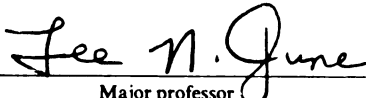This is to certify that the

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HELP-SEEKING ATTITUDES OF AFRICAN-AMERICAN PASTORS

TOWARD COUNSELING

presented by

Charlene D. Humphrey-Patterson

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HELP-SEEKING ATTITUDES OF AFRICAN-AMERICAN

PASTORS TOWARD COUNSELING

By

Charlene D. Humphrey-Patterson

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling, Educational
Psychology, and Special Education

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ABSTRACT
HELP-SEEKING ATTITUDES OF AFRICAN-AMERICAN PASTORS TOWARD COUNSELING
By
Charlene D. Humphrey-Patterson

While help-seeking attitudes has become a topic of research interest, little is known about attitudes of mental health professionals generally. Virtually nothing is known about help-seeking attitudes of African-American pastors.

The purposes of this study were to: (a) explore personal help-seeking attitudes and behaviors of African-American pastors, (b) determine differences between the personal help-seeking attitudes of African-American pastors and those they have for parishioners, and (c) determine effect(s) of demographic variables relative to help-seeking attitudes of African-American pastors.

The population was African-American pastors from urban areas of the midwestern section of the United States. Participants were 100 African-American pastors of churches of various denominations.

Three instruments were used to collect data for this study. Effects of problem stigma and person identified having the problem (pastor versus parishioner) on help-seeking attitudes were measured by

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an 11-item vignette response scale. General help-seeking attitudes toward psychotherapy and pastoral counseling were measured by an adapted version of the Fischer & Turner (1970) Attitudes Toward Seeking Professional Psychological Help scale. Additionally, a 15-item demographic questionnaire was used. Packets of instruments were administered in group settings at the end of council, conference, or convention sessions.

The two-way ANOVA was used to test effects of problem stigma and person identification on help-seeking attitudes. An independent t-test was used to determine differences between pastors who had low or high stigma tolerance for seeking help for personal problems. ANCOVA was used to account for predisposition to seeking psychological help. Hypotheses were tested at the .05 alpha level.

Results indicated that while there were no significant differences in effects of problem stigma and person identification on help-seeking attitudes African-American pastors, there was significant difference in help-seeking attitudes of pastors who had low stigma tolerance for problems and those with high stigma tolerance. There was a significant interaction effect of problem stigma and person identification on the help-seeking attitudes of pastors toward pastoral counseling.

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DEDICATION

To Gordon, Sr. and Claudia, Bernis, Sr. and Della
for honoring me with loving, supportive, and
sacrificing parents.

AND

To my parents, Rev. Gordon and Helen Humphrey, for
their love, and the many sacrifices they have always
made for me and our family. I love you and honor you
always.

AND

To my siblings, Michael and Gordon, who have
supported me with their love and sacrifices throughout
this endeavor. I am deeply grateful to Diane, the
kindest, most supportive sister any person could have.

AND

To the "Elders", Aunts Oretha, Doll, Delma, Irene,
Jan, Josephine, and Martha, Uncles Wilce, "Jr.", Chuck,
and John: Each of you has touched my life in a
significant way during the challenges of this endeavor.
I will always be grateful for having been allowed to
benefit from your wisdom and care. I love each of you,
especially.

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DEDICATION

To my son, Quenn...

I did not forget that I promised you a special page of dedication for all the steps and hours you saved me, carrying books and making copies for me at the most critical times. I love you and I am proud to be your mom.

DEDICATION

To my beloved husband, Rodney, for your love, patience, sacrifice, and prayers. Your encouragement has provided the boosts and props along the way. I love you.

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ACKNOWLEDGEMENTS

To Dr. Lee June, Chairperson of my doctoral committee, I am deeply grateful for his guidance, and support throughout the course of my graduate studies. I am grateful for his model as a Chairperson and as a mentor.

I am deeply indebted to Dr. Gloria Smith for her guidance, and assistance as a member of my doctoral committee. Additionally, I am grateful to her for the concern and support she provided me in my professional development.

A very special thanks to Dr. John Schweitzer for his encouragement, guidance, and valued assistance during statistical analyses stages of the study.

I am deeply grateful to Dr. Thomas Gunnings for his mentoring, support, and assistance as a member of my doctoral committee.

I am deeply indebted to Dr. Ana Gil Serafin for her time, guidance, sacrifice, and encouragement during the most critical times of this study.

Special appreciation to Dr. Bonita Pope Curry, Dr. DeColius Johnson, Dr. Barbara Gunnings, Dr. George Logan, and Carmen Gear for their guidance, support, encouragement and friendship.

A special thanks to Brian, Elaine, and Brianna

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CHAPTER I

THE PROBLEM

It is well known that the origins of the Black Church
in America began with African slaves who had been
uprooted as well as physically, legally, socially,
spiritually, politically, economically, and
psychologically violated. June's (1988) overview of
the history of the Black church indicated that:

> Historically, given slavery in America,
> Blacks were denied the opportunity to worship
> within white congregations. Thus, Blacks
> began to congregate (particularly) in the
> south into what some have called the
> "invisible institution". This institution
> served as a place for Blacks to meet "freely"
> to maintain and create survival bonds, and to
> worship God (June, 1988, p.2).

The helping tradition among African-Americans has
been an integral component of the survival and struggle
for advancement. Martin and Martin (1985) describe
another concept, "fictive kinship" as "...the
caregiving and mutual aid relationship among non-
related blacks that exists because of their common
ancestry, history, and social plight" (p. 5). They
further stated that, "Worshipping God served as a
source of therapy for slaves even though the slave

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masters distorted Christianity to advance the interests of slavery" (p.27). The African-American church thus served as a refuge and relief for many of the needs of African-Americans. For many, the church was second only to the African-American family in providing help.

It is from this tradition that the African-American church has become a central component in the developmental history of African-Americans (Genovese, 1972; Woodson, 1921, 1933; Blassingame, 1972; Lincoln, 1974; Lincoln and Mamiya, 1990). The unique role of the African-American pastor developed in this tradition as well, encompassing the provision of a full range of services which extended and continue to extend far beyond spiritual guidance in the lives of many African-Americans (Hamilton, 1972; Woodson, 1921).

Pastoral assistance, for many African-Americans who have sought help for a myriad of issues and problems, has been the only consistent "counseling" resource perceived as safe, supportive, and accessible. African-Americans continue to call upon the African-American pastor to provide leadership in its community as well as respond to needs which include those in the domain of mental health counseling.

A review of the history of psychology unfortunately reveals disdainful, and in some instances, inhumane perspectives and treatment of

African-Americans (Guthrie, 1976; Hothersall, 1984;
Willie, 1973). Guthrie's (1976) overview of the
history of psychology documents the development of a
Eurocentric matrix of racist paradigms and premises
even from its inception as a formal discipline. For
Blacks, who were scarcely freed from the bondage of
chattel slavery, the emerging discipline of psychology
was often used to support the blatantly racist ideas
and practices in North American society (Franklin,
1991). Consequently, earlier theories and practices
reflected perception of Blacks that conformed to the
developing stereotypes of North American society
generally (Bloombaum, Yamamoto, & James, 1968). The
residual impact resulted in the choice of many African-
Americans to trust only those helping resources proven
to be safe and trustworthy. These resources
historically have been within the family and the
church. Hence, African-Americans held at bay those
institutional resources which threatened their racial
and cultural identity and existence. Negative
experiences with traditional mental health resources
accounts for consistent choices of African-Americans to
seek help from family and the Black church and avoid or
even reject help from foreign, potentially harmful
professional resources (Sue, 1977; Jones, 1991).

As the Black Church served as refuge, so did the

trusting relationship shared between African-Americans and the African-American preacher which evolved from the traumas of slavery. Particularly, with the disruption of family units as well as other social institutions, reliance on the Black preacher to bridge the historical transitions of Black people became the linkage to lost family and tribal mores (Hamilton, 1972). The Black preacher, according to Hamilton:

> ...has always epitomized the major characteristics of his people. What they were, he reflected most. ...and the preacher has been the major indigenous leader to adapt to whatever mood and movement of the Black community to the cultural style of the people (Hamilton, 1977, p. 221).

The unique and important role of the African-American pastor as counselor and a primary helping agent in the African-American community has been virtually unexplored in the psychological literature. Understanding the role of African-American pastors and their evolution is essential given the critical influence they maintain among large segments of the African-American community. Despite the magnitude of their influence, there is little systematic study of the African-American pastors' role(s). In addition to the exiguous research devoted to African-American pastors' attitudes and behaviors toward counseling

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and/or psychotherapy generally, virtually no research has been devoted to the personal help-seeking attitudes and behaviors of this group of African-Americans.

Richardson (1981) documented the similarities between attitudes of African-American pastors and parishioners toward mental illness and mental health professionals. The congruence in attitudes of pastors and parishioners suggested a continuing strong influence of the attitudes of African-American pastors on those of African-American parishioners. Given the broad range of and level of responsibility for services African-American pastors have in the church and community, the question emerges relative to resources which are available to this population of helping professionals and becomes a critical one to explore. Although Richardson's (1981) study documented positive attitudes toward mental health professionals, it did not distinguish personal from professional help-seeking attitudes of African-American pastors.

The current literature which examines help-seeking attitudes generally among professionals omits attention to the personal help-seeking needs and attitudes of professional helpers. In other words, are professional helpers likely to seek help for their personal problems, and if so, where will they most likely seek help? These questions are similarly relevant for

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African-American pastors and important to address in understanding how their attitudes compare to the help-seeking attitudes they have for their parishioners. Are pastors more likely to seek help and encourage counseling assistance for parishioners as opposed to seeking help for themselves should similar problems and circumstances exist for them?

Gleason (1977) documented perception of stress among clergy and their spouses and found a number of common stressors including those which were family and/or personal related (i.e. "role conflicts", "goldfish-bowl existence"; "pathology of parishioners"). However, little, if any, research examines attitudes of clergy about a)openness to seeking help for personal problems, b) what kinds of problems are perceived to require "outside" help, and c) where help can be appropriately sought for problems.

Without understanding the help-seeking attitudes of this group, the professional secular counseling community will be unable to (1) gain understanding of the problem framing and problem solving processes for African-American pastors, (2) identify the salient and/or distinctive needs which may differentiate pastoral from professional secular counseling preferences among this population, or (3) facilitate appropriate and useful dialogue and linkages with this

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population. Lastly, if significant differences exist
between the personal help-seeking attitudes and
behaviors of African-American pastors and those they
have for parishioners, then understanding of these
differences will be essential in identifying and
developing appropriate counseling services and
resources not only for the parishioners served by the
African-American pastors, but for the African-American
pastors themselves.

Purpose of the Study

The purpose of this study is to contribute to the
body of literature exploring help-seeking attitudes
among African-Americans. This investigation is
concerned with whether or not African-American pastors
will respond differently to problems framed as their
own as opposed to similar problems of parishioners
relative to the need to seek help. Specifically, this
study will:

1) explore the personal help-seeking attitudes and
behaviors of African-American pastors as they relate to
clergy and parishioners;

2) determine if there are differences between
African-American pastors' personal help-seeking
attitudes and those they have for their parishioners;
and

3) determine if certain demographic variables

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(such as age or education level) account for
differences in help-seeking attitudes among African-
American pastors.

These questions will be important in determining
the linkages which need to be developed between
traditional mental health providers and African-
American pastors who may provide important mental
health counseling and referral options not only to
parishioners but to other African-American pastors as
well.

Basic Research Questions

The basic research questions to be addressed study
are:

(1) Are African-American pastors less likely
to perceive the need for help for their own personal
problems than the need for help by parishioners who
experience similar problems?

(2) Will African-American pastors have lower
stigma tolerance for their personal problems than they
have for parishioners with similar problems?

(3) Are there certain demographic variables
which positively correlate with help-seeking attitudes
(age, financial dependence, education level, pastorate
experience, and previous counseling experience)?

Hypotheses

The following hypotheses were developed to address

the aforementioned research questions:

<u>Null Hypothesis 1</u>: There is no effect of person identification on the help-seeking attitudes African-American pastors have toward counseling and/or psychotherapy.

<u>Null Hypothesis 2</u>: There is no effect of level of stigma associated with personal problems on the help-seeking attitudes of African-American pastors toward counseling and/or psychotherapy.

<u>Null Hypothesis 3</u>: The is no interaction effect between the level of stigma of problems and the person identified with the problem on help-seeking attitudes of African-American pastors toward counseling and/or psychotherapy.

<u>Null Hypothesis 4</u>: There is no difference between the stigma tolerance pastors have for their personal problems and those they have for parishioners with similar problems.

<u>Null Hypothesis 5</u>:   There is no effect of age on the help-seeking attitudes of African-American pastors toward counseling and/or psychotherapy.

<u>Null Hypothesis 6</u>:   There is no effect of education level on the help-seeking attitudes of African-American pastors toward counseling and/or psychotherapy.

<u>Null Hypothesis 7</u>: There is no effect of length of pastorate experience on the help-seeking attitudes of

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African-American pastors toward counseling and/or

psychotherapy.

Null Hypothesis 8: There is no effect of counseling

history on the help-seeking attitudes of African-

American pastors toward counseling and/or

psychotherapy.

Null Hypothesis 9: There is no effect of financial

dependence on the help-seeking attitudes of African-

American pastors toward counseling and/or

psychotherapy.

Theory

Stages of Seeking Help

Margolis (1981) noted that there have been several

attempts to identify steps or stages in the decision to

seek help for problems (cf., Albers & Scrivner, 1977);

Gurin, Veroff, & Feld, 1960; Kadushin, 1969; Landy,

1965; Suchman, 1965). From these studies, there seem

to be a consensus that a decision to seek help

includes:

> "...a) problem recognition; b) a decision that the
>
> problem is a psychological one; c) a decision that
>
> outside help is needed to solve the problem; d)
>
> choice of an institutional sphere or profession
>
> for the outside help; and e) selection of a
>
> specific practitioner...Additionally, Kadushin
>
> (1969) suggests that the decision to see a

psychiatrist involves the discussion of the
problem with friends and family (Margolis, 1981,
p.6)".

As a helper, the African-American pastor often is
involved in similar decision-making processes with
parishioners. However, virtually nothing is known
about the steps in the process for African-American
pastors who provide help, but who also may need and
desire to seek help.

