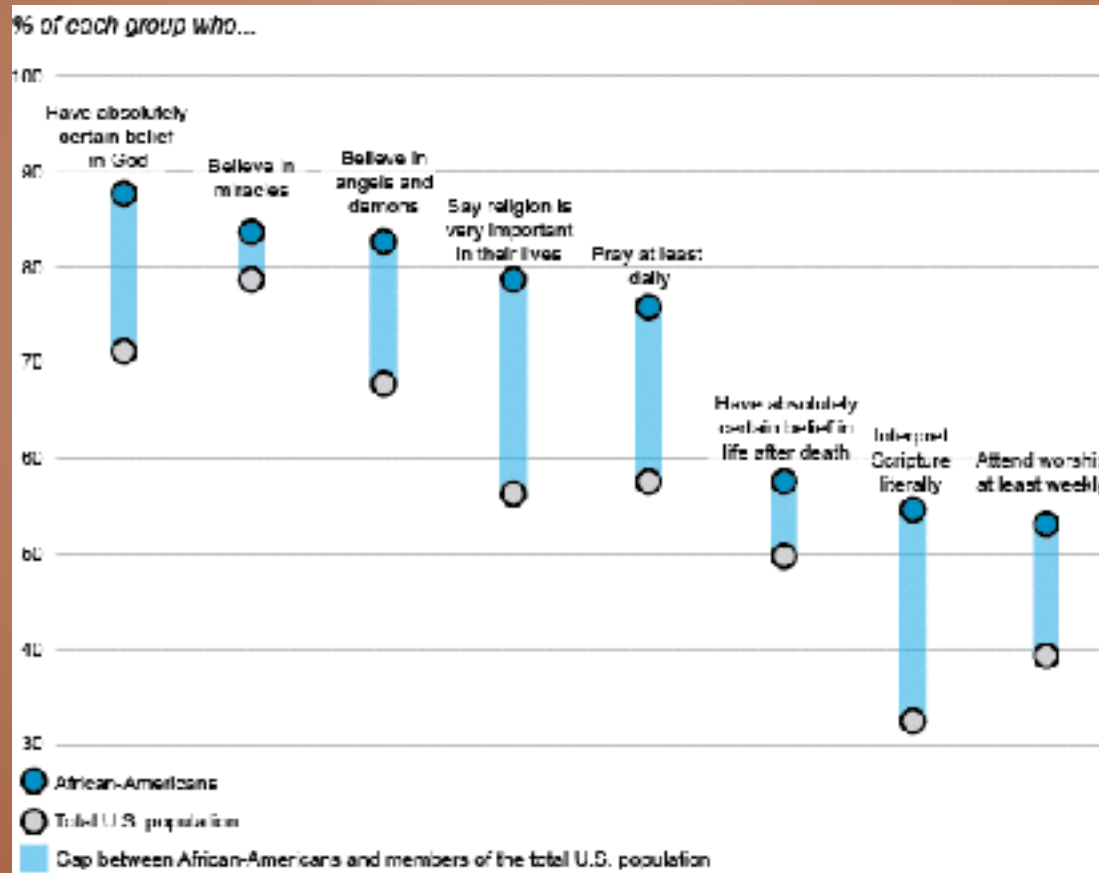
Lincoln & Mamiya, 1990

- Represents over 80% of religious Black Americans

Why the “Black” Church?



