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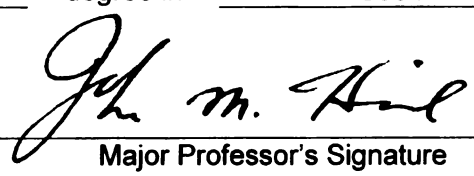

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BLACK CHRISTIANS' USE OF MINISTERS IN TIMES OF DISTRESS: AN EXPLORATION OF CONGREGANT AND CLERGY RESPONSES, AND REVIEW OF BLACK CLERGY REFERRAL ATTITUDES AND PRACTICES

By

Carol V. Burrell-Jackson

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ABSTRACT

BLACK CHRISTIANS' USE OF MINISTERS IN TIMES OF DISTRESS: AN EXPLORATION OF CONGREGANT AND CLERGY RESPONSES, AND REVIEW OF BLACK CLERGY REFERRAL ATTITUDES AND PRACTICES

By

Carol V. Burrell-Jackson

Black Ministers have long been a resource for Black American Christians experiencing problems in everyday life. There has been minimal research of Black ministers' experiences with the help-seeking patterns of Black Christian congregants and Black minster referrals to mental health professionals other than psychiatrists. This study examined: (a) the types of problems for which Black congregants sought clergy help, (b) the types of problems for which Black congregants reported avoiding clergy help, (c) Black clergy reports of congregant help-seeking, (d) Black clergy reports of the types of problems for which congregants avoided seeking their help, and (e) Black clergy reports of whether and under what conditions they would refer congregants to a mental health professional or social service agency.

A secondary qualitative analysis examined thirteen congregant focus group interviews with Black American church going Christians, and six individual interviews with Black ministers. ATLAS ti (version 4.1) data analysis software was used to organize the data, and Grounded Theory methods (Glaser & Holton, 2004; Strauss & Corbin, 1990) were employed to enhance validity within the study.

SUMMARY OF FINDINGS/THEMES: Marriage and family, life cycle spiritual development, and trust of pastor were causally linked to congregant help-seeking. Congregant avoidance of pastors related to discussion of sexual issues, current involvement in behavior considered sinful, discomfort in sharing, and shame. Approaching clergy for practical monetary support was widely identified as a factor in congregant avoidance.

Ministers identified marriage and family, life cycle, and spiritual development themes as areas for which congregants sought their help. They also indicated that congregants tended to seek help related to problems with non-marital, non-familial relationships. Avoidance factors identified by clergy were linked to congregant sexual activity, addictive behaviors including substance abuse and sexual perpetration, and non-serious mental illness.

Ministers generally were open to referral of congregants to community mental health resources. Minister concerns about the potential for value conflicts, and the Christian foundation of the practitioner were among those that might affect minister's willingness to refer to mental health services. Clergy cited collaboration as important, and suggested that they could help mental health professionals by translating the spiritual needs of the congregant to them.

Ministers reported congregant help-seeking regarding relationships among single congregants, an area not mentioned by congregants. Ministers were open to mental health referrals, but were concerned about the faith of mental health professionals and their willingness to collaborate with them. All endorsed collaboration with mental health professionals and social service agencies as important for serving congregants.

To my parents, Mildred Burrell for her encouragement, love, and example of academic perseverance, and Joseph Burrell for giving me the go-ahead for this degree. Thanks from your "Reverend Dr. Baby Girl"

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To my husband and love of my life, Floyd Ellis Jackson, without whose tireless love and support this work would not have been possible. I love you, Sweetheart.

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CHAPTER I

Introduction

Problem for Research

As a Black Christian social worker, I have developed an interest in examining Black Christians' patterns of help-seeking from clergy for personal problems. I am curious about how decisions to seek or not seek clergy help are viewed from both a congregant and clergy perspective. My specific interests relate to examining the ways in which social workers might supplement or complement the important role that clergy play in the lives of Black Christians. I recognize that without having some understanding about clergy perceptions of referral to social work practitioners, I am limited in exploring potential collaboration between the professions. This dissertation seeks to expand upon what is known about Black Christians and help-seeking, and clergy referral practices. It is also my intent to generate dialogue regarding clinical practice and future research in this important area of Black Christian life.

Blacks seek different types of professionals for various types of problems. Those experiencing emotional problems or other non-physical complaints are likely to seek help from physicians and hospital emergency rooms (Neighbors, Caldwell, Thompson, & Jackson, 1994, p. 101). Blacks with physical complaints or economic concerns are more likely than Whites to seek help from mental health professionals, reportedly due to the psychological problems which these urgent situations can potentially create (Broman, 1987). Problem severity is a factor in the decision to seek help. In his study of differences in Black professional help-seeking, Neighbors (1991) found experiencing a problem that

seriously interfered with the ability to perform one's usual obligations increased the likelihood of seeking professional assistance. Less than 48% of Blacks have visited medical doctors for depressive feelings (Neighbors, Caldwell, Thompson, & Jackson, 1994). Generally, Blacks, as compared with Whites, are underrepresented as users of mental health treatment (Snowden, 1999), and less likely than Whites to turn to clergy when mental health problems are encountered (Broman, 1987).

Different sub-groups of Blacks seek clergy help for specific types of difficulties. This is particularly true for the elderly (Dupree, Watson, & Schneider, 2005), women, and those with serious personal problems (Neighbors, Jackson, Bowman, & Gurin, 1983), including death or bereavement issues, and crises of faith (Taylor, Chatters, & Levin, 2004). Perhaps with the exception of college students (Ayalon & Young, 2005), church-going Blacks are more likely to seek help from clergy as compared to other professionals (Bell, 1998). Blacks who use clergy in times of emotional or mental health distress are less likely to seek help from other professionals, regardless of the type or severity of the problem, or church affiliation (Neighbors, Musick, & Williams, 1998). In spite of the importance of clergy as a source of support for Blacks, there is little knowledge available regarding the inter-connection between Black religious organizations and mental health service delivery systems, and there is only minimal information regarding how Black clergy relate to formal mental health systems (Williams, 1994) and mental health providers (Mars, 1995).

In general, all clergy encounter mental health problems as severe as those encountered by mental health professionals (Larson et al., 1988). They may,

however, be unprepared to help with mental health issues (Domino, 1990). Although clergy are a central resource for Blacks, there are issues, such as economic problems (Neighbors et al., 1998), women's medical problems, and sexual issues (Taylor, et al, 2004), for which Blacks may be reluctant to seek their counsel. In these instances, Blacks are more likely to turn to some combination of formal and informal helpers, including mental health professionals, for assistance (Snowden, 1998). Although only a small percentage of Blacks actually consult social workers in times of distress (Broman, Neighbors, & Taylor, 1989), when mental health professionals are sought, Blacks, compared with Whites, are more likely to seek help from social workers. It is noteworthy that in a study examining Black clients' impressions of social service encounters, social workers were identified most often as the specific individuals who attempted to provide help during their first contacts with a social service agency. A majority of respondents also indicated that they found their encounter with the social service agency to be helpful (Taylor, Neighbors, & Broman, 1989).