Warren's (1981) review of several studies related
to help-seeking behavior suggested:

1. Who gets help depends upon normative,
cultural, and structural barriers; only a minority
of those in need ever reach the professional help-
givers in our society.

2.   The very decision to seek professional help
is dependent upon problem perception which is
conditioned by the environment of social networks
itself.

3. While the help-seeker faces rejection in
certain social environments, the literature on the
effects of social class on help-seeking seems
inconclusive because situational variables are
often of great significance.

4. Informal social relationships provide support
and aid when people fail to seek professional

help.

5. Professional helping is highly dependent upon
an elaborate referral process whereby individuals
must pass through a referral network before they
may reach professional help. Also, those from
"socially disintegrated" sub-communities are less
likely to have informal support and referral
networks. (Warren, 1981, pp. 18-19).

It is interesting that there is little, if any,
theory which provides insight into the attitudes,
feelings, and behaviors relative to personal help-
seeking of helpers, specifically. Further, no
theoretical formulations relative to personal help-
seeking attitudes among African-Americans has yet been
a focus in the research literature. Hence, the
conceptions offered, though not completely applicable
as paradigms, do provide some insight into general
trends of seeking help among the general population.
Cautions must be observed because cautions, however,
the population from whom these observations were
gleaned may or may not have included people of color
and therefore may or may not be as useful as research
becomes expanded to this focus.

Jackson (1991) states that theory to explain
behavioral or cognitive differences among African-
Americans, Euro-Americans, Latinos, Native Americans,

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and Asian-Americans has not yet emerged. Trends have been toward endorsement of an eclectic approach with traditional theory or employment of an African-American cultural referent to specific traditional models Jackson (1991) provides an Africentric framework which is grounded in the notion of appreciation of group differences, fundamental to the perspective of counseling African-Americans. He states several assumptions underpinning his postulates:

1) Cross-cultural counseling has not occurred with African-Americans because the training of both Euro-Americans and a sizeable proportion of African-American counselors constrains them to perceive negative, inefficacious attributes of this population.

2) There is an African-American cognitive style, and it is based, in part, on the continuation of an African ethos that must be recognized as legitimate.

3) There is no traditional Euro-American school of counseling that can be applied uniformly to all African-Americans (p.536).

Jackson (1991) noted that several Africentric theorists have made the following observations of differences between African-Americans and Euro-Americans in their world views and approaches which have implications for theory development in counseling African-Americans. For his model, Jackson provides

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interesting distinctions in the "world views" (Myers, 1984, 1988; Sue, D., 1978) of these groups. Table 1 summarizes these differences.

Cross' (1971) used "stages of identity" in his model of racial identity development to reflect the various ways which Blacks may resolve identity issues as a result of their need to function in a racist society. Each stage describes interaction between feelings, cognitions, attitudes, and behaviors that are shaped by the person's "world view" (Sue, 1978). Helms (1986) discerns from the developmental nature of the Cross (1971) model that:

> If one accepts the conceptualization of stages as world views, then it should be obvious that all of the aspects of a given world view are unlikely to evolve at the same rate. For instance, one's attitudes could evolve faster than one's feelings, and vice versa (Helms, 1986, p. 62).

This observation reflects the complex nature of the attitudes, feelings, cognitions, and behaviors of the African-American population. Therefore, it is important that theory which will emerge in the future relative to African-Americans' attitudes generally, and specifically relative to helping attitudes, necessitates accounting for the vast within-group differences which exist.

TABLE 1

AFRICAN-AMERICANS	EURO-AMERICANS
Perceive events a whole visual picture (symbolic imagery)	Perceive reality through a theoretical statement that breaks things down into parts
Prefer inferential space, numbers, and time based upon an affectively-based dialectical system	Prefer precision based upon one-dimensional time and objective space between individuals
Prefer focus on people and their activities based upon a nature-centric orientation and human nature norm	Focus on things, based on Euro-centric orientation and middle-class, Caucasian, male norms
Keener sense of justice based on axiology of cooperation, preservation of life, affiliation, and collective responsibility and more quick to analyze it and perceive injustice	Less keen sense of justice; stronger valuation base of competition, conflict, control of life, ownership, and individual rights
More altruistic foundation based upon ontology of spiritual essence, collectivism, interdependence and oneness of being	More material essence, individualism, independence, and control of nature
Greater preference for novelty, freedom, personal distinctiveness based on epistemology of affect, immersion in experience, flexibility and complementarity of differences	Lesser preference for novelty, freedom and personal distinctiveness based on belief in object-measure, observation of experience, rigidity and duality of differences
Proficiency in non-verbal communication	More word-dependent

(Jackson, 1991, pp. 536-537)

Another important theoretical underpinning relative to the personal help-seeking attitudes of African-American pastors is that of the impact of stigma. Pastors are often routinely bound by parishioners and other members of the community to high moral character which exceeds that of their parishioners and the general community, subjecting them to scrutiny, and high accountability. Lincoln and Mamiya (1990) reported, in their research on the Black Church, that:

> ...clergy from the three Baptist denominations and from the Church of God in Christ tend to have slightly larger percentages of their clergy earning more than $25,000 per year than the three Black Methodist denominations. This is probably due to the influence of the connectional polity among Methodists that tend to standardize salary scales for pastors and their churches. In the churches with an independent or congregational polity such as Baptists, each church determines such matters (p.128).

Hence, the anticipation of stigmatization for an attribute or condition of the African-American pastor could cause those who are financially dependent upon the local congregation to feel very vulnerable should the attribute or condition be known and/or should the pastor then attempt to seek counseling help.

Concern about stigma, then, could be a very critical consideration, if not a barrier, for pastors who anticipate stigmatizing attitudes and behaviors from the membership. This could develop into a dilemma for the African-American pastors in weighing their psychological well-being against their tolerance to endure possible stigma associated to their seeking help for a "deficiency" as perceived by parishioners.

In light of the above, some review of theory related to stigma is useful.

Stigma Theory

Goffman (1963) provided some useful insights into stigma and its impact. He stated that stigma "...refers to an attribute that is deeply discrediting..." (p.3). He identifies three different types of stigma:

> 1) abominations of the body (physical
>
> deformities), 2) blemishes of individual character
>
> (mental disorder, imprisonment, addictions, etc.),
>
> and 3) tribal stigma (race, nation, religion,
>
> etc.) (p. 4).

African-Americans also may suffer racial stigma. A mental or psychological disorder, then, would serve to compound stigma experienced by an African-American. Goffman (1963) stated that in many instances, in-group alignment may develop among those stigmatized person

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who may be similarly situated, providing its members
with support through identification with one another
(p. 112). If this holds true for African-American
pastors who experience disapproval or discrediting by
the congregation they serve, it may follow that they
feel confined relative to options for help that extend
beyond the most trusted and private resources.
Goffman's (1963) notion would suggest that African-
American pastors would be aligned with other African-
American pastors who are in similar pastorate
experiences. Seeking help for personal problems, then,
becomes a narrow field of choices.

Gibbons (1986) extended the concept of stigma to
the notion of a social phenomenon. He suggests that
stigma always involves relationships among people.
Gibbons (1986) refers to Goffman's (1963) observation
that:

>...the process of stigmatization is inextricably
bound up with the concept of
morality...Attributing responsibility to
stigmatized persons for their condition helps to
distance an observer from those persons and from
the stigma itself...This is the reasoning behind
Melvin Lerner's just-world theory (1980).
According to the theory, most people believe that
the world is a just place, in which people

generally receive what they deserve. It is
assumed, for example, that people who are rich and
successful must have earned their wealth, and, by
the same token, those who are poor or
unsuccessful, or those who have lost what they
once had, must have done something to deserve
their misfortune. Again, there is a definite
overtone of morality here. For some stigmatized
persons (e.g. ex-convicts), the crime and the
punishment are obvious, but for many others, such
as accident victims or people with mental
retardation, culpability must be created in the
mind of the observer. Whether guilty of real or
imagined crimes, however, the stigmatized person
must often bear the burden of moral responsibility
for the "mark" (Jones, Farina, Hastorf, Markus,
Miller, & Scott, 1984), and this label may very
well be more difficult to cope with than the
stigma itself (Gibbons, 1986, p.125).

Shoham (1970) suggested that earlier notions of
stigma, though more stringently referent to criminal
deviance, stemmed from a " religious or a supernatural
philosophy of punishment: An offence against social
norms amounts to sin" (p. 130).

Hence, seeking help for psychological problems by
African-American pastors who may anticipate less

positive acceptance or even alienation or isolation from, or ostracism by their congregation may be a more injurious decision than attempting to "live with" the condition. It suggests that pastors may anticipate their attributes as "sinful" and, thus, unworthy of understanding or acceptance by the congregation.

Given these two postulates, it follows, then, that stigma could represent a common experience within this group, and its specificities and nuances of impact must not be ignored in the gestalt of their cultural experiences which generate decisions to seek or not seek counseling help.

Further, the morality factor stemming from the historical perceptions relative to the development of stigma may yet be present for the religious community.

Shoham (1970) states that:

...one of the effects of stigma on the victim is the social proximity of victim and stigmatizer: The greater the proximity the harsher the effect. If both belong to the same membership group, reference group or belief system, the effect of stigma was notoriously extreme (p.167).

Implications for the culturally skilled professional psychotherapist must view the uniqueness of this phenomenon and consider its impact on African-American pastors' help-seeking attitudes when they must

consider help from outside resources. This will be discussed in greater length in the final chapter.

Working Definitions

For purposes of this study, several terms must be defined:

"African-American" will be the term primarily used in reference to members of the American society of African ancestry, history, and culture (Heritage Dictionary, 1977). Because the research literature cited in this study spans several periods which used different terms to identify this same population, other terms such as "Blacks", "Afro-Americans", "Negroes", or "Black Americans" may be used interchangeably to refer to the same population.

"Pastors" will refer to Christian ministers who serve in the capacity of having spiritual charge over a specific congregation.

"Stigma" will be generally defined as "disapproval by others" although embellishment of this term will be discussed in the research theory section of this study.

"Problems" will be defined as "anything that causes a person to feel unhappy, or angry, or upset, or to have difficulty in living from day-to-day, or that destroys a person in some way" (Gary, Leashore, Howard, & Buckner-Dowell, 1983, p. 31).

"Informal" sources of help will encompass family

members, friends, clergy, and anyone consulted without official or formal credentials in psychology, psychiatry, social work, or counseling, or related mental health professionals, and where counsel is provided without formal process or the assessment of any fee.

"Formal" helping sources refer to any conventional services such as professional counselors, and mental health refers of any theoretical orientation or discipline. It should be noted that some of the research categorizes clergy both as a formal as well as an informal helping resource. The distinctions will be identified in the literature where appropriate if clarification is needed.

For purposes of this study, clergy will be included in the category of "informal" helping resources given the broad parameters of the counseling services provided by African-American pastors.

"Counseling" and "psychotherapy" will be terms interchangeably used for purposes of this study, referring to any formal secular or pastoral provision of mental health services.

Overview

Chapter II will review literature related to help-seeking attitudes toward counseling generally, among African-Americans, and clergy. Chapter III describes

the characteristics of the population and sample, instrumentation, research procedures and implementation, and summary of the analysis of the data. Chapter IV reports and summarizes the results of the study. In Chapter V, the summary, conclusions, discussion of results, and implications and recommendations are provided.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Help-seeking attitudes relative to psychotherapy in America have been a focus of research for several decades (Kulka, Veroff, & Douvan, 1979; McKinlay, 1972; Gourash, 1978; Horwitz, 1977). However, focus upon the African-American population's help-seeking attitudes and behaviors has been a more recent research development.

Cheatham, Shelton, and Ray (1987) found that race and sex, but not causal attribution were related to the behavior of college students who were seeking help. Their sample included 83 Black and 66 White full-time students at a large eastern university. They were administered a questionnaire which examined the number, type and severity of personal problems experienced by subjects within the previous year. They also identified the most bothersome problem(s) experienced during the year and the help sources engaged for that problem. They rank ordered the help sources contacted and identified the total number of individuals contacted about the problem. No consistent differences were found for either sex or race relative to the number of problems, number of severe problems, and the severity rating of the most bothersome problems.

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However, Black men and women reported a higher number of problems than did white men and women. Problems with intimate relationships were common to all groups. Black females responded with the least concern relative to relationship problems and were twice as likely to report financial problems. Approximately 56% of the sample reportedly sought help for the most bothersome problems from only network member(s); 36% sought professional help. Only nine percent sought no help, and 77% of this group were men.

The results of this study provided support for the notion that women respond differently to their personal problems than do men, and that Blacks and Whites are more similar than different in their experiencing personal problems and in help-seeking behavior. This reinforces the notion that within-group differences in the help-seeking process must be explored.

Neighbors and Taylor (1985) noted that several studies in the help-seeking literature focused primarily on race comparisons which virtually conclude little else than that variation exists between Blacks and Whites in help-seeking behavior. Because of the small number of African-American subjects included in most of the cross-sectional surveys, analyses which would differentiate subgroups within the African-American population were not possible. Hence, these

studies mistakenly implied that all African-Americans respond in essentially the same manner to stressful situations. In light of that observation, this literature review will provide an overview of the help-seeking research generally, and more fully review research which has focused on the help-seeking attitudes and behaviors of African-Americans. Specifically, this review will include an overview of the literature related to research on help-seeking attitudes of African-Americans generally, and specifically of the African-American clergy.

Help-seeking: An Overview

The examination of the help-seeking process necessarily begins with a definition of help-seeking. Gourash (1987) defines help-seeking as "any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress" (p. 414). This definition includes seeking help from both formal and informal sources and is compatible with the way that the help-seeking concept is used in this study. In the past, most studies have focused solely on individuals who seek help from professional sources (Brown, 1978; Margolis, 1981). However, Gourash (1978) found the social network to be the major source of help in provision of a "natural support system that counteracts

the effects of stressful life events" (p. 416).