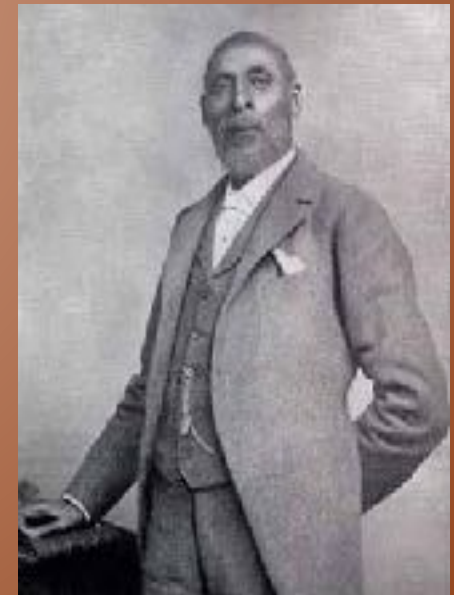
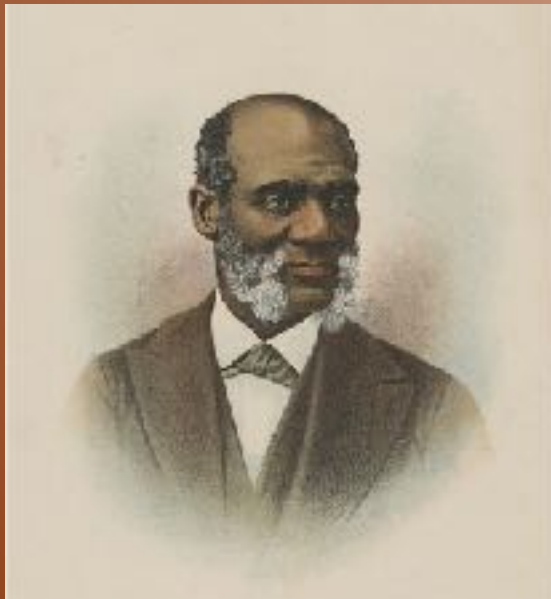
Why the “Black” Church?



Why the “Black” Church?

The “peculiar institution”

- Religious justification for slavery
- Slave preachers ... beginning of “The Call”
- Segregation even in church
- Creation of an affirming church ... safe haven
- Abolitionists used religious justification for ending slavery



Social Justice

- Civil Rights Movement

“From the beginning, the civil rights movement was anchored in the Black Church, organized by both activist black ministers and laity, and supported financially by black church members” (Lincoln & Mamiya, 164).



The Black Church Now

Remains the most important institution in the Black community

Social and spiritual needs met; de facto social service agencies

- Food pantries/clothes closets
- Soup kitchens
- Tutoring
- Health screenings & workshops
- Housing
- Counseling

Marriage
Grief

Teen pregnancy
Weight loss
HIV/AIDS
Hypertension
Depression

Methodology

- Systematic random sample of 345 churches ($n=8$)
- Target sample size was 800; actual = 715
- Identified churches contacted by phone to solicit
- Participating churches received packets in person
 - Pastoral consent form
 - Survey announcement for church programs
 - Surveys (self-sealing envelopes)
 - Locked metal boxes for survey return
- Study materials collected in person
- All churches received \$100 incentives

Participating churches will receive aggregated reports of their congregation upon study completion

Study Location

Prince George's County, Maryland

- Primarily African-American county bordering Washington, DC
- Over 860,000 residents
- Wealthiest African-American county in the United States
- Vast within-county income disparity
- Over 345 churches county-wide

Survey Topics

Finances

Child's negative behavior

Sexuality/homosexuality

Emotional abuse

Physical abuse

Contemplating an abortion

After an abortion

Contemplating marriage

General marriage difficulties

Contemplating divorce

After divorce

Grieving a loved one

Contemplating suicide

After attempting suicide

Symptoms of depression

Contemplating marital affair

After marital affair

Discovering partner's affair

Contemplating use of AOD

Desire to stop use of AOD

General loneliness

Issues with temper/anger

Professional Preference

Pastor

Emotional abuse

Physical abuse

After an abortion

Contemplating marriage

General marriage
difficulties

Contemplating divorce

After divorce

Grieving a loved one

Professional Preference

Psychologist/Psychiatrist

Child's negative behavior
Sexuality/homosexuality
Contemplating suicide
After attempting suicide
Symptoms of depression
Issues with anger/temper

Professional Preference

Licensed Certified
Professional Counselor

Finances

Contemplating an abortion

Contemplating use of AOD

Desire to stop use of AOD

Professional Preference

Licensed Clinical Social
Worker (LCSW)

None

Findings

I would not use Pastoral Counseling because he/
she may think I'm weak

Strongly disagree	2.8%
Disagree	2.3%
Agree	32.2%
Strongly agree	47.2%

Findings

I would not use Pastoral Counseling because I do not trust that my issues would remain confidential