Although social workers may be well prepared to help Blacks with mental health issues, they may not be as well prepared to identify or address their spiritual concerns. Specifically, while social workers (Sheridan, Bullis, Adcock, Berlin, & Miller, 1992), and social work students (Sheridan & Amato-von Hemert, 1999) understand the importance of religion and spirituality in clients' lives, and report incorporating spiritual matters in their practices (Canda, Nakashima, & Furman, 2004), they may be insufficiently prepared to address spiritual concerns in practice (Sheridan et al., 1992). Social workers may be hindered by a lack of

knowledge of their clients' spiritual world views, which can result in a lack of appreciation for clients' desires for their therapists to integrate their spiritual belief systems into the counseling process (Hodge, 2003a, 2003b). Social workers may also hold spiritual world views that conflict with those of their clients, creating a potential for counter-transference issues to impair the social work process (Zieger & Lewis, 1998).

Conflicting worldviews can present themselves in a variety of areas in the therapeutic relationship, and can create a dilemma in a social worker's relationship to his or her client. Issues such as religious or spiritual beliefs add yet a another dimension to this area of value conflict, creating the potential for tension in the client-worker relationship (Gotterer, 2001).

Unfortunately, there is a lack of uniformity in the knowledge, values, and skills of social workers and clergy. The lack of communication between these helpers results in ineffective services for vulnerable clients. This gap in knowledge, values, and skill between clergy and social workers may also create a context of differential help provision. Clergy, in general, are not well equipped to intervene in mental health issues and social workers in general are ill equipped to intervene in spiritual matters. This compartmentalization may preclude any type of integrated assessment or intervention in the problem areas presented, resulting in a lack of attention to issues that may be closely linked. If a congregant approaches his or her pastor related to death and bereavement issues, that pastor might not be in a position to identify or help with the congregant's clinical depression, if the bereavement has occurred over an extended period. Similarly, it may be difficult for social workers to address a

Christian's distress about an extra-marital attraction without discussing the impact of their spiritual belief systems regarding relationships outside of marriage.

The challenge for social workers and clergy becomes one of how to bridge the gap between the mental health and spiritual needs of Blacks. To address this issue, it is important to identify and understand the types of problems that Blacks present to their pastors. It is equally important to identify problems that are not usually presented to clergy.

Purpose of Study/Research Questions

This dissertation will explore Christian clergy and congregant accounts of congregant help-seeking from ministers in times of personal difficulty. Clergy attitudes and practices about referral of congregants to other resources will also be examined. Secondary data analysis of focus group data and individual interviews will be used to examine the types of issues for which congregants seek clergy assistance, as well as those issues for which congregants are reluctant to seek help. The research questions are:

1. For what problems do congregants report seeking help from clergy?
2. For what problems do congregants report avoiding seeking help from clergy?
3. What problems do clergy say congregants discuss with them?
4. What problems do clergy think congregants avoid discussing with them?

5. Would clergy refer congregants to a mental health professional or social service agency? Under what conditions would they be willing to refer?

Overview

Chapter II contains a review of the literature related to the following: (a) the importance of religion for Black Americans, (b) Black Christians' use of clergy in problem situations, (c) clergy skills relative to the mental health needs of Black Christians, (d) the referral practices of clergy, (e) the use of social workers by Black Americans, and (e) social worker skills relative to the spiritual needs of Black Christians.

Methodology will be discussed in Chapter III. This chapter will include: (a) the assumptions and rationale for a qualitative research design, (b) an overview of the Grounded Theory method to be employed, and (c) a reflexive look at the roles and experiences of the researcher and research teams as they influence the research process. Given that this is secondary analysis, some time will be devoted to an overview of the original study, followed by a focus on the current study, instrumentation, and procedure.

Chapter IV examines the results of the data analysis and presents the network analyses of the findings related to the research questions related to congregant help-seeking and avoidance, and minister referral attitudes and practices. In Chapter V, the results are discussed. The strengths and limitations of study, implications for practice, and recommendations for future research will be presented.

CHAPTER II

Review of the Literature

Importance of Religion for Blacks

Religion and spirituality are important for a majority of the American culture, with ninety-four percent of Americans expressing a belief in God or a Universal Spirit (Gallup, 1990). Given that religion and spirituality are often used interchangeably, it may be helpful to articulate a distinction between the two. Koenig, McCullough, & Larson (2001), offer the following definitions. Religion is identified as:

> . . .an organized system of beliefs, practices, rituals and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality); and (b) to foster an understanding of one's relationship and responsibility to others in living together in a community (p. 18).

The authors define spirituality as:

> . . . the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community (p. 18).

Hence, religion reflects an external involvement in of one's beliefs, while spirituality seems to involve more internal processes that may or may result in such external manifestations.

Chatters and her colleagues (Chatters, Levin, & Taylor, 1992) sought to further conceptualize religious expression for Black adults, and identified multiple dimensions which capture the complexity of religiosity: organizational religiosity, non-organizational religiosity, and subjective religiosity. Building on McAdoo's (1995) definition of religiosity as ." . . the importance of religion" (p. 428), Chatters et al. describe organizational religiosity as being expressed through attendance and participation within an organized religious institution. Non-organizational religiosity involves the individual engaging in reading religious materials, listening or watching religious programming, and involvement in prayer life. Subjective religiosity is one's personal evaluation of how religious one is, the importance of religion in one's family of origin, and the value that Black parents placed on involving their children in religious services. This model was later confirmed, and provided a framework for discussion of the wide range of religious activity which might manifest itself differently depending upon the denominational affiliation, aiding in the examination of religious heterogeneity which exists among Black Americans (Levin, Taylor, & Chatters, 1995).

The central role of spirituality and religion in the life of Blacks has been well documented (Chatters & Taylor, 1998; Lincoln & Mamiya, 1990). Taylor, Mattis, and Chatters (1999) examined subjective religiosity among Blacks using data from five national probability samples. Four of the data sets included Black adults: the General Social Survey (GSS), the National Black Election Survey (NBES), Americans' Changing Lives (ACL), and the National Survey of Black Americans (NSBA). Over ninety-two percent of 3,610 Blacks in General Social Survey (GSS) adults felt close to God. Seventy-nine percent of the 1,151

respondents to the NBES study indicated that religious or spiritual beliefs were a very important part of their daily lives. Eighty percent of the 2,107 NSBA respondents viewed themselves as religious. Religion is also a key factor in positive racial identity and empowerment (Moore, 1991), marriage and family support (Caldwell, Green, & Billingsley, 1992) and mental health (Levin, 1998) among Blacks.

Spirituality is a central element in assessing and treating mental illness and promoting mental health in the clients of mental health professionals (Queener & Martin, 2001). Spiritual factors have been found to have greater relevance in explaining the etiology and treatment of mental health difficulties for Black undergraduates than for Whites (Millet, Sullivan, Schwebel, & Myers, 1996). General Social Survey data also imply that Blacks are more likely than Whites to view mental illness as being linked to spiritual, versus biological or environmental factors (Schnittker, Freese, & Powell, 2000). Given the importance of spirituality and religion, the Black church and its clergy are vital sources of support in the lives of Blacks.

Use of Clergy by Blacks

As a matter of personal choice, the church is second only to family members as a source of comfort when serious problems arise for many Blacks (Caldwell et al., 1992). Clergy, as representatives of the church, have long been a significant and necessary resource for members of the Black community. They perform diverse functions in the provision of help. In addition to their pastoral counseling function, clergy serve as community leaders, advocates, power brokers, and the intermediaries between the Black community and social

institutions. They have been at the forefront of negotiating for the provision of services to the church and broader community through the provision of church-organized programming (Lincoln & Mamiya, 1990). Black clergy have typically offered these services or made them available at little or no cost to the members of their congregation or the broader community (Caldwell et al., 1992).