McKinlay's (1972) overview of the literature on
utilization of health and welfare services in the
United States and Europe indicated that findings have
been inconsistent and disparate because of varying
methodologies, different health care systems, different
time periods and differences in interpretations.
McKinlay (1972), as well as Gross, Fisher, Nadler,
Stinglitz, & Craig, 1979, identified several different
approaches that are used in examining the use of help-
giving sources. Each approach or model focuses on
particular factors to account for the use of health
services. Margolis (1981) outlines the approaches to
include the following:

> (1) the economic approach, which focuses on cost
>   of care as a major determinant of
>   utilization;
>
> (2) the family resource approach, which focuses
>   on family income level as a major utilization
>   determinant;
>
> (3) the demographic approach, which looks at the
>   relationship between variables such as sex,
>   age, and utilization;
>
> (4) the social structure approach, which examines
>   the relationship between individual's status
>   in society (as measured my ethnicity,

education, etc) and health care use;

(5)   the geographic approach, which focuses on the
      geographical proximity of services in
      determining utilization;

6)   the organization approach, focusing on the
      effect of organizational structure of the
      help-giving source on utilization;

(7)   the social psychological approach, which
      examines the relationship between social
      psychological factors (i.e. attitudes,
      beliefs, and knowledge about health care) and
      utilization in order to better understand the
      processes of help-seeking; and

(8)   the health systems approach, which emphasizes
      an integration of the above approaches.

The literature tends to reflect all of these
approaches when focusing on help-seeking in health and
mental health services.

Help-seeking Attitudes of African-Americans

The literature relative to the general help-
seeking attitudes among African-Americans has been
conflicting. Earlier studies (Tucker, 1979; Vontress,
1969, 1970, 1971) found that African-Americans held
negative attitudes toward mental health agencies and
stereotypical views of people who utilize these
agencies. Additionally, African-Americans were found

to hold negative attitudes toward counselors and generally believed counselors to be less helpful than families, friends, and ministers. Findings from some studies (Hayes and Mindel, 1973; Stack, 1974;) document the existence of very functional kinship and friendship networks within the African-American communities regardless of socioeconomic levels.

There is an indication that African-Americans tend to rely, at least initially, on their informal sources of support and assistance in response to help-seeking, and this is less likely a reaction to negative experiences with professional counselors.

Broman (1987), for example, stated that "Research on professional help seeking has consistently shown that people seeking professional help for personal problems have sociocultural characteristics that differ in important ways from those who do not seek professional help" (p. 473). Age, gender, and socioeconomic status are variables which affect help-seeking patterns.

The effect of race in professional help-seeking is far from clear. However, one significant finding of Broman's (1987) research was that Blacks were more likely to seek help from mental health professionals. This contradicted a previous finding by Warren (1981) that Blacks were more likely to seek help from clergy.

Broman (1987) noted that if his analysis had focused solely upon Blacks with mental health-related problems, his results would probably have been consistent with previous research. However, Broman's (1987) research focused on people who sought help from mental health sources beyond emotional and interpersonal concerns and found that African-Americans are likely to seek help from these sources for economic and physical health problems as well. Broman (1987) speculates that the psychological impact of economic and/or physical problems may be much greater for African-Americans, thus requiring greater psychological and personal adjustment than their white counterparts.

Warren's (1981) examined the methods by which individuals tend to use helping resources (formal, semi-formal, and informal) to respond to daily and sudden losses and problems with which they must cope. The three major goals of this study were a) to describe the importance of local community and neighborhood in providing help and problem-solving resources, b) to explore more fully the types of choices people make when they experience a problem and are seeking help, investigating what things are sought in the "helping transaction", and c) to evaluate the degree to which people used and trusted various types of helping resources, both formal and informal.

Other research has indicated positive attitudes among African-Americans toward mental health agencies and counseling in general. For example, Parker and McDavis (1983) conducted a study to assess African-Americans' knowledge of and attitudes toward mental health agencies and counselors. The sample consisted of 40 males and 40 females from the African-American communities in Florida. They were administered a questionnaire which measured participants' knowledge of mental health agencies and counselors, participants' attitudes toward mental health agencies and counselors, and participants' recommendations for strategies which would provide better service delivery to the African-American community.

Parker and McDavis (1983) found that 66% of the participants knew the locations of mental health agencies, 50% were familiar with the services provided by these agencies, and 90% had never used any of the mental health agencies. The results also indicated that 70% of the male participants and 63% of the women were aware of the locations of mental health agencies. Males (57%) were more aware of the services provided by these agencies than were females (43%). Responses to the attitudinal items showed that 81% of the participants believed that mental health agencies provided helpful service; 90% believed that one purpose

of counseling was self-understanding, and less than 17%
believed that only "crazy" people use mental health
services. Seventy-four percent believed that
professional counselors could be helpful to them in
ways that family, friends, and ministers could not.
Race was not found to be a factor affecting
underutilization by African-Americans, which is
contradictory to previous findings (Tucker, 1979;
Vontress, 1960; 1970; 1971). However, Parker & McDavis
(1983) found that more African-American women than men
believed that Caucasian counselors could understand
their problems. Thus, race appeared to be less of a
factor for women than for men in their study.

One of the recommendations made in the Parker and
McDavis (1983) study was the need to present
information relative to mental health agencies and
services to Blacks via schools, churches, and social
club and community organization meetings. These
institutions and organizations were identified as
avenues of direct access to this populations. Another
suggestion from the study was to include the use of
African-American churches and ministers in determining
appropriate sites for satellite offices within the
community. Often, these types of facilities can be
established within the church if the rapport with the
pastor(s) is established. This study illustrates the

continuing importance of the role of the African-American church and pastor in delivery of counseling services in the African-American community.

Hendricks, Howard, and Gary, (1981) explored help-seeking behavior among urban Black adults, as well as the sources of help sought by this group. Their sample included a cross-section of urban Blacks by age, gender, education, occupation, income, employment, and marital status. All respondents were 18 years of age and older. They were urban dwellers residing in the northeastern United States. These researchers found that the most frequently consulted institutional resource was a hospital. The next resource category cited most for help was the informal support network, which included family, friends, clergy, supervisor, neighborhood bartender. This resource category was followed by physician or psychiatrist. The percentage difference between the informal network resource (35%) and the physician/psychiatrist (31%) resource categories as help options for serious problems was not significant. However, sociodemographic variables were significant when related to where subjects would go for help. These findings indicated that subjects most likely to seek help for serious problems from an institutional resource were individuals who were less educated (eleven years or less), were unemployed, were

employed in a service occupation, and earned less than
$5000 annually. Subjects most likely to seek help from
a private practitioner were individuals who had at
least a high school diploma, were employed, had a
professional, semiprofessional, or managerial
occupation, and had an annual income in excess of
$10,000. Subjects most likely to seek help from
informal resources were individuals who had completed
twelve years of education or less, were employed, had
occupations described as either clerical-skilled or
service worker, and had an annual income of less than
$10,000. Age, gender, and marital status were not
found to be statistically significant correlates with
sources of help. Women were found to be more likely to
seek help than men. Overall, researchers found that,
given a choice between formal and institutional
resources of help, a significant number of subjects
chose informal resources of help.

Gary, Leashore, Howard, and Buckner-Dowell (1983)
examined help-seeking behavior among Black males
relative to mental health. Their sample included 143
males, at least 18 years of age. Within the context of
four major problem-type classifications (personal,
interpersonal, economic, or employment), economic
problems were mentioned most frequently as the most
serious problem. Personal and interpersonal problems

were the least mentioned problem type. Data analysis
revealed that most of the men preferred solving their
own problems. No significant distinctions were found
according to age, education, marital or employment
status, or family income when comparing the behaviors
of help-seekers to non-help-seekers. Types of problem
were more significant than any of the aforementioned
variables in determining help-seeking patterns.
Relatives and friends were found to be important
sources of help. A nearly equal distribution of men
stated they would seek help from formal and informal
sources when presented with hypothetically serious
emotional problems. Older men tended to prefer formal
helping resources more than did younger men.
Additionally, most men held positive attitudes toward
community mental health centers. Gary, et al. (1983)
concluded that:

> "...(1) recognition and consideration be given to
> external factors, especially economic and
> employment, which impinge on the quality of life
> for Black men; (2) racism and discrimination be
> eliminated, especially in employment; (3) mental
> health professionals recognize the importance of
> informal sources of help for Black men, and use
> these sources in developing mental health policies
> and practices; (4) formal sources of help initiate
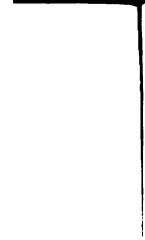
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and expand efforts to provide services which are
sensitive to the needs of Black men; and (5)
additional research regarding the mental health of
Black men be conducted, especially the impact of
external factors" (p. 11).

Gary, et al. (1983) further reported that not only
was there a small body of literature focusing on the
problems and help-seeking behavior of Black men, but
that the few empirical studies found were fraught with
methodological and conceptual shortcomings, rendering
conclusions subject to much speculation.

Another body of literature has emerged as a result
of the National Survey of Black Americans, a nationally
representative sample of the adult (18 years and older)
population collected in 1979 and 1980 (n = 2,107). In
this survey, Neighbors and Jackson (1984) investigated
the use of informal and formal help, exploring the
factors related to informal and professional help-
seeking in response to troublesome life events or
situations among African-Americans. Specifically, they
examined four help-seeking patterns in the Black
community; namely, (1) informal help only, (2) formal
help only, (3) both informal and formal help, and (4)
no help at all. These patterns were related to
sociodemographic factors of gender, income, and age.
All three variables were found to be significantly

related to the patterns of use. Of the three
variables, however, age was the strongest and most
consistent in relationship to help-seeking patterns.
Older African-Americans were found to be more likely to
not have sought any help at all. This finding raised
concern that a number of older African-Americans may be
in need of help but are unwilling or unable to find it.
These results emphasize a need to investigate possible
barriers impacting upon this particular subgroup.

The most important finding identified in this
study was the large number of respondents who did make
contact with social network members about their problem
(87%). However, the researchers were unable to
ascertain whether informal networks were used prior to
making contact with professionals. As in other
research (Cheatham, et al., 1987), women were found
more likely to use both informal and formal help
sources than men. This finding suggested to the
researchers the need to explore the differences in the
informal networks of men and women and how those
differences influence the use of professional help.
Neighbors and Jackson (1984) referred to the research
of Horwitz (1977) which found that:

> ...women talk to many informal sources about their
> problems, making themselves more accessible to
> receiving information about the availability of

professional help. Men, on the other hand,
appeared more isolated and thus more insulated
from receiving information about the availability
of professional help. If it is the case that the
structural characteristics of one's informal
network influence the type of help offered, then
it might be possible the type of informal
assistance offered to Black men works to impede
access to professional help (Neighbors and
Jackson, p. 641).

This is an important observation, given that the
African-American clergy is predominately male and
older. The question thus surfaces relative to the
characteristics of the informal network of the African-
American pastors and how they are influenced by their
informal network relative to seeking help within and
beyond this network.

Help-seeking Among Clergy

Gleason (1977) identified perceptions of stress
among 21 clergy and their spouses. Of the fourteen
items ranked as most stressful, eleven identified
stress being partially church-related. Clergy were
asked to rank order these items. "Proliferation of
activities", "perfectionism", "role conflicts", and
"goldfish bowl existence" were among the most
stressful. It is evident that several of these

stressors are related to the public image of these clergy members.

Gilbert (1987) explored the personal issues facing clergy and their spouses and whether or not they were able to find support in the midst of facing these issues. She also explored factors which facilitated or hindered clergy and spouses from finding the support they needed. Gilbert (1987) used a questionnaire to learn how clergy and clergy spouses felt about the availability of support and to gather information relative to personal issues and where support was found when dealing with them. This sample consisted of 149 respondents (30 females and 119 males). The findings from the questionnaire were used as preliminary data for interviews to be conducted with 47 United Church of Christ clergy and spouses.

The sample for the interview phase of this research consisted of 47 clergy and spouses affiliated with the United Church of Christ primarily from the New England area. The researcher reported a distribution in age, congregation size, and location. The sample included 8 female clergy, 22 male clergy, 14 female spouses, and 3 male spouses. The sample included married, divorced, single and homosexual clergy representations. There was no indication of racial and/or ethnic diversity among the participants.

Gilbert (1987) found that both clergy and spouses of clergy overwhelmingly indicated that it was difficult to find persons with whom to talk about personal issues and that they were hesitant to ask for help when they needed it. The interviews revealed that some of the factors impinging upon their decisions about seeking help included: (1) not wanting parishioners to see blemishes in character, (2) worry about confidentiality, (3) easier to manage the pain than to work at finding appropriate help, and (4) clergy groups are too competitive and seldom share at any deep level. Sharing personal issues was viewed as too difficult unless a strong, trusting, personal relationship had been previous developed, which many clergy do not often have the opportunity to do. Many perceived themselves as caregivers and not care-receivers.

To date, very little research has been done relative to the help-seeking attitudes of the African-American clergy. Richardson (1981), however, did examine the attitudes of African-American pastors and parishioners towards mental illness and mental health professionals. One of his basic assumptions was that "...the black church and its clergy are vehicles whereby traditional stereotypes and concepts of mental health are transmitted and reinforced in the black

community. More specifically, the clergy's attitudes
toward mental illness and mental health professionals
may influence their parishioners' attitudes" (p. 10).

Richardson's (1981) assumptions were well grounded
in the historical documentation of the impact of the
African-American church upon every aspect of African-
American life (Woodson, 1921; Frazier, 1974; Lincoln,
1974; Lincoln and Mamiya, 1990). It is one of the few
institutions within the African-American community that
is primarily developed, controlled, and financed by
African-Americans.

Richardson's (1981) sample consisted of African-
American pastors and parishioners from their respective
congregations from 31 Christian churches in a mid-size
midwestern city. The sample consisted of 27 pastors
and 81 parishioners. He found that the attitudes of
both African-American pastors and parishioners were
favorable toward the mental health professionals
(psychiatrists, psychologists, and counselors).
Pastors were found to hold significantly more favorable
attitudes than parishioners toward psychiatrists, and
psychologists. However, no significant differences
were found between the attitudes of pastors and
parishioners toward counselors. Richardson's (1981)
major assumption that pastors' attitudes toward mental
health professional might influence the parishioners'

decisions to seek psychological services was supported
by his investigation in that pastors and parishioners
similarly viewed the mental health professionals as
being "...safe, sincere, valuable, wise, and
dependable" (p. 107). Richardson (1981) noted,
however, that the positive attitudes found among the
pastors and parishioners may have been attributed to
the comprehensive community mental health and private
psychological services offered in this midwestern city.

Richardson (1981) cautioned that these results
were only generalizable to other populations which
share similar characteristics not only to the
population used in this study, but to the type of
community accessibility to mental health resources as
well. Richardson (1981) concluded that the favorable
attitudes of pastors toward mental health professionals
may partially have been attributable to their personal
identification with the mental health professionals,
responding as "counselor", rather than as one who may
need the services of a mental health professional.