Strongly disagree	5.4%
Disagree	21.5%
Agree	29.4%
Strongly agree	25.1%

Findings

I would not use Pastoral Counseling because I do not think he/she is trained to handle certain issues

Strongly disagree	3.7%
Disagree	4.5%
Agree	28.2%
Strongly agree	47.7%

Findings

I would not use Pastoral Counseling is so close to God that I would feel judged/condemned

Strongly disagree	4.0%
Disagree	3.7%
Agree	28.8%
Strongly agree	47.5%

Findings

A primary reason I would use Pastoral Counseling is because my pastor is African-American

Strongly disagree	29.7%
Disagree	35.6%
Agree	13.0%
Strongly agree	5.1%

Lack of Trust

Religious help seeking can be questionable, **maybe even detrimental** because faith enters into an emotional realm. **Religious providers**, if not trained, **could** play **(prey)** upon those emotions causing the sufferer a sense of guilt or shame they wouldn't ordinarily feel after seeking help from a secular provider. Additionally, whereas, one could gather background information on a secular provider regarding malpractice or criminal complaints, one may not be able to do the same with their pastor, who **might be offended by the inquiry and who also might have some issues that would then be exposed.**

Lack of Trust

I used to seek faith based help frequently. However **my trust was betrayed** and I no longer desire to use faith based help! (Emphasis in original)

People gossip too much for me to trust any church official, even the “trusted” ones. (Emphasis in original)

Bias

I always feel the **opinions/thoughts are one sided** which is why I would not choose Pastoral counseling.

Lack of Confidence

- I wouldn't seek help from church unless it was regarding a religious issue like a question about faith or salvation. Mental health issues should be handle (sic) by mental health professions (sic), which is who I have sought help from in the past.
- It's hard to share mental illness issues with your pastor because s/he is not trained to handle chemical imbalances in your system.
- If one feels they need a religious help then they need to counter it will (sic) professional help as well, since religious is not objective its more subjective. To obtain clarity one must be objective.

Lack of Confidence

Mental health is a very mysterious illness and very misunderstood and often confused with retardation by the black community. Religious efforts are riddled with people who don't practice what they preach and who aren't always properly trained to deal with real serious mental health issues. As such, religious counseling programs are increasingly becoming linked to the poor character and frequent scandal of church leaders and church members.

Discussion

African-American Christians have a tendency to rely on Pastoral Counseling as a means by which to address serious issues, but not in the numbers traditionally associated with the community.

Faith and the perception of congregants as weak or being judged is a primary reason why congregants would not seek help through Pastoral Counseling.

Discussion

Trust issues around confidentiality and adequate training/preparation of pastoral counselors is particularly important to African-American Christians.

Race, however, is not as important a consideration in the Pastoral Counseling process as an understanding of religion and faith.

Implications

While African-American Christians stated a preference for Pastoral Counseling generally, outreach to this community remains vitally important for social work practitioners.

Co-facilitation and collaboration between Black Churches and social work organizations around issues of counseling and mental health distress offers a particularly rich possibility for accessing the African-American faith community.

What you **must** do

Self-analysis ... critical to get your “self” out of the way

Explore beliefs, myths, fears, stereotypes

Own discomfort in the process



What you can do

Visit local churches to establish a relationship

Invite local church leaders & members to community and agency events

Invite church leaders to serve on agency advisory boards & task forces

Interview local pastors for needs assessments

Host in-service training for local pastors on specific mental health issues, theories, or interventions



What you can do



Co-facilitate groups/workshops on topics impacting the community

Hold community events, groups & workshops in local churches

Formalize a bi-directional referral process

Enlist pastors as consultants for community initiatives and clinical issues

Compile a list of existing churches and their resources for referrals (particularly for material support)

What you can do

Read the literature on the Black Church & encourage students and colleagues to do so

Send agency literature to local churches alerting them to your services and interest in collaboration

Assist in the creation of intake, referral and confidentiality forms for pastoral counseling programs



“Spiritual” Prescriptions

Music is a vital part of any Black Church worship service

Your knowledge can engender feelings of understanding of and respect for a significant cultural aspect of their lives



Questions?

Thank you!