Americans, in general, express a high degree of trust in clergy (Oppenheimer, Flannelly, & Weaver, 2004). Pastors, ministers, and other clergy in leadership in Black churches, as representatives of the Black church, serve as a key source of support when congregants encounter problem situations. The problems for which religious Blacks seek clergy range from spiritual concerns to daily life issues. They include marital and family issues, death and bereavement issues (Moran et al., 2005), and serious personal problems (Neighbors et al., 1983). Black congregants also seek advice from clergy for crises of faith and life transition issues, such as help in coping with the divorce of one's parents or direction regarding whether to pursue higher education locally or away from home (Taylor, et al., 2004). Only in rare instances do Blacks discuss sexual issues, including homosexuality with clergy (Lyles, 1992).

Comparative research has indicated that Blacks are less likely than Whites to seek help from religious figures for mental health issues (Snowden, 1998). Other findings report that clergy are second only to physicians as the persons whom Blacks seek for help. Bivariate analysis of data collected from the National Survey of Black Americans found that ministers were consistently rated higher than mental health centers as places where Blacks would go with a serious personal problem (Neighbors, 1991; Neighbors et al, 1998).

Regardless of the type or severity of the emotional problem, those Blacks who first seek assistance from clergy are less likely to seek help from other professionals (Neighbors, et al., 1998).

While it is apparent that many Black congregants seek help from clergy, there are reasons that congregants are reluctant to seek clergy counsel. They include the fear of burdening clergy, shame over the type of problem experienced, concern about altering the clergy's opinion of the congregant, sexual relationships, sexual attraction, sexual orientation, and women's medical problems. Shame tied into repeating sinful behaviors that a congregant had made a public commitment to the congregation (a practice in some Black churches) to renounce, was also cited as a factor in reluctance in seeking clergy counsel (Taylor, et al, 2004)

The fact that clergy are likely to be sought, and that there are definite areas in which congregants are disinclined to seek them, is evidence of a serious problem for Blacks seeking help. It creates the potential for mental health and other serious problems of Blacks to be left unattended. Sussman, Robins, and Earls (1987) report that problems are compounded by the tendency among Blacks to wait until mental health problems, such as depression, are very severe before seeking help. Tragically, inattention to serious mental health problems creates the risk of problem escalation and the possible involvement of law enforcement, psychiatric emergency centers, or protective services.

Clergy Skills

Black clergy, as part of the broader group of clergy, encounter as wide a range of emotional problems as those encountered by mental health

professionals (Moran et al., 2005) and function as a major mental health resource to communities having limited access to mental health treatment facilities (Mollica, Streets, Boacarino, & Redlich, 1986). It is important to recognize that the level of time commitment and skill required to address specific mental health needs is often beyond the scope of clergy schedules and personal expertise (Taylor, Ellison, Chatters, Levin, & Lincoln, 2000).

Difficulties are further complicated by clergy who feel ill-equipped to intervene in times of congregant mental health distress (Moran et al., 2005). For example, a majority of Black clergy are bi-vocational, holding full-time secular positions in addition to serving as pastors of congregations. Many rural Black clergy, who tend to shepherd more than one congregation, face the logistical problem of living in urban areas and traveling hundreds of miles between churches (Lincoln & Mamiya, 1990). A full calendar coupled with competing responsibilities may reduce clergy members' availability to congregants for pastoral care, limiting congregant access to clergy in times of need.

Identification and intervention in mental health-related issues may challenge the expertise of the clergy as well. For example, a cross sample of clergy from various faith backgrounds, as compared with educated laypersons, and mental health professionals, were not as able to identify signs of a person's potential for suicide (Domino & Swain, 1985-86). Clergy from different faith backgrounds scored lowest in comparison with clinical psychologists and graduate students in clinical and counseling programs on their knowledge of psychopathology, pointing to the possibility that clergy are not well grounded in basic skills of recognizing psychopathology (Domino, 1990).

The level of difficulty in the types of problems encountered by clergy can in turn affect their confidence about their ability to intervene effectively. A recent survey of care, referral, and consultation practices among clergy in New York City, found that a majority were not confident of their ability to deal with a variety of problems, including alcohol and drug abuse, depression, domestic violence, severe mental illness, and suicide. Over 21% of the clergy surveyed were Black. They expressed greater confidence in intervening in issues of grief, death and dying, anxiety, and marital problems. Less than half of the clergy surveyed had training in clinical pastoral education; those who did tended to feel more competent in dealing with all types of problems (Moran et al., 2005). While this study illuminated some of the struggles clergy encounter in dealing with mental health-related problems, it did not identify Black clergy's specific responses.

Referral Practices of Clergy

In light of clergy uncertainty regarding how to deal with mental health-related problems presented by congregants, one would expect that referral to community mental health resources would occur. Research findings, however, show offer mixed results. Solomon (1990) reported that only six percent of Black ministers outside of Los Angeles area stated that they referred to mental health professionals; this rate is two percent higher than those in Los Angeles (Lyles, 1992). His study of Black clergy referral to psychiatrists indicated that clergy concern about psychiatrist sensitivity to racial issues, and skepticism about psychiatric efficacy, and the cost of services were reasons that ministers were reluctant to refer. Other findings report that nearly half of black ministers refer to

mental health professionals (Chang, Williams, Griffin, & Young, 1994; Mollica et al., 1986).

Clergy referrals to mental health centers and psychiatric clinics are uncommon. A 1976 research project investigating clergy as a mental health resources, found clergy referred just over two percent of patients (N= 4,996) to mental health services over a five year period (Bell, Morris, & Holzer, 1976). This low referral rate is surprising, considering the estimated percentages of congregants with severe mental illness seen by clergy. Gottlieb and Olfson (1987) estimated that more than 33% of congregants counseled by clergy had severe mental illness. It is interesting to note that neither of these studies indicated whether Black clergy were included among those examined.

Research specific to Black clergy referral practices indicates that they do make referrals to mental health professionals (Mars, 1995). Mars found, however, that when controlling for professional variables (e.g., counseling-related education), Black clergy were not likely to make referrals to mental health professionals, in spite of familiarity with mental health resources and personal relationships with mental health professionals. Another study examining Black pastors' perceptions of psychiatrists also found low rates of mental health referrals among clergy (Lyles, 1992). Clergy in this study reported making only zero to four referrals to psychiatrists per year. Lyles' research provided important insights into the types of issues for which Black clergy would make mental health referrals, and shed light on factors affecting low referral rates. Clergy made referrals for alcohol detoxification, self-destructive behavior, auditory hallucinations, and lack of response to pastoral interventions. Black clergy

reports of distrust of psychiatrists' ability to provide culturally competent services, and fears about religious behavior being pathologized may explain the low number psychiatric referrals. While these studies offer important insights, they did not specify clergy attitudes regarding referrals to other mental health providers such as psychologists or social workers.

Black clergy represented nearly 22% of the subject pool in a recent study of clergy referral and consultation practices (Moran et al., 2005). On average, clergy made referrals to hospitals for mental health services just over once per year. They were "definitely more likely" to refer to hospitals having pastoral care departments. Interestingly, clergy reported minimal consultation with mental health professionals regarding problems they felt least competent to treat. Unfortunately, the specific referral patterns of the Black clergy who participated in this study were not indicated.