Another interesting finding from Richardson's
(1981) study was that pastors were more likely than
parishioners to view greater will-power as a solution
to psychological problems. Given the possible
identification of the pastors in this study with the
mental health professionals, it is unknown whether or

not the pastors' responses were provided from the
pastoral counseling perspective rather than from client
or patient identification as one who might be in the
position of seeking help. This lack of clarity
provides credence for the need for a study to
specifically examine the personal help-seeking
attitudes of pastors.

Taylor, Thornton, and Chatters (1987) researched
Black Americans' perceptions of the sociohistorical
role of the church. These authors identified three
models of the Black church in relationship to its role
in addressing the conditions of Black Americans. The
"compensatory" model asserted that the church, as a
community organization, provides opportunity for
African-Americans to gain organizational skills and
participate in diverse roles typically denied them in
the broader society. The "assimilation-isolation"
model views the Black Church as an obstruction to the
complete assimilation and integration of African-
Americans into the mainstream society by segregating
its members and impeding their level of participation.
The "ethnic community" model emphasizes the role of the
church for enhancing self-worth and building a
functional community that is based on a sense of group
identity and collective interest.

The profile of responses identified several

positive attributes of the Black Church. On an individual level, the church (1) promoted general positive feelings, (2) sustained and strengthened, (3) provided personal assistance, and (4) provided guidelines for moral behavior and personal conduct. Among respondents who perceived the church as actually hurting the condition of African-Americans, a small percentage (1.9%) were of the opinion that the "...churches and preachers are too profit seeking" (p. 133). Just as the positive historical role of the Black Church and pastor have been described almost interchangeably, the negative role attributions have the same merging of role identity and responsibility.

"Profit-seeking" images of the African-American pastor is a continuing concern, particularly among African-American pastors who are totally financially dependent upon the local church (Lincoln & Mamiya, 1990). Many financially dependent pastors are subject, therefore, to scrutiny by what they may perceive as the alterable and sometimes even fickle sentiments and judgments of the membership. Hence, for these pastors, there may be high risk attached to not only the acknowledgement of personal problems, but the seeking of help for them as well.

Whittemore (1991) in a PARADE magazine article entitled, "Ministers Under Stress", reinforced the

notion that pastors feel at risk and vulnerable relative to the opinions of the church membership. Rev. Luther Kramer, president of a counseling center in Alabama, was quoted in the article as follows:

> "Instead of sticking to a church, ...people are shopping around for religious services. Rather than working to resolve issues when they don't get what they want, they go somewhere else. Or they get rid of the pastor--especially if the church isn't gaining members."

Whittemore (1991) indicated that an increasing number of clergy are experiencing stress and are overwhelmed by the demands of ministry. He further suggested that the problems of clergy often result in public scandals. Whittemore (1991) reported that the Southern Baptist Convention's report indicated that, after maternity benefits, the largest portion of medical claims paid in behalf of pastors was for stress-related illness.

Summary

This review of the literature revealed an absence of research relative to the personal help-seeking attitudes of African-American pastors toward counseling. While the literature does reveal a growing body of literature relative to attitudes and behaviors of African-Americans (including pastors) toward mental

health services and mental health professionals,
examination of the research does not reflect any
studies specifically focused on the personal help-
seeking attitudes of mental health professionals or any
others who may provide counseling to others. Most of
the research in the help-seeking domain reflects a
focus on help-seeking attitudes of a myriad of groups
such as college students, racial/ethnic comparisons,
and gender comparisons. The literature presently
reflects little interest in personal help-seeking
attitudes of mental health professionals as an
identified client population who might be experiencing
problems and need and desire some type of counseling
assistance. Of the studies reviewed relative to help-
seeking attitudes and behaviors, findings suggested a
lack of clarity for African-Americans generally in
their help-seeking attitudes beyond the more definitive
notion that generally, African-Americans tend to rely
on informal sources of help and support in response to
help-seeking.

While there seems to be an increasing positive
attitude toward mental health services by African-
Americans, findings tended to reflect a continuing
underutilization of services, especially by the
African-American male. Since the majority of African-
American pastors presently are male, this is a strong

need to explore the help-seeking attitudes of this group.

The current research suggests that there may be a myriad of meaningful variables which factor into the development of the help-seeking attitudes and behavior of African-American pastor.

This review of the literature clearly suggests that, although there is a growing interest in help-seeking attitudes and behaviors generally, there is an absence of research on the personal help-seeking attitudes of mental health professionals and clergy who provide or make referrals to counseling services (Brandt, 1967). The present study is intended to help fill this void.

CHAPTER III

DESIGN OF THE STUDY

Introduction

The purposes of this study were: (a) to explore the personal help-seeking attitudes and behaviors of African-American pastors, (b) to determine if there are differences between the help-seeking attitudes that African-American pastors have for themselves and those they have for parishioners, and (c) to determine the relationship of several demographic variables relative to the help-seeking attitudes of African-American pastors.

This chapter will provide an overview of the characteristics of the population and sample, instrumentation, research procedures and implementation, and a summary of statistical tests selected for the analysis of the data.

Population and Sample

The population for this study consisted of African-American pastors, from urban areas of midwestern cities. One hundred participants were included in the sample. They were identified from Protestant pastors' alliances, associations, and conference membership rosters. Participants represented various denominations which included Baptist (88), Apostolic (1), Church of God in Christ

(1), Methodist (6), and four indicated "Other" (See Table 2).

Ninety-eight percent of the participants were male. All were at least 25 years of age (See Table 3), the majority between the ages of 35 and 74 (86%) years.

It is interesting to note that among African-American pastors, there is represented a sizeable percentage who pastor well beyond the standard retirement age of 65 (27%).

The majority of pastors had incomes (See Table 4) between $20,000 and $50,000 (63%). Income source (See Table 5) was requested as a means of distinguishing pastors who were financially dependent on their congregations from those who were not in order to test for differences in attitudes between financially dependent and independent respondents. Although a majority of respondents (60%) reported a separate income from their ministry income, only 21 respondents (21%) reported that the separate income was larger than the ministry income.

Only six respondents (6%) indicated a high school education or less. Forty-three respondents (43%) indicated some seminary and/or college training and 51 respondents (51%) indicated at least a bachelor's degree. Of the 94% who had education beyond high school level, 85% of them indicated some of their

TABLE 2

Descriptive Characteristics of the Sample of African-American Pastors by Religious Affiliation

(N = 100)

Religious Affiliation	Frequency
Apostolic	1
Baptist	88
Church of God In Christ	1
Methodist	6
Other	4

TABLE 3

Summary of African-American Pastors by Age Range

Age Ranges (Years)	Frequency (%)
18 - 24	0
25 - 34	8
35 - 44	25
45 - 54	19
55 - 64	21
65 - 74	21
75 +	6

TABLE 4

Summary of African-American Pastors by Income Ranges

Income (in dollars)	Frequency (%)
Under 10k	4
10 - 19k	14
20 - 29k	22
30 - 39k	23
40 - 49k	22
50k +	15

TABLE 5

Summary of African-American Pastors by Income Source

Income Source	Frequency (%)
Local Church	92
Denominational Support	5
Did not answer	3

Other income?	
Yes	60
No	40

Other income larger?	
Yes	21
No	47
Did not answer	32

education included seminary training. (See Table 6)

Most of the pastors had at least eleven years of clergy experience (92%), and 17% had over 40 years of clergy experience (See Table 7). It is interesting to note that all of the pastors had at least five years' ministerial experience prior to becoming pastors. Table 8 illustrates the distribution of pastorate experience in this sample, with 70% having over ten years of pastorate experience.

The sample was equally divided between those who had and did not have previous counseling experience(s). Of those who had previously experienced counseling, 39 pastors (78%) reported this experience to be very positive. None of the 50 pastors who had experienced counseling reported it to be a "very negative" experience. Of the 50 pastors reporting previous counseling experiences, 34 (68%) sought counseling help from "another pastor", and 13 (26%) had sought help from a professional secular counselor, and three (6%) sought help from family or friend.

The majority of pastors reported congregations of between 100 and 500 active members (See Table 9).

Instrumentation

Three instruments were used in this study (See Appendices A-C): (a) a Vignette with an 11-item help-

TABLE 6

Summary of African-American Pastors by Education Level

Education Level	Frequency (%)
Level Completed	
High School or less	6
Some College	43
B.A. or advanced degree	51
Seminary Training?	
Yes	47
No	15
Did not answer	38

TABLE 7

Summary of African-American Pastors by Years in the Ministry

Ministry years	Frequency (%)
0 - 5	0
6 - 10	8
11 - 20	34
21 - 30	21
31 - 40	20
40 +	17

TABLE 8

Summary of African-American Pastors by Pastorate Years

Pastorate Years	Frequency (%)
0 - 5	15
6 - 10	15
11 - 20	23
21 - 30	21
31 - 40	16
40 +	10

TABLE 9

Summary of African-American Pastors by Congregation Size

Congregation Size	Frequency (%)
100 or less	9
100 - 249	35
250 - 499	25
500 - 999	19
1,000 - 5,000	11
5,000 +	1

seeking attitudes scale, (b) the Attitudes Toward
Seeking Professional Psychological Help Scale (Fischer
& Turner, 1970), and (c) a demographic questionnaire
(See Appendices).

The demographic questionnaire was developed
specifically for this study and is a 15-item instrument
which assessed religious affiliation, age, gender,
income, income source, education, ministry years,
pastorate years, and personal counseling experience and
history.

The Attitudes Toward Seeking Professional
Psychological Help Scale (Fischer & Turner, 1970), in
its original format, is a 29-item scale scored on a
four-point Likert-style scale. It contains 29
statements designed to assess the individual's
reluctance or positive orientation to seeking
professional psychological help. Subjects indicate how
strongly they agree with such statements as "There are
experiences in my life that I would not discuss with
anyone", and "At some future time I might want to have
psychological counseling." The authors of this scale
reported an internal consistency reliability
coefficient of .82. Since the original instrument was
developed to assess help-seeking attitudes only towards
professional secular help, this researcher adapted the
instrument to include seven additional items which

assessed attitudes toward seeking pastoral counseling.

Cronbach's Coefficient Alpha (1951) was computed
on the adaptation of the original instrument which
included the 29 original item plus the additional seven
items mentioned above. An coefficient of .80 was
found, indicating fairly good reliability (See Table
10). Table 10 also contains the reliability
coefficient for the 7 items which were added to reflect
help-seeking attitudes toward pastoral counseling.
Since the items are not scored dichotomously,
coefficient alpha is particularly appropriate for
multiple-choice tests which include items which have
several possible answers, each of which is given a
different weight (Hinkle, Wiersma, & Jurs, 1988).

Coefficient alpha for the seven items when tested
separately was .53. The retention of a respectable
alpha (larger than .50) was further documentation of
the reliability of these seven items.

The original Attitudes Toward Seeking Professional
Psychological Help Scale (Fischer & Turner, 1970)
referred to hereafter as the ("F-T" Scale) included a
factor analysis from which four of five factors emerged
as interpretable. One of the measurable factors,
"stigma tolerance", was used to assess respondents'
tolerance of the stigma associated with seeking
psychiatric treatment. The authors reported a

TABLE 10

<u>Reliability for Help-Seeking Attitude Toward</u>
<u>Psychotherapy Scale</u>
(Fischer & Turner, 1970)

	Mean	SD	r
Original 29-item scale plus 7 additional items combined (Items 1 - 36)	90.15	13.58	.80
7 additional items assessing pastoral counseling (Items 30 - 36 only)	15.02	3.53	.53

reliability coefficient for this subscale as .70, reflecting moderate consistency of response within the separately defined factor scales (Fischer & Turner, 1970). A low score on this subscale indicates sensitivity to what others might think, and thus more sensitivity to the disapproval of others. A high score suggests freedom of such concerns (Fischer & Turner, 1970). The five items that comprise this subscale are found in Table 11.

The third instrument used was also developed for this study and consisted of an 11-item help-seeking response scale that was responded to after reading one of four distinct vignettes. The four vignettes were developed to reflect two levels of severity of problems and two levels of stigma (high and low). The two vignettes were then presented to a panel of experts (six pastors), each with at least ten years of pastorate experience, who rated each of the vignettes on a scale from "1" (low stigma) to "10" (high stigma). "Stigma" was defined for the panel as "disapproval by others". The vignette identified as "high-stigma" by the panel was given a mean rating score of 9.5 by the panel and the "low-stigma" vignette's mean score was 3. Thus, stigma was established as one independent variable.

For each of the stigma levels, the vignette was

TABLE 11

Stigma Tolerance Factor Subscale of the F-T Scale,
(Fischer & Turner, 1970)

Item no.	Statement
No. 3	I would feel uneasy going to a psychiatrist because of what some people would think.
No. 14	Having been a psychiatric patient is a blot on a person's life.
No. 20	Having been mentally ill carries with it a burden of shame.
No. 27	Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up".
No. 28	If I thought I needed psychiatric help, I would get it no matter who knew about it.

then personalized with either a male "pastor" or a "parishioner" identified as the person with the presenting problem. This created four vignettes: (1) high-stigma/pastor, (2) low-stigma/pastor, (3) high-stigma/parishioner, and (4) low-stigma/parishioner. Each vignette was then color-coded as follows: high-stigma/pastor = green, low-stigma/pastor = yellow, high-stigma/parishioner = blue, and low-stigma/parishioner = pink (See Table 12).

Male personage was selected because of the preponderance of male pastors in this population (99%) under study. To identify a pastor as female would have probably contributed to distraction of participants from the issues being examined. Thus, the selection of the male gender was used to reflect the population rather than as any preference or discounting of female pastors in this population.

Table 12 reports the name for each group category, the number of respondents which were included in each group, and the color code assigned to each group.

The 11-item response scale to the vignettes was developed (a) to determine pastors' help-seeking attitudes resulting from reading the vignette, (b) to document the respondents' assessment of the severity of the presenting problem (item 8, "How would you rate the severity of this person's problem?"), and (c) to

TABLE 12

Number of Respondents by Category and Color Code

Category	Number	Color Code
High-Stigma/Pastor	25	Green
Low-Stigma/Pastor	25	Yellow
High-Stigma/Parishioner	25	Blue
Low-Stigma/Parishioner	25	Pink

differentiate the frame of reference of the participant
relative to responding from a
"counselor" versus a "client" perspective.