A positive relationship exists between frequency of Black clergy referrals to mental health providers and the educational levels of Black clergy. There is also a positive relationship between clergy referral rates and the size of their churches (Caldwell, Chatters, Billingsley, & Taylor, 1995). Black clergy who have more professional contacts with mental health professionals are more likely to make referrals to mental health professionals (Mars, 1995). We know little if anything, however, regarding the contextual factors relating to referral practices that go beyond clergy and church demographics. Rarely are we able to examine the attitudes and behavior of Black clergy towards the use of mental health professionals. We typically do not have access to clergy members' personal perspectives or biases regarding mental health or psychological disorders. To

date, we have little information about clergy attitudes toward referral to specific types of mental health providers other than psychiatrists (Lyles, 1992). We also do not know much about clergy awareness or willingness to use existing social service resources, nor do we understand their patterns of referral to such agencies.

Studies of clergy referral practices, while useful, have been incomplete, either failing to clarify whether Blacks participated as subjects, or in cases where Black subjects were questioned, their responses were not specified. Information regarding clergy attitudes about social workers or other mental health professionals other than psychiatrists is also lacking.

Use of Social Workers by Blacks

Social workers are key providers of human services systems for Blacks. Blacks are more likely than Whites to request help from mental health professionals, including social workers, for economic and physical health problems (Broman, 1987). Taylor, Neighbors and Broman (1989) found that Blacks are also more likely than Whites to seek help from social workers, regardless of problems. Those Blacks seeking social service agency help tend to be low income, and they make contact with public social services agencies regardless of the type of problem experienced. Blacks receiving help from social service agencies are also more likely to be served by social workers. A majority indicated satisfaction with the help they received from the social service agency and would refer a friend or relative who had a similar problem. It is unclear how many of those respondents who were satisfied with the help received and who were willing to refer to friends received services from social workers. Black

social service agency consumers most often seek help with economic problems (Broman et al., 1989). Very few Blacks seek help solely from mental health professionals for personal problems. Instead, Blacks are more likely than Whites (Snowden, 1998) and Black women more likely than Black men (Neighbors & Jackson, 1984) to use a combination of formal and informal resources to deal with personal problems.

Social Worker Skills

Social workers are part of Blacks' formal resource network. The clinical training of those completing masters' level programs prepares them to intervene in mental health-related matters. In light of the centrality of religion and spirituality for Blacks, however, there are questions regarding how well-prepared social workers are to deal with these issues.

Recently, there has been a resurgent interest in spirituality and religion in the field of social work. This interest is reflected in an increased number of presentations on spirituality and religion at professional social work conferences, and an increase in related scholarly research and publications (Sheridan & Amato-von Hemert, 1999). Specific topics examined include the relationship between spirituality and coping and the prospect of death (Reese, 2001) and the impact of social worker religiosity on social work practice (Mattison, Jayaratne, & Croxton, 2000). There is also a growing body of social work literature that promotes the expansion of the traditional bio-psycho-social perspective as the basis for understanding human behavior in favor of a transpersonal social work practice perspective. This approach focuses on helping individuals reach their highest potential, and attempts to identify, understand, and access transcendent

spiritual states of consciousness (Canda & Smith, 2002). Social worker attitudes toward religions and spirituality (Sheridan et al., 1992), and religious and spiritual content in schools of social work (Sheridan, Wilmer, & Atcheson, 1994) have also been areas of research. In addition, there are many compiled works centering on various aspects of religion, spirituality, and social work practice (Hugen & Scales, 1998; Scales et al., 2002; Van Hook, Hugen, & Aguilar, 2001).

There is evidence that schools of social work are recognizing the importance of spirituality in the lives of people. There is acknowledgement in the field that this is a legitimate focus of study. The accrediting body for social work educational programs, the Council on Social Work Education (CSWE) makes reference to the need for inclusion of theories related to spiritual development, among other areas, as part of its accreditation standards set forth in the educational policy statement (Council on Social Work Education, 2004). CSWE has compiled a comprehensive bibliography of references on spirituality and social work (Canda, Nakashima, Burgess, Russel, & Todd Barfield, 2003), and developed a teaching guide on spirituality and religious issues (Scales et al., 2002) to assist faculty in preparing students for social work practice.

There are differences in opinion regarding how content related to spiritual and religious issues should be taught. A small percentage (1.5%) of social work faculty favor infusing content related to spirituality and religion into existing courses. Such an approach calls for integration of content on spirituality throughout the social work curriculum. Conversely, most faculty believe that courses in spirituality and religion in social work should be offered as elective courses (Sheridan, Wilmer, & Atcheson, 1994). This is the format used to teach

spiritual and religious content in social work practice by most schools of social work (Russel, 1998).

The Need for an Integrated Service Delivery Model

Clergy and social workers are important helping resources for Blacks in times of distress. Social workers are among the most commonly accessed professionals. The impact of the services that clergy and social workers provide is limited based on the dichotomization of problems that are likely related. For example, a congregant may seek help from clergy for a crisis of faith, while omitting critical information related to sexual acting out, a factor likely contributing to the crisis. Clergy are then in the position of providing spiritual guidance without full information about the client's life. Similar situations take place with religious Blacks seeking mental health help from social workers. Should a client seeking help happen to mention "hearing from God," there is the potential for a mental health misdiagnosis if the social worker is unaware of the influence of a client's spiritual and religious life.

The rationale for studying the use of clergy, who are relevant and accessible helping resources for Blacks, is threefold. First, there is little information known about Blacks' seeking help from clergy that takes into account the perspectives of both congregants and clergy. Second, we have limited knowledge of clergy's perspectives regarding the types of problems that they encounter, and their decision making regarding how to handle them. Finally, I hope to examine how clergy are linked to social service providers, in general, and social workers, specifically. This information can aid in developing methods of promoting integrated service delivery between clergy and social workers.

Four things are relevant to Blacks' use of clergy in times of difficulty. First, while Blacks use clergy in times of distress, there are limits to the types of problems for which Blacks seek clergy help. Second, it is also clear that there are areas for which Blacks elect not to seek clergy help (Taylor, et al, 2004). Third, Blacks are more likely to seek help from mental health professionals for economic and physical health problems than for personal problems. Fourth, social workers are among the professional helpers (including physicians, teachers, and lawyers) most frequently sought by Blacks (Broman, 1987).

The purpose of this dissertation is to examine Black congregants' decisions to seek help from clergy in times of personal distress. It is also intended to examine congregant responses regarding help-seeking with that of clergy. This research should shed light on clergy's opinions regarding referral of their congregants to mental health professionals, as well. It is hoped that the results will be beneficial to clergy and mental health professionals, especially social workers.

CHAPTER III

Methods

Assumptions and Rationale for Qualitative Design

The increased attention to qualitative research in the human services fields is evidenced in scholarly research, and the establishment of journals devoted to qualitative research practices. The field of social work is no different, as is reflected in the publication, Qualitative Social Work. This journal was launched in 2002 with a commitment to providing a forum for persons interested in qualitative research methods, evaluation, and use of qualitative approaches in practice.

Qualitative methods, by design, allow for "greater depth rather than breadth" (Ambert, Adler, Adler, & Detzner, 1995, p. 880). The use of a qualitative approach provides an opportunity to access more personal and in depth information on the subject being explored. The smaller sample, in-person format allows the researcher the opportunity to clarify responses to questions asked, and leaves room for respondents to contribute knowledge in areas that the researcher may not have previously considered. Qualitative inquiry has also led to a discussion in the profession of social work about how this method aligns with our foundational mission by giving voice to disenfranchised populations (Bein & Allen, 1999; Padgett, 1998). Indeed, it is implied that research of this nature has the potential of humanizing, or putting a face on those who have been seen as powerless (Shaw & Ruckdeschel, 2002).

Grounded Theory

While the use of qualitative research methods expands within the field of social work, it is important for researchers to take into account the question of rigor. The concept of rigor, as applied to qualitative inquiry, differs from those concepts and procedures associated with quantitative methodology (Davies & Dodd, 2002; Holliday, 2002; Lietz, Langer, & Furman, 2006), however it is no less important. It is also critical to have a method of examining patterns, themes, and relationships of concepts within written text. Grounded Theory is such a method, and will be employed in this study. A means of systematically managing the large amounts of text is needed, as well. ATLAS ti software provides a means by which that may be done.

Principles of Grounded Theory were used in the data analysis process. Grounded Theory is a method of using the research process as a context in which theory can emerge, in contrast to testing existing hypotheses. It is particularly useful for small sample qualitative data collection, as opposed to the large sample data sets often desired by quantitative researchers (Dick, 2007; Strauss & Corbin, 1990). The process employed in Grounded Theory entails researcher immersion into the primary documents, observations in the field, and information relative to the area of interest as data are collected. Early (2005) offers a concise description of the analysis process, which will be summarized in the following paragraphs.

When handling primary documents such as transcripts, the researcher immediately begins synthesizing the data by marking passages or quotations that are the most relevant to the area of study. In the synthesizing process, the

material is constantly compared against other data (e.g., literature related to the subject, field observations). As the researcher repeatedly reviews the information, themes emerge that can then be developed into *codes*. Codes enable the researcher to classify textual passages and locate occurrences of the data that could not be found using standard key word search methods. These codes are then defined and used as a shorthand means of capturing the particular themes reflected in the text, and used for further, more complex levels of coding as the researcher continues moving through the data (Dick, 2007).

The coding process continues as codes are then grouped into *Code Families*, which serve as containers for large amounts of information, and theories about the relationships between codes and code families begin to emerge. ATLAS ti software is designed specifically to accommodate the procedures linked with Grounded Theory, thus enabling the development of codes and code families in manner which is systematic and not as labor intensive as coding and analyzing data by hand (Muhr, 1997).

Rigor in Qualitative Research

Creswell and Miller (2000) offer a succinct summary of the range of procedures originally articulated by Lincoln and Guba (1985), to establish the credibility of qualitative research. The procedures which are relevant and applicable to this study include: (a) *reflexivity*, the researcher's self-disclosure of his or her own biases, values, and beliefs that may influence their inquiry and interpretation of data; (b) *triangulation*, or use of two or more analysts to examine the data; (c) *peer debriefing*, the processing of the data with fellow analysts; (d) negative case analysis, finding evidence which may disconfirm or

be inconsistent with previously identified themes; and (e) the development of an *audit trail* through providing a clear account of all research decisions and activities.

Reflexivity

Reflexivity places the researcher in the position of scrutinizing his or her motives and intent in the research process and lays bare, to the extent possible, the researcher's self-evaluation of norms, belief systems, or biases that may influence how the data are collected, interpreted, and reported. Because bias is inherent in the research process (Holliday, 2002), triangulation also becomes a means of balancing the perspective of the researcher. Triangulation entails the researcher looking for areas of convergence among different information sources to develop themes or categories. By employing the multiple points of view of the other researchers, data are systematically sorted to identify common themes by removing areas of overlap and creating greater accuracy (Jick, 1979).

Peer Debriefing

Peer debriefing, or the reviewing of the data and research process by a person familiar with the research or the area of study, also aids in establishing credibility. This person operates in the role of a devil's advocate, challenging researcher assumptions, while also providing support (Lincoln & Guba, 1985). In this dissertation work, my primary professor, professional colleagues, and peer analysts, including a recent doctoral graduate who had used the ATLAS ti software in data analysis, and members of my dissertation committee have served that function. (Creswell & Miller, 2000).

Negative Case Analysis

Conducting a negative case analysis, or identifying disconfirming evidence, examines unintended outcomes and forces the researcher to expand his or her paradigm. In this procedure, the researcher identifies data that fall outside of the expected outcomes. Applying this procedure, however difficult for the researcher, serves to lend credibility to the research process itself (Creswell & Miller, 2000).

Audit Trail

Having an exacting audit trail is also a means of bolstering the trustworthiness of the study. Keeping a transparent account of the research process itself can serve to dissuade questions regarding the integrity of the research, and offers those external to the study a clear sense of activities and decisions related to the research (Lietz, Langer, & Furman, 2006). The inquiry process is documented, a research log is kept, the documentation can be scrutinized closely, and judgments may be made regarding whether the findings were based upon the data collected, the extent of researcher bias, and methods used to increase credibility (Creswell & Miller, 2000; Schwandt & Halpern, 1988).

Reflexivity: The Researcher's Experience

"Identifying who we are and being explicit about our own perspectives is an essential part of being reflexive." (MacBeth, 2001), as cited in (Lietz, Langer, & Furman, 2006, p. 449).

In the field of qualitative inquiry, it is important to contextualize this research in light of the researcher's background and perspectives, as well as the background and perspectives of those selected to assist in analyzing the text (Creswell & Miller, 2000; Finlay, 2002; Groves, 2003; Lietz, Langer, & Furman, 2006). The following identifies my background and life experiences that have a potential impact on the research process.

Personal Role and Experience

I come to the research table as an "insider" familiar with the culture and common language in the Black Christian community in which the research took place. I also have a long history of social work practice experience with Black Americans and widely varied training in marriage and family therapy, program development, and clinical supervision. Insider familiarity allows me to contextualize respondent input. I have a general knowledge of doctrinal frameworks, scriptural references, church protocol, and denominational differences that may surface in the context of analysis of the focus groups or individual interviews. I also have a general awareness of the cultural, social, and political contexts of the communities represented by the respondents.

I presently serve as the Clinical Director of a Christian faith-based community development corporation, POWER Inc. (People-Organized-Working-Evolving-Reaching). POWER is the non-profit, human services arm of Christian Love Fellowship Ministries International in Ypsilanti, Michigan. POWER serves the greater Washtenaw County area through the provision of economic development, counseling and clinical programming, family support, prisoner re-entry, wrap-around, and homeless prevention services. POWER has served a

diverse population of over 5000 families since its inception in 1996. Some of those persons served by POWER have been referred by clergy desiring spiritually sensitive clinical interventions for their congregants. POWER receives its funding through various public and private sources, including grants, foundations, federal, state, and local contracts, client fee for services, private donors, and the United Way.

I also function in a ministerial capacity at Christian Love Fellowship Ministries International, a predominantly Black, non-denominational church located in Ypsilanti, Michigan. I am a recently ordained minister through this church. I presently serve in the discipleship, music, and prison ministries. In these capacities, I have had the opportunity to work closely with pastors, ministers, and congregants. As a result, I am in the unique position of understanding the special challenges and opportunities in providing and receiving ministerial intervention.