The latter point was an issue in the research
conducted by Richardson (1981) who found that pastors
viewed mental health professionals more favorably than
did parishioners. However, he suggested that because
"...counseling is a major function in the pastoral
profession, the pastors identified with the mental
health professionals. This factor perhaps accounted
for their favorable attitudes toward these
professionals" (p. 109). In this instrument, an
attempt was made to discern the perspective of the
respondent as "client" from "counselor" by asking two
questions which called upon the reader to respond as a
counselor (Item 9, "I would feel qualified to counsel
this person for his problem should he contact me", and
Item 10, "If I would not counsel this person myself, I
would refer him to counseling with..."). The
subsequent item (11) asked the reader for a response
specifically from the "client" role as help-seeker
(Item 11, "If I experienced this problem, I would seek
help from the very same resource I recommended for the
person in this vignette.")

Given the above, items 1-7 on the help-seeking
response scale were scaled on an interval Likert-type

scale, with the individual checking one of four possible responses to each statement: strongly agree, agree, disagree, and strongly disagree. Each of the responses was weighted according to each statement's reflection of a positive or negative orientation to help-seeking (i.e. 4 to 1 for a positive statement such as "This person should seek help for his problem." and 1 to 4 for a negatively-phrased statement such as " This person should work out his own problems with the help of God; getting psychological counseling should be a last resort.")

Item 8 was scaled ordinally, and hence, was interpreted separately. Item 8 was included to determine the respondent's assessment of the severity of the problem described in the vignette (i.e. "severe", "moderate", and "minor"). Item 10 was scaled nominally and was included as part of the "counselor"/ "client" role distinction, as well as to determine where the pastor would be inclined to refer a client with the problem described in the vignette (i.e. "another pastor", "mental health professional", or "family/friend"). Because of the different scale, this item was also interpreted separately.

Due to the time limitations afforded the researcher by the council/conference presidents and/or chairpersons, the decision was made to limit the length

of this instrument, realizing that reliability would be significantly compromised. As anticipated, the reliability coefficient for this instrument was below .5 ($r = .41$) for items 1 - 7 on the vignette response scale (See Table 13). It should be noted that no negative correlations among items were found.

A higher score on this instrument indicates proclivity towards positive help-seeking attitudes. The lower scores are indicative of less positive attitudes toward seeking help for problems.

As mentioned earlier, the three instruments were color coded to reflect the cell into which the vignettes were categorized and then placed into packets. Each cell contained 25 participants, creating a total sample of 100 participants who were randomly assigned to the four groups.

Procedures

Permission was obtained from local and regional council, alliance, conference, and convention presidents or chairpersons of African-American pastors to approach the various group members with appeal for their participation in this research. Generally, the time granted for the data collection was approximately fifteen to twenty minutes, following their regular business meetings and on the premises where the meetings were held. This procedure was used to

TABLE 13

Reliability Analysis for Help-Seeking Vignette Scale
(Items 1 - 7)

7 Items	(N = 100) Mean	SD	r
Items 1 - 7	15.91	2.72	.41

(Cronbach's Coefficient Alpha)

maximize participation by enhancing convenience and comfort of the participants involved. Those interested in participating were requested by the respective presiding officers to remain after the meeting. The instruments were administered to the pastors in group settings. The researcher then personally explained the purpose for the research and the procedure of data collection, insuring respondents of confidentiality and anonymity. Participants were also provided with a written explanation of the purpose and parameters of this research.

Participants were then asked to retrieve a packet and return the packet to the table when completed. One hundred packets were distributed which had been preassigned random numbers, reflecting a total of twenty-five (25) respondents for each of the four groups. All who volunteered completed the questionnaires. When all of the cells were filled, the data collection ended. Because the researcher collected the packets personally, the response rate was 100 percent. The decision to have the researcher present to collect the data was decided for two reasons: (1) Richardson's (1981)study reported a high response rate which he attributed to the personal contact by the researcher, and (2) Richardson (1981) noted that previous research had reported a low

response rate by African-American clergy to mailed
questionnaires.

Research Hypotheses

The following research questions and hypotheses
were developed:

Research Question 1: Will African-American
pastors have less positive help-seeking attitudes for
personal problems presented as their own than they have
for parishioners with the same problems? To address
this question, the following null hypotheses were
developed and statistically tested in this study:

Null Hypothesis 1: There is no difference between the
help-seeking attitudes African-American pastors have
for themselves and those they have for parishioners
with similar problems.

Null Hypothesis 2: There is no difference between the
help-seeking attitudes African-American pastors have
for high-stigma problems and those they have for low-
stigma problems.

Null Hypothesis 3: There is no interaction effect
between the level of stigma and the person identified
on help-seeking attitudes of African-American pastors
toward counseling.

Research Question 2 was: Will pastors have less
tolerance for stigma relative to their personal
problems than they have for parishioners with similar

problems? The following null hypothesis was developed related to this research question:

Null Hypothesis 4: There is no difference between the stigma tolerance pastors have for their personal problems and those they have for parishioners with similar problems.

Research Question 3 stated: Are there certain demographic variables (age, financial dependence, education level, pastorate experience, and counseling history) which positively affect the help-seeking attitudes of African-American pastors?

From Research Question 3, the following null hypotheses were generated:

Null Hypothesis 5: There is no difference between help-seeking attitudes of African-American pastors relative to age.

Null Hypothesis 6: There is no difference in the help-seeking attitudes of African-American pastors relative to education level.

Null Hypothesis 7: There is no difference in the help-seeking attitudes of African-American pastors relative to the number of pastorate years.

Null Hypothesis 8: There is no difference in the help-seeking attitudes of African-American pastors relative to counseling history.

Null Hypothesis 9: There is no difference in the

help-seeking attitudes of African-American pastors relative to financial dependence.

Statistical Tests Selected for Analysis of the Data

For Hypotheses 1 to 3 of this study, a two-way analysis of variance (ANOVA) was used to test the main effects as well as the interaction effect between stigma and person identification on help-seeking attitudes of African-American pastors. Analysis of Covariance (ANCOVA) was then conducted, using the adapted version of the F-T Scale (Fischer & Turner, 1970) as the covariate to (a) partition any variation attributed to predisposition in help-seeking attitudes toward counseling, resulting in smaller error variance, and (b) to increase the power of the ANOVA by reducing the within-cell variance. In this way, the results of the main effects and the interaction effect found in the ANOVA would be reinforced. The statistical level of significance was set at .05.

Hypothesis 4 was tested by employing a t-test to determine if a difference existed between the stigma tolerance African-American pastors have for seeking help for their personal problems and the stigma tolerance they have for parishioners who seek help for similar personal problems. The statistical level of significance was set at .05.

For Null Hypotheses 5 to 8, a one-way analysis of

variance (ANOVA) was used to test the effects of age, education level, pastorate experience, and previous counseling experience respectively on help-seeking attitudes of African-American pastors. The statistical level of significance was set at .05.

Because the sample was so unequally divided between those who were financially dependent on the local church (92%) and those who were not (5%), Null Hypothesis 9 was not tested.

Summary

The sample for this study consisted of 100 African-American pastors primarily of the Baptist denomination in or near a large midwestern city.

Three instruments were used to collect the data for the study: (1) a 15-item demographic questionnaire, (2) a 36-item adaptation of the Attitude Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970), and (3) a vignette with an accompanying 11-item response scale.

Statistical analysis of the data was conducted using the one-way analysis of variance, the two-way analysis of variance, and the independent t-test.

A .05 level of statistical significance was used to test all hypotheses.

CHAPTER IV

ANALYSIS OF RESULTS

The purpose of this study was to determine the help-seeking attitudes of African-American pastors toward psychotherapy. The findings in this chapter are based on the analysis of data collected from a demographic questionnaire, an adaptation of the Attitude Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970), and vignette with an 11-item response scale to determine the help-seeking attitudes of African-American pastors relative to themselves and the differences from the help-seeking attitudes they have about parishioners with the same problems.

The data were analyzed in the following manner:

(1) Analysis of the effect of person identification ("pastor" versus "parishioner") identification and problem stigma on the help-seeking attitudes of African-American pastors.

(2) Analysis of the difference in personal stigma tolerance and parishioner stigma tolerance associated with seeking psychological help.

(3) Analysis of the effects of age, education, pastorate experience, and previous counseling experience on the help-seeking attitudes of

African-American pastors.

Analysis of Effects of Person Identification and Problem Stigma on Help-Seeking Attitudes

A two-way analysis of variance (ANOVA) was used to test these hypotheses (See Table 14 for the descriptive statistics for this analysis and Table 15 for results of hypotheses 1,2, and 3).

The plot of the cell means is found in Figure 1. The X-Axis indicates the independent variable (problem stigma) with high and low gradations. The Y-Axis shows the dependent variable (help-seeking attitude scores) with .05 intervals beginning immediately above and below those found in the sample data set. The second independent variable, person identification, is represented inside by the lines plotted from the four cell means. From this figure one can see that the line connecting the cell means for pastors is nearly parallel to the line connecting the cell means for parishioners, thus no interaction between the two independent variables, stigma and person identification. Nevertheless, the cell means correspond to the directional pattern of help-seeking attitudes which were hypothesized by Research Question 1. That is, the attitudes of African-American pastors relative to seeking help for their personal problems was somewhat less positive than their attitudes toward parishioners seeking help for similar personal

TABLE 14

Descriptive Statistics for 2-Way ANOVA
(Stigma X Person)

(N = 100)

Person

		Pastor	Parishioner
Stigma Level	High	$\bar{X}$ = 15.48 (n = 25)	$\bar{X}$ = 15.84 (n = 25)
	Low	$\bar{X}$ = 15.60 (n = 25)	$\bar{X}$ = 16.72 (n = 25)

TABLE 15 Hypotheses 1, 2, and 3 (Main Effects and Interaction)

Summary of 2-way ANOVA (Stigma X Person)

Source	SS	df	MS	Fratio	Fsig
Main effect					
Stigma	8.845	1	8.845	1.221	.272
Person	9.158	1	9.158	1.264	.264
Interaction (Stigma X Person)	2.148	1	2.148	.297	.587

CELL MEANS FOR PROBLEM STIGMA AND PERSON IDENTIFICATION
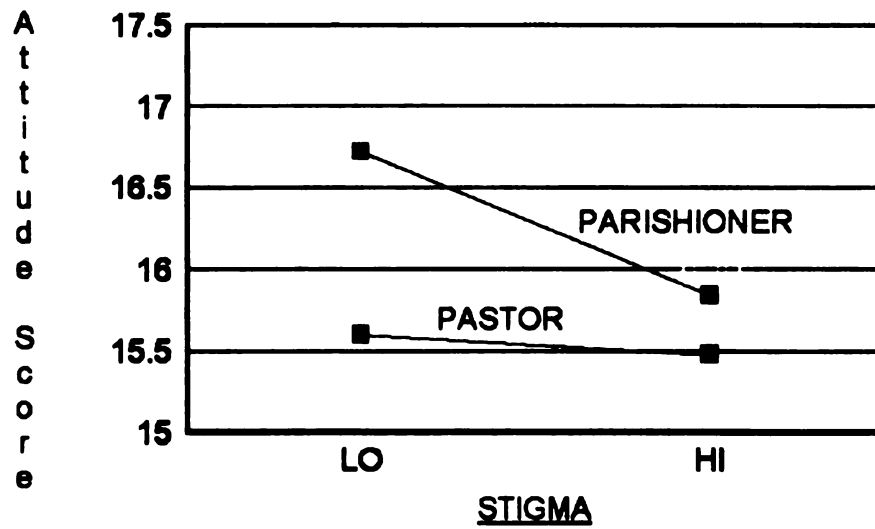
FIGURE 1

problems.

Table 15 summarizes the results of the two-way
ANOVA used to test the main effects as well as the
interaction effect between stigma and person
identification. This table indicates that the test of
each main effect was not statistically significant at
the .05 alpha level.

Therefore, there was no significant difference
between the help-seeking attitudes African-American
pastors have for problems perceived as their own and
the help-seeking attitudes they have for parishioners
with similar problems.

Hence Null Hypothesis 1 (There is no effect of
person identification on the help-seeking attitudes of
African-American pastors) is not rejected.

The results also indicate that there is no
significant effect of person identification on the
help-seeking attitudes of African-American pastors
toward counseling. Thus Null Hypothesis 2 (There is no
effect of level of problem stigma on the help-seeking
attitudes of African-American pastors) is not rejected.
Results of this analysis indicate that there is no
significant effect of level of problem stigma on the
help-seeking attitudes of African-American pastors
toward psychotherapy.

Table 15 confirms the results that the effect is

the same between the two independent variables, stigma and person, and thus, there is no interaction between the two independent variables.

As can be seen in Table 15, the F value for stigma is 1.221 which is smaller than the critical value of F which is 3.92 and the F value for person is 1.264, which is also smaller than the F-critical value, hence, Null Hypothesis 3 remains tenable, demonstrating that there is no interaction effect between stigma and person on help-seeking attitudes of African-American pastors.

ANCOVA was also conducted using the adapted version of the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970) as the covariate (See Table 16). The covariate was used to (1) partition any variation attributed to predisposition in help-seeking attitudes toward counseling, resulting in smaller error variance, and (2) to increase the power of the ANOVA by reducing the within-cell variance. In this way, the results of the interaction effect found in the ANOVA would be reinforced.

Table 16 summarizes the results of the ANCOVA. The results indicate that there is no interaction effect between problem stigma level and person identification on help-seeking attitudes of pastors, thus reinforcing

TABLE 16

Summary of ANCOVA for Hypothesis 3: Interaction effect
(Stigma X Person)

Source of variation	df	Mean Square	F	Fsig
Covariates (F&T Scale (1970)	1	23.74	3.277	.073
Main Effect				
Stigma	1	8.85	1.221	.272
Person	1	9.16	1.264	.264
Interaction (Stigma X Person)	1	2.148	.297	.587

p > .05

the ANOVA results. Thus Null Hypothesis 3 (There is no interaction effect of person identification and problem stigma on help-seeking attitudes of African-American pastors) was held tenable by the ANCOVA results (.587 > .05), further demonstrating no interaction effect of problem stigma level and person identification on the help-seeking attitudes of African-American pastors.

Analysis of Stigma Tolerance Differences Relative to Pastors' versus Parishioners' Help-Seeking Attitudes

A t-test was employed to test Hypothesis 4. Table 17 provides a summary of this analysis for person identification and stigma tolerance.