During the course of over twenty-six years of social work practice, I have had multiple training and development opportunities that helped me to be sensitive to the issues that social workers face in the provision of service. Specifically, I have trained extensively by social worker Harry J. Aponte in the person and practice of the therapist model (Aponte, 1982; Aponte & Winter, 1987). This model centers upon helping practitioners to develop and manage theoretical, collaborative, technical (intervention) and internal (counter-transference) skills toward the end of better serving their clients. The training acknowledges the fact that therapist factors can either enhance or hinder therapy. A fundamental element of this training model is that of helping the

therapist to identify and work on resolving personal issues toward the end of utilizing the resolution process as a framework for helping others with similar issues (Aponte, 1992).

This training experience was pivotal for me both personally and professionally, in a number of ways. First, it helped me to identify and resolve family of origin issues affecting how I conducted therapy. Second, the training was instrumental in helping me to recognize how my own estrangement from my faith during my teen years had affected my work with others. In addition to helping me recognize that I was experiencing a spiritual gap in my own life, the training also helped me to become more sensitive to and appreciative of the spiritual seeking that I would often see in the clients I served. Related to this present study, this training has given me an opportunity for critical examination of my own biases and how they influence the way in which I analyze the data.

Having an extensive background and training in direct social work practice and clinical supervision gives me an appreciation for the training and development that professionals may need relative to serving religious clients. For example, I have supervised practitioners for whom spirituality and religion were not a central part of their lives. These practitioners often ignored the salience of these issues in the lives of their clients. Clinical supervision with these practitioners centered on helping them to see that however unimportant spirituality was in their own lives, most individuals identify themselves as being spiritual (Gallup Jr. & Jones, 2000). Their task, as practitioners assessing and treating the client, became one of identifying what, if anything, spirituality may mean to the client.

I have also worked with devoutly religious professionals who have struggled with differences with their clients' lifestyles or value system. Supervision in this instance centered on helping the practitioner in assessing what the client saw as important and developing a treatment contract in collaboration with the client. With both types of practitioners, supervision was focused on helping them to respect their clients' rights to self-determination, and to identify and manage their own counter-transference issues in order to avoid impeding the therapeutic process. Beyond that, my goal was to help the practitioners to develop interventions that helped their clients to examine the effectiveness of their existing problem-solving strategies in meeting identified goals, and develop alternate functional strategies, when indicated.

In my practice as a clinical supervisor, I became more aware of how personal issues, such as values conflicts between the therapist and client, could help or hinder the therapeutic process depending upon how skillfully the therapist is in managing them. During the latter stages of my career, I developed an interest in the means by which social workers could integrate their faith with their practice experience to enhance therapeutic outcomes. I believe that integration can allow therapists to utilize themselves more fully while respecting client boundaries in the therapeutic exchange.

One of the valued tenets of sound research is researcher objectivity through the utilization of rigorous research methods. Objectivity is a stated ideal in most research endeavors, particularly at the point in which the researcher and research subject interface (Davies & Dodd, 2002). However, the elimination of subjectivity in either qualitative or quantitative research is impossible and

potentially damaging to ethical research practice (Harding, as cited in Davies & Dodd, 2002). Objectifying those who are studied creates the potential for distance and alienation between researcher and subject based upon such factors as gender, race, or class (Davies & Dodd, 2002; Finlay, 2002).

There is, however, also the risk that the material presented may be too familiar to the researcher. In such instances, the researcher may interpret respondent statements prematurely without exploring these statements in detail to understand what the respondent actually meant. Given these challenges, it will be important to assume ." . . the discipline of making the familiar strange" (Holliday, 2002, p. 13), as a way of maintaining sufficient distance from the respondents in order to promote critical examination of participant responses.

I recognize that my background and belief systems create the potential of researcher bias. They also provide a partial representation of Black Christians' use of ministers from the perspective of congregants and ministers. I believe that ultimately, my varied personal and professional experiences will be useful in interpreting the research findings, theory building, and making practice recommendations for the social work profession.

Reflexivity: The Research Team's Roles and Experience

I selected two peer analysts to review the transcript segments. The peer analysts were professional colleagues and friends. This affiliation afforded a familiarity with their respective backgrounds. I selected these analysts based upon the following variables: (a) my confidence that they would be candid with me about the findings; (b) convenience, (c) access and availability, (d) the potential for rapid turn-around of peer analyst

responses, (e) advanced academic familiarity with research, (f) familiarity with the Black Christian culture in the geographic area from which the data was originally collected, (g) stated interest in matters pertaining to Black Americans in general, as reflected in their areas of research and involvement in the community; and (h) economy (the peer analysts conducted the analysis free of charge).

One peer analyst is a licensed doctoral level clinical psychologist who conducted qualitative research on factors influencing career choices in Black American women as part of her dissertation work. She is familiar with working with Black church goers in a clinical context through her private practice. The other peer analyst recently earned a Ph.D. in Sociology, with expertise in quantitative research methods. She has research interests in obesity and Black Americans. Both peer analysts are Black Christian women active in ministries within their respective non-denominational churches. They also have an awareness of issues related to help-seeking from pastors personally, or through someone they knew. One of the peer analysts worships with me at the church I attend.

I had differential access to each analyst, and used their time and skills in the following ways: I asked both peer analysts to review selected transcript excerpts for coding reliability purposes. I asked the peer analyst with the qualitative research background to work closely with me in the revision, refinement, and categorization of coding, and to examine the network analyses conducted.

Data Source

Focus group and individual interview data from the "Religion and Mental Health of Blacks: Appraisals of Religiosity, Coping, and Church Support" (Taylor, Chatters, Mattis, & Neighbors, 1998) research project were used in this study. The National Institute of Mental Health (NIMH)-funded study was conducted from 1999 to 2000 through the Program for Research on Black Americans, a unit of the University of Michigan's Institute of Social Research. Professor Robert J. Taylor was the Principal Investigator; Professors Linda M. Chatters, Jacqueline S. Mattis, and Harold W. Neighbors were Co-Principal Investigators. The data were collected through focus group interviews of religious Blacks and individual interviews with Black clergy.

The primary focus of the original focus group study was to delve into the relationship between religious involvement and mental health among Blacks. The identified purposes of using focus group information were to aid in interpreting existing aggregate findings on Blacks and mental health (Taylor, Chatters, Mattis, & Neighbors, 1998) and suggest new directions for inquiry and topics for further exploration. Results from the focus groups served to complement data from eight national surveys of the American population, and were compiled in the book, *Religion in the Lives of African Americans: Social, Psychological, and Health Perspectives* (Taylor, et al, 2004). Principle investigators from the research project also conducted individual Interviews with individual ministers. These interviews focused on four area of interest: (a) the actual activities in which ministers were engaged, (b) their perspectives on

congregant help-seeking, (c) collaboration between clergy and mental health professionals, and (d) the efficacy of ministerial interventions.

I was hired to take part in the formulation of the focus group and minister interview protocols, the development and implementation of subject recruitment strategies, and the facilitation of three of the female focus groups. The focus group and minister interviews were conducted from 1999 to 2000. All subjects were recruited from an urban metropolitan area in Southeastern Michigan.

Focus of Current Study

While the researchers in the Religion and Mental Health Study were able to mine rich information from the focus groups, it appears that no one to date has (a) examined the minister interviews to identify themes relevant to congregant help-seeking, (b) examined data from the focus groups in conjunction with data gleaned from minister interviews relative to congregant help-seeking, or (c) reviewed the minister data set to extract findings regarding minister about referral practices. Specifically, there has been no exploration of congregant responses in light of ministers' perceptions of use of ministers during times of difficulty. I am grateful for the opportunity to mine this rich data and pursue these research questions.