The results indicate that the t-observed value (2.21) is significantly larger than the t-critical value (1.96) at alpha of .05. Therefore Null Hypothesis 4 (There is no difference between tolerance for stigma for personal problems among African-American pastors and the tolerance for stigma for the same personal problems among parishioners) was rejected.

This indicates that there is a significant difference (p = .03) in the stigma African-American pastors tolerate on behalf of themselves related to seeking help and that which they tolerate in behalf of parishioners seeking help for similar problems.

Analysis of the Effects of Age, Education, Pastorate Experience, and Previous Counseling on Help-Seeking Attitudes.

Null hypothesis 5 stated that there is no

TABLE 17

**Summary of t-test for person identification and stigma
tolerance**

Variable	N	Mean	SD	t	tcv	p
Parishioner	50	13.56	2.13	2.21	1.96	.03*
Pastor	50	12.42	2.96			

*p < .05

difference between help-seeking attitudes of African-American pastors relative to age. The results of this analysis indicate that this hypothesis was not rejected. To test Hypothesis 5, a one-way analysis of variance (ANOVA) was used to determine the effect of age on the help-seeking attitudes of African-American pastors (See Table 18). The results indicate that observed F-ratio (2.11) is not greater than the critical f-ratio (2.29). Thus, there is no significant effect of age on the help-seeking attitudes of African-American pastors. However, it should be noted that this analysis approached significance ($p = .0699$).

To test Null Hypothesis 6 (There is no difference in help-seeking attitudes of African-American pastors relative to education level), a one-way ANOVA was used to test the effect of education level on help-seeking attitudes of African-American pastors (See Table 19). The analysis indicate that the observed F-ratio (1.618) is not greater than the critical F-ratio (3.07). Hence, Null Hypothesis 6 remains tenable. Thus, there is no significant effect of education level on the help-seeking attitudes of African-American pastors.

A one-way ANOVA was used to test the effect of the number of pastorate years on the help-seeking attitudes of African-American pastors (See Table 20).

The results of this analysis indicate that the

TABLE 18

Summary of One-Way ANOVA for Hypothesis 5: Help-seeking attitude by Age

Source	Sum of Squares	df	Mean Squares	Fratio	Fprob
Between	73.139	5	14.828	2.118	.0699
Within	658.051	94	7.001		
Total	732.190	99			

TABLE 19
Summary of One-way ANOVA for Hypothesis 6: Help-seeking attitude by education level

Source	Sum of Squares	df	Mean Squares	Fratio	Fprob
Between	23.643	2	11.821	1.618	.2035
Within	708.547	97	7.0346		
Total	732.190	99			

TABLE 20

Summary of One-Way ANOVA for Hypothesis 7: Help-seeking attitude by Pastorate Years

Source	Sum of Squares	df	Mean Squares	Fratio	Fprob
Between	68.225	5	13.644	1.932	.0963
Within	663.965	94	7.063		
Total	732.190	99			

observed F-ratio (1.932) is smaller than the critical f-ratio (2.29). Therefore, Null Hypothesis 7 (There is no difference in help-seeking attitudes of African-American pastors relative to the length of pastorate experience) is not rejected. Thus, there is no significant effect of the number of pastorate years of African-American pastors on help-seeking attitudes of African-American pastors. However, this result approached significance (p = .0963).

Since there were only two groups for Hypothesis 8 (See Table 21), a t-test was used to compare help-seeking attitudes of African-American pastors who had previous counseling experience with those who had not. Table 21 summarizes these results which indicate that the t-observed value (.11) is smaller than the t-critical value (1.96) at alpha level of .05. Therefore, Null Hypothesis 8 remains tenable and there is no significant difference in the attitudes of African-American pastors who have had previous counseling experience and those who have not.

Given the relatively low reliability of the vignette response scale, an analysis of covariance was conducted on each item separately. One of these analyses was significant (item 7) indicating a significant interaction effect of problem stigma and person identification on the help-seeking attitudes of

pastors.   Item 7 stated: "It would be difficult for
this person to seek help from another pastor." The
cell mean for pastors' attitudes toward parishioners'
seeking help for low-stigma problems was 3.04 and for
high-stigma problems, 2.79. The cell means for
pastors' attitudes toward pastors seeking help for low-
stigma problems was 2.52, and high-stigma problems,
3.00. The results of the analysis of covariance for
item-7 are reflected in Table 22, and the interaction
is illustrated in Figure 2.

TABLE 21

Summary of t-test for help-seeking attitude by previous
counseling experience

Variable	N	Mean	SD	t	tcv	p
Previous Counseling	50	15.94	2.96	.11	1.96	.913
No Previous	50	15.880	2.69			

TABLE 22

Summary of ANCOVA for Vignette Response Scale: Item-7
(Stigma X Person)

Source of Variation	df	Mean Square	F	Fsig
Covariates (F-T Scale, 1970)	1	.644	1.188	.279
Main Effects				
Stigma	1	.238	.438	.510
Person	1	.520	.959	.330
Interaction				
(Stigma X Person)	1	3.050	5.625	.020*

*p < .05

CELL MEANS FOR ITEM-7

(Vignette Response Scale)
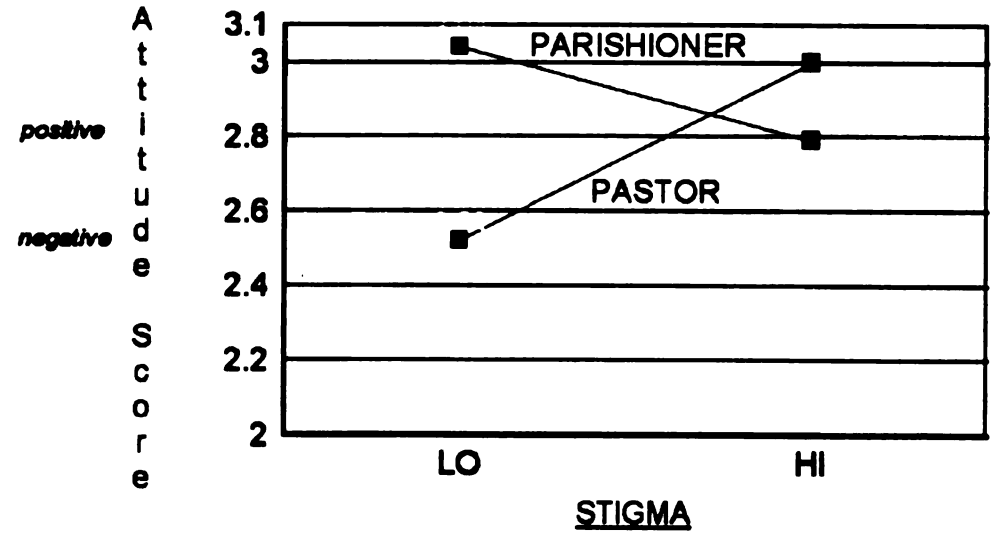
FIGURE 2

Summary

The methods used to test the hypotheses for this study were the two-way analysis of variance, the one-way analysis of variance, and the independent t-test. The level of significance chosen for all methods of testing was .05. The data from these tests may be summarized in the following manner:

1. Pastor or parishioner identification had no significant effect on the help-seeking attitudes of African-American pastors.

2. Level of stigma associated to problems had no significant effect on the help-seeking attitudes of African-American pastors toward counseling and psychotherapy.

3. There was no significant interaction effect of level of stigma of problems and person identification on the attitudes of African-American pastors toward seeking counseling help.

4. There was a significant difference in the stigma tolerance African-American pastors had for themselves and the stigma tolerance they had for parishioners in seeking counseling and/or psychotherapy.

5. There was no significant effect of age on the help-seeking attitudes of African-American pastors toward seeking counseling and/or psychotherapy.

6.   There was no significant effect of education
level on the help-seeking attitudes of African-American
pastors toward counseling and/or psychotherapy.

7.   There was no significant effect of pastorate
experience on the help-seeking attitudes of African-
American pastors toward counseling and/or
psychotherapy.

8.   There was no significant effect of previous
counseling experience on the help-seeking attitudes of
African-American pastors toward counseling and/or
psychotherapy.

9.   The effect of financial dependence on the
help-seeking attitudes of African-American pastors was
not analyzed due to the small number of financially
independent pastors (8%) in this sample.

10.   Item 7 of the Vignette Response Scale showed
a significant result relative to the interaction
effects of problem stigma and person identification on
help-seeking attitudes.

CHAPTER V

SUMMARY AND CONCLUSIONS

The final chapter of this study consists of (1) Summary, (2) Conclusions, (3) Discussion of Results, and (4) Implications and Recommendations.

Summary

The purposes of this study were: (1) to explore the help-seeking attitudes and behaviors of African-American pastors, (2) to determine if there were significant differences between the help-seeking attitudes African-American pastors have for themselves and parishioners relative to counseling and (3) to determine the effect of several demographic variables such as age, education level, financial dependence, and previous counseling experience on the help-seeking attitudes of African-American pastors.

The conditions of Blacks in early America forced African-Americans to develop a network of helping resources for needs in the community. The African-American pastor evolved as central in that network and in addressing these needs.

Evidence suggest that the strong helping tradition among African-Americans, the historical prominence of the African-American pastor and the Black Church in the African-American community are still prominent today. The African-American pastor has been called upon from

the times of chattel slavery to provide a unique style
of leadership and help which encompasses a full range
of services extending beyond the spiritual guidance.

From the inception of psychology as a formal
discipline in America, the empirical study of African-
Americans is poorly reflected in the history of this
profession, as is the case generally in the overall
history of this country.

Given that African-American pastors are confronted
and afflicted with the same risks and circumstances
associated with survival as other African-Americans in
this society, the African-American pastors' roles of
leadership and prominence are likely to compound the
proclivity toward stress and other factors that could
lead them to feel the need for support in the form of
counseling for themselves.

As noted earlier, the literature reflects little
attention to the counseling needs, even in terms of the
identification of the issues which need to be addressed
by seminaries and the mental health profession relative
to African-American pastors. Though the literature
does reveal growing attention to the help-seeking
attitudes of various client groups, mental health
professionals and clergypersons who provide counseling
services are rarely among the client groups studied.

A study by Gilbert (1987) did address the support

systems available for the clergy and spouses of the United Church of Christ. This study indicated that clergy found it difficult to find persons to talk to about personal issues and were hesitant to ask for help when needed. Gilbert (1987) concluded that "...there are no clear norms for how clergy or clergy spouses get support" (p. 19). However, no information on the racial composition of the sample was provided.

Richardson's (1981) study moved further in this needed direction by examining the attitudes of African-American pastors and parishioners toward mental illness and mental health professionals. While Richardson's (1981) study examined the attitudes of a sample of African-American pastors, it did not examine the perspective of African-American pastors in regard to their own and parishioners' help-seeking. This study is a critical step toward eliminating this void in the research.

The population for this study consisted of 100 African-American pastors from or near the Chicago area. Although various denominations were represented in the sample (Methodist, Apostolic, Church of God in Christ, "Other"), 88% of them were affiliated with the Baptist denomination.

Three instruments were used to collect the data. To gather demographic information, a 15-item

demographic questionnaire was developed and used. The information requested related to religious affiliation, gender, age, education level, income and income source(s), counseling history and experience.

The second instrument used was the Attitude Toward Seeking Professional Psychological Help Scale developed by Fischer & Turner (1970). The original 29-item scale was adapted for this study to include seven items related to help-seeking attitudes about pastoral counseling. This instrument was used to determine any predisposition in attitudes toward psychiatric and/or pastoral counseling help. Additionally, the original scale identified five factors which were scaled separately. Among them was one measuring "stigma tolerance".

The third instrument used was a vignette with an accompanying 11-item response scale to measure the independent variables of problem stigma and person identification and how these may affect the help-seeking attitudes of African-American pastors.

Pastors responded to one of four vignettes which described a person with a problem. Vignettes varied on two dimensions: identification of person and level of stigma associated with the problem described. To insure maximum participation and convenience, the instruments were administered in small groups and in

familiar settings immediately following council, conference, or convention meetings. Instructions were provided orally and in writing.

Statistical methods used for data analyses included the two-way analysis of variance (ANOVA), the one-way ANOVA, and the independent t-test. The two-way ANOVA was used to test the main effects as well as the interaction effects of the independent variables stigma level of the problem and person identification on help-seeking attitudes. The one-way ANOVA was used to test the effect of the demographic variables (age, education level, pastorate experience and previous counseling) on help-seeking attitudes. The t-test was used to determine if there was a difference in tolerance of stigma by African-American pastors for themselves and tolerance of stigma they had for parishioners in help-seeking attitudes.

Nine hypotheses were developed to examine the research questions of this study. However, one hypothesis (See Null Hypothesis 9, Chapter 3) was not tested because of the unequal sample size present on this variable. A .05 level of significance was used for all hypothesis testing.

Conclusions

The results of this study can be summarized in the following manner:

1. There was no significant difference in attitudes African-American pastors had for seeking help for their own personal problems and those they had toward parishioners' seeking help for similar problems.

2. The level of stigma assigned to the problem did not affect the attitudes of pastors toward seeking counseling or psychological help.

3. The person associated with the problem (pastor versus parishioner) did not affect the help seeking attitudes of the African-American pastor.

4. There was a significant difference in the tolerance of stigma African-American pastors had for themselves and that which they had for parishioners.

5. There was no significant effect of age on the help-seeking attitudes of African-American pastors.

6. There was no significant effect of education level on the help-seeking attitudes of African-American pastors.

7. There was no significant effect of previous counseling on the help-seeking attitudes of African-American pastors.

It should be noted that while not statistically significant, several trends were in the expected direction.

Discussion of the Results

The results did not lend to a rejection of the null hypothesis regarding effects of problem stigma or person identification on help-seeking attitudes of African-American pastors. However, close examination of the cell means does suggest the that with refinement of the instruments, the effects might produce the outcome of the alternative hypothesis. Thus, while there was no statistically significant effect of problem stigma or person identification on the help-seeking attitudes of pastors there was clear correspondence of cell means to the directional pattern of help-seeking indicated in the alternative hypotheses relative to the effect of the independent variables. The cell means reflected lower help-seeking scores for pastors for both high and low stigma problems than the help-seeking attitude scores pastors had for parishioners. Thus, while no significant conclusions can be drawn relative to the outcome, the pattern does suggest the need for further exploration of these variables related to help-seeking attitudes of this population.

Gunnings and Lipscomb (1986) support further exploration by suggesting Gunnings' (1976) systemic approach to counseling as an alternative model to the present traditional counseling options for Black males

who are already disenfranchised by society. Since no
African-Americans, and males particularly, are exempt
from the oppression of racism (Willie, Kramer, & Brown,
1973), and since the majority of African-American
pastors are presently men, the same concerns apply.
The question that emerges from the results is, "What is
the process in decision-making when African-American
men acknowledge the need to seek help for personal
problems?" Considering the variables affecting
African-American pastors' role in the community, the
question becomes compounded by the significant findings
related to stigma in this study. There were two
significant findings in this study and both related to
stigma. First, this investigation supported the
alternative to Null Hypothesis 4 which suggested no
difference in the stigma tolerance pastors held for
themselves and that which they held for parishioners.
Examination of the means scores demonstrated lower
scores for pastors, on personal help-seeking attitudes
than scores pastors scored for parishioners' help-
seeking attitudes. The lower mean scores results for
help-seeking attitudes for pastors suggests that
pastors experience less tolerance for stigma and hence,
may be less likely to seek help for problems with which
they associate either a high or low level of stigma,
but have a higher tolerance for parishioners who may

seek help for the same problems.

The second significant finding was that African-American pastors are less likely to seek help from a pastoral counselor for problems with lower stigma than they are for problems with higher level stigma. However, the results suggested that African-American pastors would find it less difficult than would a parishioner to seek help from a pastor for problems which had high stigma.

These findings, when considered in conjunction with the research of Lincoln & Mamiya (1990) and Richardson (1981), suggest that pastors may have higher expectations of themselves to resolve their own personal problems with the help of God. This reinforces the need to further explore the possible relationship between stigma and the belief system of African-American pastors.

However, the findings may also suggest a need to examine the reasons African-American pastors experience lower tolerance related to stigma beyond the possible explanation that they are more spiritually connected to God. Shoham's (1970) reporting, noted earlier (See Chapter I), that the notion of stigma derived from a "religious or supernatural philosophy of punishment", as well as the notion that offenses against social norms amount to sin, could serve as the

catalyst to explore stigma's possible association with sin among African-american pastors.

Thus, there is not only a need for more generic study of the process of decision-making, but more specifically of the process that pastors employ in seeking counseling.

The fact that the null hypotheses were not rejected relative to age, education level, or previous counseling history on help-seeking attitudes of African-American pastors may suggest that these variables are not the most important in assessing what affects the help-seeking attitudes of African-American pastors.

Unfortunately, the sample was not heterogenous enough to test the effect of financial dependence. Given the large percentage of financially dependent African-American pastors, this variable warrants further exploration.

The results of Gilbert's study (1987) provide other possible reasons why pastors may not seek help from pastoral counseling until the problems have reached high stigma level. This study revealed that clergy did not believe that "clergy were very good at ministering to each other" (p.56). A few of the most frequent reasons given for this observation were:

(1) Competitiveness and unwillingness to share

vulnerability with colleagues;

(2) Isolated work situations that often keep one
     unaware of another's need;

(3) No time for anything other than parish work;

(4) No trust among clergy, especially in the area
     of confidentiality; (Gilbert, 1987, p.57).

Although African-American pastors may limit
contact with pastoral counselors for some of these
reasons as well, there is a clear incongruence between
their proclivity to seek help from other pastors for
high-stigma problems and their hesitancy to seek help
for low-stigma problems. Therefore, despite Gilbert's
(1987) findings, it should be noted that most of the
African-American pastors in this study who did seek
counseling help did so from another pastor. This
suggests that a study of African-American pastors might
produce different results and, thus, reinforces the
need for further research focusing on perceptions of
African-American pastors' ability to counsel each
other.

The findings from Item-7 also indicated that
pastors have more positive help-seeking attitudes for
parishioners who may seek pastoral counseling help.
However, lower scores for parishioners' high-stigma
problems indicates the opposite pattern for
parishioners. It implies that pastors may sanction

parishioners' need to seek help more readily than they
would pastors seeking help for the same type of low-
stigma problems. Thus, as the caregiver and helping
person, African-American pastors expect parishioners to
seek them out for help. The African-American pastors
may also expect that, as helper, they should require
the assistance of counseling help less often, thereby
seeking help only in instances of severe crises or
acutely painful and/or deteriorating circumstances. If
this is the case, the African-American population of
pastors becomes a vulnerable group if appropriate
counseling alternatives and settings are not
identified.

Generalizability

The results of this study are generalizable to
populations which share common characteristics of the
sample found in this study.

Implications and Recommendations

While there is a substantial body of literature
relative to help-seeking attitudes and behaviors among
the general population, there is a little research
which pertains to the help-seeking attitudes of mental
health professionals for themselves. The studies which
do include the perspective of the professional
counselor are examinations from the "helper's" frame
of reference rather than that from the counseling

recipient. This void in the literature raises concern relative to the ability of the mental health profession to self-evaluate provision of appropriate counseling and/or psychotherapy to those within the same profession. Without future research focusing on personal help-seeking attitudes of mental health professionals from a client perspective, the profession is vulnerable to diminishing confidence by society relative to competence. Mental health professionals need to be able to formulate an answer to the obvious question this void in the literature suggests, "Are mental health professionals confident enough in the quality of treatment and client service they provide to employ the services of colleagues when they experience mental health problems?" "Are mental health professionals reluctant to critically evaluate the confidence they have in their specific mental health profession(s) to provide appropriate treatment when they are in need of counseling and/or psychotherapy?" This study identifies important variables for the general population of mental health counselors to explore from within.

Although the role and focus of African-American pastors continue to evolve, a variety of important supportive services persists among a myriad of responsibilities they provide. The complex nature of

the societal stresses impacting upon the African-American community invite demands and expectations of pastors that may well lead to the needs of pastors to enhance personal support which may include seeking mental health intervention at some point.

Questions arise for all mental health professionals, including the African-American clergy, "What is the appropriate resource from which these professionals should seek help?" What are the factors which should be considered in providing appropriate services to these professionals?" "What are the barriers created in using one's own profession?" "What are the current impacts of racism on the service provision of a profession?" All of these questions must be explored in order to undergird future research which examines the help-seeking attitudes of African-American pastors and the mental health professionals generally.

The question arises as to why the mental health profession has largely ignored the mental health of caregivers and the help-seeking attitudes of this population. Hence, this study serves as a window to examining the help-seeking attitudes of caregivers in the mental health profession.

The findings concerning the help-seeking attitudes of African-American pastors did not support the

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hypotheses that problem stigma and person identification would affect likelihood of seeking counseling. The reason this result was not significant may be related to (1) the lack of theory to provide a conceptual framework around which to formulate original research and (2) the shortcomings of the instrumentation. Brevity of the instruments was a critical trade-off for attracting more participants for the sample. The researcher observed that most pastors explored the number of pages required of them to fill out before consenting to participate. This observation confirmed the appropriateness of brevity. However, it also reinforces the notion of ethnographic research approaches being used for future research with African-Americans and other populations whose history reflects a strong oral expression tradition.

The results of this study relative to previous counseling indicated that the majority of pastors who had used counseling found counseling to be a positive experience. Additionally, over half of those who had previous counseling experience had sought help from another pastor. Only 13% had sought counseling from secular mental health professionals. This result along with Richardson's (1981) findings of favorable attitudes toward mental health professionals, indicate a need for the field of psychology to enhance its

knowledge of the African-American pastor's perspective relative to provision of counseling for and by pastoral counselors. It further suggests a need to factor in the use of terminology by this group, and identify the connotations associated with terms as Richardson (1981) did in his study of attitudes toward mental health professionals. The assumption of positive attitudes towards mental health professionals was made for purposes of this study based on the Richardson (1981) findings. As Richardson (1981) noted, "the Black clergy must establish themselves as liaisons between these community mental health agencies and the religious community" p. 114).

Nevertheless, additional understanding is required of the meaning of terms among the African-American pastors relative to distinctions they may make in identifying appropriate counseling versus psychotherapy, intensive individual therapy, and psychiatric services, etc. Although Richardson's (1981) study reflected positive attitudes of pastors and parishioners toward these terms, the reactions were not measured in the context of the respondents actually seeking help of these different types of mental health professionals. Hence, future research must be conducted to discern what attributes African-American pastors associate with each of these mental health

professionals. In this way the determination of

appropriate resources for African-American pastors and

parishioners in the secular community may emerge.

The mental health profession must recognize

African-American pastors as a viable link to their

community and respect the knowledge base they

contribute to the enhancement of services within their

community. This relates to Richardson's (1981)

observation of the "...need for community mental health

agencies to employ Black clergy as consultants and

chaplains. Clergy can provide consultation to mental

health staffs concerning the Black religious experience

and how it impacts upon the lives of their clients"

p.114). History reflects, as African-American clergy

become knowledgeable about the mental health resources

in their communities, they determine valuable

information about appropriate resources for their

community and for themselves. While the literature

does identify new and/or appropriate strategies for

more appropriate and sensitive provision of services to

African-Americans (June, Curry, & Gear; June, 1990,

1991; Solomon, 1991; Gunnings, 1976; Gunnings and

Lispscomb, 1986), information relative to the

sensitivity to and effectiveness of these strategies

for African-American pastors is unknown.

Additionally, African-American pastors can assist

in creating the sensitivity to and understanding of the unique needs that must be factored into the treatment modality for counselors who benefit from a religious or spiritual reference.

In light of the two significant findings involving stigma, some discussion of this variable is warranted. Solomon (1991) stated:

> Racial minorities have been clearly stigmatized in the American social system. Empowerment refers to the reduction of a particular type of powerlessness, namely, an overriding sense of one's powerlessness to direct one's own life in a course leading to a reasonable personal gratification. This type of powerlessness is an insidious consequence of membership in a stigmatized group, i.e. a group that experiences negative valuation and discrimination in its transactions with the society's major institutions. It is perhaps safe to assume that most black families that come to social agencies for assistance have not escaped the insidious effect of society's negative valuation of them as members of a stigmatized collective (p.357).

It is probably safe to assume that African-American pastors' acute sensitivity to the impact of oppressive, racial stigma may be exacerbated by

vulnerabilities that result from leadership roles.
Stigma, then, may be operative in the lives of African-American pastors who encounter racial stigmatization, but may suffer compounded doses of this disempowering dynamic. If the disempowerment is internalized as Solomon (1991) describes, it is reasonable to assume that help-seeking for mental health problems among these leaders must be assessed carefully and determined by them to be a prudent choice. Hence, intervention strategies must be developed which empower pastors to seek help in non-threatening conditions.

For example, the Solomon (1991) study of Black families was conducted in familiar settings to insure that families "...would feel more comfortable in seeking help..." (p. 361). However, if stigma is associated to the problem of the pastor and is accompanied by low stigma tolerance, a significant finding of this study, as well as confidentiality which was identified as a barrier to seeking help in Gilbert's (1990) study, present strategies must be re-examined relative to the consequences African-American pastors may perceive in seeking help within the community, particularly church-based counseling programs. Whittemore (1991) reported,

> ...'It's clear that where a society is in trouble, the pastor will be in trouble,'...Today's problems

...all become burdens on a pastor who really cares. A lot of ministers want congregations to care more about the issues on their doorstep...But the result is often conflict that can lead to the pastor being unable to cope or simply being fired. The Southern Baptist Convention reported that, during an 18-month period ending in 1989, some 2100 pastors were fired---a 31 percent increase since 1984 (p. 5).

Hence, the mechanisms for identifying preventive care and treatment needs of African-American pastors who face the same vulnerabilities have not yet been identified and examined. This seems to be a critical need for this group of African-American helpers to continue to be the vital resource they have been for the African-American community.

Wimberly (1979, 1982, 1989) has provided several perspectives relative to pastoral counseling and the Black experience. Wimberly (1989) suggested that there is a "corporate" nature of pastoral care. By "corporate" Wimberly (1989) referred to the care of the individual as the function of the total community rather than the function of one specially designated person. Segregation and what Wimberly (1989) refers to as "unconscious African survivals" are contributing influences to this corporate nature of pastoral care

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and counseling in the African-American community. The consequence of all of this is the fact that many of the political, social, educational, recreational, and economic needs of the Black person had to be fulfilled within the Black Church, his only institution. This was also true for the medical and mental health needs of the Black person. Often it was the Black Church that took care of the needs of the neglected sick and mentally ill. Because the hospitals and mental institutions were segregated, it was the Black Church that had to fulfill this function. These persons were cared for by a caring community because they could not be isolated from the community like the white sick and mentally ill (p. 421)."

The unconscious survivals of Africanisms is the second influence contributing to the corporate nature of the Black Church. These include Africanisms of unity with nature, and ritualistic ceremonies which support the individual experiencing life crises. ..."To the African not only is man's identity based upon the interaction with his physical environment, but it is also developed in relationship to the community (p. 422)."

The support system of the Black church has been fundamental in helping the Black person deal with the insanity of racism and injustice. If follows, then,

that pastors may have a similar positive response to the same support system provided in the church.

However, it remains a question to be investigated as to whether the church setting would provide the same comfort for the pastor who is seeking help for the same problems as parishioners. The findings in Gilbert's (1987) research that pastors find it difficult to trust outside sources for psychological help and primarily depend on spouses for emotional support further reinforces the need for investigation of this question.

Many authors (Brandt, 1967; Meshack, 1976; Richardson, 1981, 1991; June, 1988, 1991; Blue, 1991; Boyd-Franklin, 1989) speak to the need for locating services in the Black church, improving accessibility and enhancing understanding of the types of social and psychological services needed within the African-American community. These observations would certainly hold true for the African-American pastor. It warrants creative and sensitive thought as to how services within the community can be made safe and accessible to African-American pastors.

Therefore, thought and research should be devoted to the extension of choices, not only for the African-American pastor, but for the African-American community generally. These choices may need to be in addition to rather than instead of those being developed in the

community. African-Americans should be unlimited in terms of where to expect quality social and/or psychological services.

This is further validation of the need pointed out by Richardson (1981, 1991) to infuse the counseling expertise of African-American pastors into the academic paradigms and training of psychologists and other mental health professionals who will encounter African-American clients in treatment.

Given these needs, the following areas are suggested for future research:

(1) This study should be replicated to ascertain the generalizability of the results. Instrumentation should be refined to increase total scale reliability for the Vignette Response Scale.

(2) The replication of this study should be accompanied by ethnographic studies which offer the infusion of important anecdotal, culturally-based nuances of information that otherwise might be overlooked in standard accepted statistical measurement.