In addition, it appears that no one with a background such as mine has examined this data. As I mentioned previously, I am experienced in social work practice and ministry with Black Christian Americans. I also have affiliations with the Christian community from which the sample was drawn. It is my intent to use the lens of my professional and personal experience to examine (1) similarities

and differences between the two groups related to congregant use of ministers for help with personal problems, and (2) minister reports of referral to mental health resources.

The questions posed in focus groups and individual interviews lend themselves to this, in that both congregants and ministers were administered the same types of questions. For example, focus group participants were asked, "Have you or anyone close to you ever gone to a minister during times of trouble?" Similarly, ministers were asked about the types of problems for which church members sought their help. Both the focus group and individual interview protocols included questions related to the types of problems for which congregants might avoid seeking ministerial help. In addition, ministers were questioned regarding their practices related to referring congregants for mental health services (See Appendices A and B for copies of Focus Group and Individual Interview Protocol). The following discusses the research project in detail.

Participants

The research sample was drawn from Protestant subjects from different churches within the southeast Michigan area. This decision was made based upon the fact that a majority of Blacks report Protestant affiliation (Taylor & Chatters, 1989, 1991). Of those affiliations, the Black Baptist church is cited as being the fourth largest religious denomination in the United States, and having the highest percentage of reported members (Grant, 2001; Myrdal, 1971; Payne, Bergin, Bielema, & Jenkins, 1992; Payne, 1991; Taylor & Chatters, 1991). A total of 16,700,000 congregants were identified as having membership with one

of the four major predominantly Black Baptist denominations (Lindner, 1999) and the Religion News Service (1992) reported that the fastest growing churches in the United States are Black.

Focus Group Participants

Respondents were recruited through various means. Fliers were distributed in community areas in which Blacks were known to frequent (e.g., grocery stores, beauty and barbershops, restaurants, retail establishments). In addition, area churches with Black congregations were approached to request distribution of the fliers via postings, or inclusion in church bulletin. Research team members informed friends, family, and associates about the study and encouraged to consider participation. This researcher's husband took part in the young men's pilot group; there were also other participants from my congregation, including at least one minister. Once the data collection process had begun, a snowball method was employed. Research team members asked focus group participants to share invitational fliers with those whom they thought might be interested in participating in the study.

Focus group participants were selected based upon participant self-reports of being Black Americans who attend church regularly and identify themselves as being a religious Christians. Group participants were assigned to groups based upon age and gender; there was an attempt to create a diverse representation of denominational and non-denominational church affiliation among the groups. No one with current Catholic Church affiliation participated in the study.

To enable candid discussion in the focus groups, facilitators, and assistants were matched based upon gender and race. In addition, pastors, ministers, and their spouses or related household members were not included in the focus group study to reduce: (a) participant inhibitions about expressing their opinions, and (b) the potential for bias or socially desirable responses based on the presence of a religious authority figure (Taylor, et al, 2004). To promote frank discussion among focus group members, the research team made certain that it did not assign its facilitators or recorders to focus groups containing members with common congregational affiliations. Focus group members were given a monetary compensation for their participation.

Thirteen focus groups were conducted; ten of these were made up of individuals between eighteen and thirty-four years of age. Five of these groups were composed of younger female respondents; the other five groups consisted of younger males. The remaining three focus groups were composed of individuals who were at least fifty-five years old: one group of older men, and two groups of older women. A total of seventy-eight people participated in the focus group study. All participants were affiliated with Protestant churches. Focus group composition allowed for representation from other denominations or churches. Clarity was given at the outset of the focus groups that the intent of the group was not to discuss doctrinal differences. They were instructed that the discussion was to center on participants' various religious or spiritual practices and their experiences with their pastors and congregations.

Individual Interview Participants

The ministers who participated in individual interviews were Blacks who were actively serving as spiritual leaders in Protestant churches. Ministers were identified by research team members, including myself, who had a working knowledge of the church communities from which respondents were recruited. Respondents were matched with interviewers by race and gender. One male and five female ministers were interviewed in sessions lasting from 90 minutes to two hours. The research project paid minister participants a fee for their participation.

The respondents held varying spiritual leadership functions. One minister worked with a campus ministry in affiliation with the church that she attends, and had previously served in an associate minister capacity. Another served as a Deaconess. Two ministers, one male, and one female operated in associate minister capacities. Both had responsibility over youth ministries; the female minister had additional oversight responsibilities related to community outreach. One woman served as a co-pastor; the other as an elder in her church.

Instruments

Focus Group Interview Protocol

The content of the semi-structured focus group interviews included the types of activities that participants saw as religious, participant use of prayer, and serious problems and issues for which participants would or would not approach ministers for help. Positive and negative social support from the congregation was also discussed. A copy of the Focus Group Protocol is located in Appendix A.

Focus group interviews were audio-taped and later transcribed. A member of the research team took notes during the interview to aid in accurate transcription of the sessions. In addition, audio-taped sessions were reviewed by research team members and compared with typed transcripts to insure accuracy.

Individual Minister Interview Protocol

Information was gathered in the individual minister interviews using a semi-structured questionnaire. The questionnaire included the following content areas: marital and bereavement counseling, visitation with those who were sick or shut-in, and types of problems presented by congregants. Interviewers also inquired about the types of serious emotional or psychological problems presented by congregants to ministers, and minister estimation of the types of problems that church members would be reluctant to discuss. Ministers were asked a series of questions related to referral of congregants to other service providers (e.g., social workers, psychologists, physicians) for additional help. These interviews were audio taped, transcribed, and reviewed in the same manner as focus group sessions. See Appendix B for the complete protocol used in the minister interviews.

Procedure

After formatting raw transcripts into text files and loading them into the ATLAS ti software, I consulted with an anthropology researcher who had recently completed his doctoral work using ATLAS ti data management software. This colleague provided input regarding strategies for organizing and analyzing the data, specified software operations that he found helpful, and offered advice against spending much time with other software operations.

I had identified topical categories for exploration based upon my own observations in social work practice and ministry. These categories included sacerdotal activities and rituals (e.g., communion, weddings, and funerals), counseling, money/finances, family, spiritual growth, and "unpopular" emotions or mindsets for Christians (e.g., anger, jealously, pride). I then reviewed the transcripts, selecting blocks of text relevant to my areas of inquiry and coding it as I went. In most instances, I developed summary phrases to capture what the respondents said in the transcripts. For example, the following passage from a young women's focus group was categorized under "Crises of Faith":

> R2: My husband had issues that he was dealing with about religion in general because some key people in his life were being effected [*sic*] by illness. So, he was questioning God, he was questioning faith you know, here's my grandfathers [*sic*], he's a minister, he's had both legs removed, why? So, he hadn't gone to church in a few weeks and our minister called . . . . And so he was able to talk through his problems with our minister who he just talked to yesterday so, I think that...I love that, I really do.

At other times, as the situation allowed, *in-vivo coding* was used. This method incorporated the respondent's own words to develop the code. Consider the code "You Gotta Go" from a young woman group participant as she contended that there are areas that need to be discussed with one's pastor, regardless of the discomfort that it might cause:

R: If it's a sexual thing, if you've fallen into sin, you done fell. You gotta go [to the pastor to talk about what happened]. You know you gotta go. You may not want to go. . .