(3) Although results of the null hypothesis relative to age demonstrated no significant effect, this analysis approached significance. Thus, further investigation of

the effect of age is warranted to clarify the impact of this variable on help-seeking attitudes.

(4) More studies should investigate the attitudes of mental health professionals relative to seeking help for their personal problems. The void in the literature relative to attitudes of helpers from a client perspective suggests that mental health professionals may be somewhat hesitant to examine their personal attitudes and feelings about receiving appropriate help from their own profession. Until these attitudes are explored in research, the mental health profession will be stunted in ability to adequately sensitize itself to the needs of clients. This raises the question of what disincentives are present for the profession in looking at itself as a resource for those who are considered resources. The mental health profession is rendered hypocritical to the tenets of theory that it has formulated in behalf of the remainder of society who have been readily identified and researched as "clients".

(5) A study should be conducted to identify the

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factors that may be distinctive barriers or
contributions to positive or negative help-
seeking behaviors among African-American
pastors.

(6) A study should be conducted to identify
     networking and linkages between the mental
     health profession and the Black Church and
     Black clergy which should be in place for
     effective service provision to all members of
     the African-American community.

(7) A study should be conducted to identify the
     specific components needed in provision of
     support services for clergy and their
     families, such as collegial support groups,
     continuing education and training
     opportunities.

     A cadre of factors exists that warrant
exploration in delivery of services to the
African-American pastor. For instance, there may
be differences in needs of urban pastors who may
develop politically high profiles versus the rural
pastor who may be required to pastor several
churches in different cities, once monthly on
"Pastoral Sunday."

(8) There should be a continuing focus on theory
     development by African-Americans in the mental

health profession to insure that cultural aspects of functioning not be overlooked or misinterpreted as pathology in the help-seeking attitudes and behaviors of African-Americans.

The recommendations noted in no way represent an exhaustive list of issues which should be explored relative to African-Americans. However, if these recommendations are examined, the present knowledge base relative to help-seeking attitudes of African-Americans would be extended. More knowledge and understanding would serve to increase the strategies of counseling interventions available, enhancing the quality of services provided to this population by the field of counseling psychology and other mental health disciplines.

APPENDICES

APPENDIX A

VIGNETTE RESPONSE SCALE

HIGH STIGMA - PASTOR

Instructions

Please read the vignette below and respond to the statements that follow on the next page.

Vignette

This person is a pastor of a local church in your community. For several months, he has experienced severe marital problems to the extent of feeling hopeless about the marriage. He has decided to file for divorce. He is quite influential in the community and very prominent among civic leaders.

Lately, he has resumed his use of cocaine due to the amount of stress he is experiencing. Until now, he had successfully maintained his recovery program for nine years. However, he has begun to use money budgeted for bills to support his cocaine addiction. His temper has become short and explosive, he lies to his wife about his salary, and he feels increasingly guilty for not supporting his two children in the way he knows he should.

Although he has acknowledged to himself that he has relapsed, he is afraid that he will be recognized by someone should he seek help at one of the substance abuse facilities. He feels it would be very detrimental to his reputation and his career for his peers as well as the community leaders to learn of his addiction. His anxiety is increasing and he has occasionally experienced slight chest pains. He is afraid to visit his doctor for similar reasons. He wants to stop using again and resume his recovery. He wants help and knows he needs help, but there are no "safe" places to go for help.

HIGH STIGMA - PARISHIONER

Instructions

Please read the vignette below and respond to the statements that follow on the next page.

Vignette

This person is a parishioner in a local church in your community. For several months, he has experienced severe marital problems to the extent of feeling hopeless about the marriage. He has decided to file for divorce. He is quite influential in the community and very prominent among civic leaders.

Lately, he has resumed his use of cocaine due to the amount of stress he is experiencing. Until now, he had successfully maintained his recovery program for nine years. However, he has begun to use money budgeted for bills to support his cocaine addiction. His temper has become short and explosive, he lies to his wife about his salary, and he feels increasingly guilty for not supporting his two children in the way he knows he should.

Although he has acknowledged to himself that he has relapsed, he is afraid that he will be recognized by someone should he seek help at one of the substance abuse facilities. He feels it would be very detrimental to his reputation and his career for his peers as well as the community leaders to learn of his addiction. His anxiety is increasing and he has occasionally experienced slight chest pains. He is afraid to visit his doctor for similar reasons. He wants to stop using again and resume his recovery. He wants help and knows he needs help, but there are no "safe" places to go for help.

LOW STIGMA - PASTOR

Instructions

Please read the vignette below and respond to the statements that follow on the next page.

Vignette

A pastor in a local church in your community has suffered a number of losses recently. His wife and 17-year old son were killed in an automobile accident six months ago, leaving him to parent his 14 year old daughter alone. Additionally, his doctor has confirmed terminal cancer of his father who lives in another state.

He has been experiencing a great deal of sadness and guilt for allowing his wife and son to travel in the car without him. He feels very lonely, and tires after working in his office for only an hour or two. He has difficulty sleeping at night, often experiencing nightmares. His friends expect that his grief should be less intense since six months have past, and he does not feel that he can count on friends to understand.

His faith in God is very strong. However, he is having difficulty concentrating and meditating. He is disappointed with himself for not being able to function in his normal way. His daughter needs his support and he feels even more guilt for not being as supportive to her at this time. He feels very overwhelmed.

LOW STIGMA - PARISHIONER

Instructions

Please read the vignette below and respond to the statements that follow on the next page.

Vignette

A parishioner in a local church in your community has suffered a number of losses recently. His wife and 17-year old son were killed in an automobile accident six months ago, leaving him to parent his 14 year old daughter alone. Additionally, his doctor has confirmed terminal cancer of his father who lives in another state.

He has been experiencing a great deal of sadness and guilt for allowing his wife and son to travel in the car without him. He feels very lonely, and tires after working in his office for only an hour or two. He has difficulty sleeping at night, often experiencing nightmares. His friends expect that his grief should be less intense since six months have past, and he does not feel that he can count on friends to understand.

His faith in God is very strong. However, he is having difficulty concentrating and meditating. He is disappointed with himself for not being able to function in his normal way. His daughter needs his support and he feels even more guilt for not being as supportive to her at this time. He feels very overwhelmed.

Vignette Responses

Please respond to the statements below based upon the vignette you have just read. Indicate your **strong agreement, agreement, disagreement,** or **strong disagreement** with each statement.

1. **This person should seek help for his problems.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

2. **My best guess is that this person probably will NOT seek help for his problem.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

3. **This person should work out his own problems with the help of God; getting psychological counseling should be a last resort.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

4. **If this person feels he needs psychiatric help, he should get it no matter who knows about it.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

5. **It would be difficult for this person to talk about this problem and his feelings with a medical doctor.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

6. **It would be difficult for this person to talk about his problems with a counselor who is not a pastor.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

7. **It would be difficult for this person to talk about his problems with a pastoral counselor.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

8. **I would rate the severity of this person's problems as:**

   (01)___SEVERE   (02)___MODERATE

   (03)___MINOR

9. **I would feel qualified to counsel this person for his problems should he contact me.**

   (01) ___STRONGLY AGREE   (02)___AGREE

   (03)___DISAGREE   (04)___STRONGLY DISAGREE

10. **If I would not counsel this person myself, I would refer him to counseling with:**

    (01)___ANOTHER PASTOR

    (02)___A MENTAL HEALTH PROFESSIONAL

    (03)___FAMILY/FRIEND

11. **If I experienced this problem, I would expect to receive help from the very same resource I recommended for the person in this vignette.**

    (01) ___STRONGLY AGREE   (02)___AGREE

    (03)___DISAGREE   (04)___STRONGLY DISAGREE

APPENDIX B

ATTITUDE TOWARD SEEKING PSYCHOLOGICAL HELP SCALE

(ADAPTED FROM FISCHER & TURNER, 1970)

ATTITUDE TOWARD SEEKING PSYCHOLOGICAL HELP

Questionnaire (F-T)

Below are a number of statements pertaining to psychology, mental health issues, and religious values. Read each statement carefully and indicate your agreement, probable agreement, probable disagreement, or disagreement. Please express your frank opinion in rating the statements. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item.

ITEM

1. **Although there are clinics for people with mental troubles, I would not have much faith in them.**

   (01) ___AGREE   (02)___PROBABLY AGREE

   (03)___PROBABLY DISAGREE   (04)___ DISAGREE

2. **If a good friend asked my advice about a mental problem, I might recommend that they see a psychiatrist.**

   (01) ___AGREE   (02)___PROBABLY AGREE

   (03)___PROBABLY DISAGREE   (04)___ DISAGREE

3. **I would feel uneasy going to a psychiatrist because of what some people would think.**

   (01) ___AGREE   (02)___PROBABLY AGREE

   (03)___PROBABLY DISAGREE   (04)___ DISAGREE

4. **Persons with strong character can get over mental conflicts by themselves, and would have little need for a psychiatrist.**

   (01) ___AGREE   (02)___PROBABLY AGREE

   (03)___PROBABLY DISAGREE   (04)___ DISAGREE

5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

6. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

8. I would rather live with certain mental conflicts than go through the ordeal of getting psychiatric treatment.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

9. Emotional difficulties, like many things, tend to work out by themselves.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

10. There are certain problems which should not be discussed outside of one's immediate family.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

11. **A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

12. **If I believed I was having a mental breakdown, my first inclination would be to get professional attention.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

13. **Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

14. **Having been a psychiatric patient is a blot on a person's life.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

15. **I would rather be advised by a close friend than by psychologist, even for an emotional problem.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

16. **Persons with emotional problems are not likely to solve them alone; they are likely to solve them with professional help.**

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

17. I resent a person—professionally trained or not—who wants to know about my personal difficulties.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

18. I would want to get psychiatric attention if I was worried or upset for a long period of time.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional problems.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

20. Having been mentally ill carries with it a burden of shame.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

21. There are experiences in my life I would not discuss with anyone.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

22. It is probably best not to know everything about myself.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

23. If I were experiencing a serious emotional crisis
at this point in my life, I would be confident
that I could find relief in psychotherapy.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

24. There is something admirable in the attitude of
people who are willing to cope with their
conflicts and fears without resorting to
professional help.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

25. At some future time I might want to have
psychological counseling.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

26. People should work out their own problems; getting
psychological counseling should be a last resort.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

27. Had I received treatment in a mental hospital, I
would not feel that it ought to be "covered up."

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

28. If I thought I needed psychiatric help, I would
get it no matter who knew about it.

(01) ___AGREE   (02)___PROBABLY AGREE

(03)___PROBABLY DISAGREE   (04)___ DISAGREE

29. **It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and ministers.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

30. **I would want to get pastoral counseling if I was worried or upset for a long period of time.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

31. **I would feel uneasy going to a pastor because of what others might think.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

32. **I would willingly confide intimate matters to a pastoral counselor if I thought it might help me or a member of my family.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

33. **I think I would feel more comfortable going to a non-religious counselor only if the suggestion came from a pastoral counselor.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

34. **In most instances, if I needed professional help beyond family and friends, I would probably first seek help from a pastoral counselor before a non-religious professional counselor.**

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

35. I am confident that a pastor would provide more appropriate counseling for me as a religious person even if my problem were some severe mental disturbance.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

36. Pastoral counseling is the only professional counseling I might pursue because I would trust his guidance and counsel would be coming from God.

    (01) ___AGREE   (02)___PROBABLY AGREE

    (03)___PROBABLY DISAGREE   (04)___ DISAGREE

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Please complete the following survey as candidly as possible. In order to insure your confidentiality and anonymity, please do NOT sign your name.

I. Please check the number that most nearly represents you:

A. Religious Affiliation:
  (01)_____ APOSTOLIC
  (02)_____ BAPTIST
  (03)_____ CHURCH OF GOD IN CHRIST
  (04)_____ CHURCH OF GOD
  (05)_____ HOLINESS
  (06)_____ UNITED CHURCHES OF CHRIST
  (07)_____ METHODIST (A.M.E., A.M.E. Zion, C.M.E.)
  (08)_____ SPIRITUALIST
  (09)_____ OTHER

_____

Demographic Questionnaire

B. Sex:

(01)___ Male

(02)___ Female

C. Age:

(01)___ 18-24

(02)___ 25-34

(03)___ 35-44

(04)___ 45-54

(05)___ 55-64

(06)___ 65-74

(07)___ 75 and over

D. Annual Income:

(01)___ under 10,000

(02)___ 10,000-19,000

(03)___ 20,000-29,000

(04)___ 30,000-39,000

(05)___ 40,000-49,000

(06)___ 50,000 and above

E. Primary Source of Ministry Income:

(01)_____ local church or congregation

(02)_____ denominational organization

F. Do you have a source of income separate from your ministry income?

(01)_____ Yes   (02)_____ No

Demographic Questionnaire

G. Is this income larger than your ministry income?
    (01)_____ Yes   (02)_____ No

H. Educational level:
    (01)_____ high school graduate or less
    (02)_____ some seminary and/or college training
    (03)_____ B.A., masters, doctoral degree
       (Are any of these from a seminary?) Yes___No___

I. How many years have you been in the ministry?
    (01)_____ 0 - 5 years
    (02)_____ 6 - 10 years
    (03)_____ 11 - 20 years
    (04)_____ 21 - 30 years
    (05)_____ 31 - 40 years
    (06)_____ Over 40 years

J. How many years have you been a pastor?
    (01)_____ 0 - 5 years
    (02)_____ 6 - 10 years
    (03)_____ 11 - 20 years
    (04)_____ 21 - 30 years
    (05)_____ 31 - 40 years
    (06)_____ Over 40 years

Demographic Questionnaire

K. Have you ever sought counseling for yourself in the past?

    (01)_____ Yes

    (02)_____ No

L. If Yes, how would you describe this experience?

    (01)_____ Very positive

    (02)_____ Somewhat positive

    (03)_____ Somewhat negative

    (04)_____ Very negative

M. If Yes, from what source?

    (01)_____ Family member, friend (non-pastor)

    (02)_____ pastor

    (03)_____ Professional secular counselor
       (psychologist, psychiatrist, social worker, etc.)

N. Please indicate the size of the active congregation of your church.

    (01)_____ Less than 100

    (02)_____ 100 - 249

    (03)_____ 250 - 499

    (04)_____ 500 - 999

    (05)_____ 1,000 - 5,000

    (06)_____ Over 5,000

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