Another example of incorporating participant terminology may be found in a male minister's identification of "Addictive Behaviors" in reference to issues of substance abuse or other compulsions for which congregants may be reluctant to seek his help. As one minister stated, "I'm sure, if somebody has a sexual addiction problem, or problem with certain behaviors that are destructive or addictive behaviors, some of them might be reluctant to come and try to talk to me about that." In each instance, of coding, I attempted to identify codes based upon the context in which the comments were made, and sought to reflect, as accurately as possible, the respondent's perspective.

In order to maintain consistency with the original study, I also created coding for the focus group by gender and age. Respondents were grouped into "male," "female," "young," (18-34 years of age) and "old" (over 34 years). Minister interviews were distinguished by gender and minister coding; no data was available on the age of the minister respondents. Coding in this manner would enable tracking by gender, age, and type of respondent during data analysis, if desired.

After conducting the initial coding, I reduced and synthesized the data. I reviewed the codes and quotations again, searching for errors, and deleting coding that no longer seemed relevant upon re-inspection. I synthesized the data by collapsing codes where redundancies seemed to exist. For example,

"Not Burden Pastor" was collapsed into "Don't Burden Pastor." In the process of editing and collapsing the codes, I also conducted selective word searches for words that I may have missed during the initial or subsequent transcript reviews (e. g, incest, rape, death).

I developed and defined codes for the entire set of focus group and individual interview transcripts, and selected quotations that that best reflected the code concept that I defined. Codes were defined based upon the context in which participant comments appeared. I used an online dictionary resource when I had difficulty articulating code definitions such as "comfort" and "guilt" (Merriam-Webster's Online Dictionary, 2007). Wherever dictionary definitions were utilized, this source was cited in the code definition.

Once the codes were defined, a master Code Book was compiled, listing all code definitions. Using the qualitative data analysis software to organize the transcripts, I was able to successively build upon the information identified in previous blocks of text. The following quote, labeled "Death," is representative of a coding category based on to focus group respondents' reports of seeking help from pastors when a family or other loved one died: "R: Well, I lost a son last year and, in a car accident, and our pastor was . . . very instrumental in assisting us to kind of get back up on our feet." Additional examples of the codes that I developed while examining congregant and minister transcripts, and quotations that illustrate the code definition, are located in Table I and Table II, respectively.

Next, I grouped codes that seemed to be connected into *Code Families*. Code families included such categories as, "Seek," which consists of conditions under which ministers congregants sought help from ministers. Examples of

codes that were included in this code family include "Biblical Interpretation," for seeking pastoral assistance in interpreting scripture, and "Parenting," which relates to help-seeking for issues related to child rearing. Sample codes and quotations for congregants and ministers may be found in may be found in Tables 3.1 and 3.2, respectively.

I selected the transcript segments for peer analyst review to reflect the different gender and age groups of the focus group respondents. Transcript segments were selected to obscure the identity and church affiliations of the respondents. I incorporated participant responses to the interview questions that were most closely related to my original research questions in the selected text.

Table 3.1 Sample Focus Group Codes and Quotations

CODE NAME	**Illustrative Quotations from Congregant Focus Groups**
Trust Pastor	R1: I think in more in terms of the pastor it's kind of like more sacred. You know, you can really trust him. Sometimes, you can really trust a pastor more than you can a best friend or a family member or. . .
Prayer	R: if my heart gets heavy or something I will cite, you know, pray for me, but such as, you know, as far as going you know, for counsel something that's what I meant, you know, having been or have asked.
Crises of Faith	R: . . . It's been a while, it's been like a year, because my dad's brother passed like this summer, and he has a brother that's a minister. . .,.He was young, like in his 40's or 50's, something like that. And I asked him, . . .why'd he die at a young age? He was such a Christian. And he explained to me, you know, that it was his time and he was ready for the Lord. You know, stuff like that, cause I was confused, you know, why, you know, did he have to go?
Concrete Needs	R: Well, my relationship with my pastor. . . . it was times when. .. . I didn't have a car and I drove his until mine got fixed you know he worked on cars . . .

Table 3.1 Sample Focus Group Codes and Quotations-Continued

Shame	R: I won't go to my minister, . . . I don't know why, I feel like I don't want him knowing my business, which is wrong. . . F: Why can't you confide in him' R: Because I'm ashamed of some of the things I do, that's why.
Depends on Pastor	F: [referring to things that may be hard to bring to a pastor]. . .Would there be others that you can think of that would be difficult? R: I think sometimes it depends on how easy a person is to talk to. Sometimes it depends on the person whether you feel relaxed enough or whether you think they going to be able to understand you or . . . be critical of you or whether they are going. . .judge you . .
Lacks Experience	R: I wouldn't go to him to talk to him about anything specific to work, economics, business deals, psychology I wouldn't ask him. . .he doesn't know any more than I would . . .
Distrust Pastor	R: Well, I personally wouldn't tell the ministers any personal business. . . I really don't trust ministers at all. Even my pastor, . . .I don't trust him. I always think that they may not be correct. And I know so many ministers that have a double life, that I really can't even trust them, even if I like them.

Table 3.2 Sample Minister Interviews Codes and Quotations

CODE NAME	**Illustrative Quotations from Minister Interviews**
Crises of Faith	I1: Makes sense. OK. How about spiritual problems? Do people usually come to you if they're having spiritual problems, or if they're in a spiritual crisis? R:. . . Yes, they do. Now, if God has been telling you to do something else, you need to be praying more, you need to start working with kids or whatever, and you're not doing that. . . then you feel like . . . I'm in a crisis, and I'm not hearing from God, then perhaps you need to get up and do what . . . He told you to do.
Problems with Congregants	I: [related to problems with other church members] And what kind of problems come up with that? R: Well, I know so and so just don't like me, and the only thing they do is tell me praise the Lord, and they never say anything else to me. And so it's like. . .what makes you think they don't like you? Have you had any problems with them? Have you talked to them? . . .sometimes you have to play the mediator

[1] I= Interviewer; R=Respondent

Table 3.2 Sample Minister Interviews Codes and Quotations-Continued

Money/ Finances	I: Do people ever come to you about financial problems? R: Ah...yes, to a certain degree. . .our community service director made an announcement and said this lady needed some help. She was going to be evicted from her apartment, whatever. So what they did instead of taking any funds, they just passed the offering plate around, and whatever they got from the offering plate, that went directly to her.
Addictive Behaviors	I: In your experience, are there things that people are reluctant to talk to you about? R: Yeah. Usually a lot of it's sex. I'm sure, if somebody has a sexual addiction problem, or problem with certain behaviors that are destructive or addictive behaviors, some of them might be reluctant to come and try to talk to me about that.
Lack of Experience (creates) Risk	R: . . . one of my senior pastors was telling me, a lot of ministers are not trained in counseling and they counsel. And then what happens with the counseling session, it turns into a relationship. And then what you have is a minister that has gotten romantically or sexually involved with his client.

transcript segment. The specific questions for which I selected transcript segments are as follows:

> Question # 1 for Congregants: Ministers often help people deal with different types of problems they face in life. Have you or anyone close to you ever gone to a minister during times of trouble?
>
> Question #2 for Congregants: Are there some problems you would not feel comfortable talking to your minister about?
>
> Question #1 for Ministers: Ministers often help church members deal with problems. Let's talk (more) about the types of problems you may have helped church members to deal with.
>
> Question #2 for Ministers: What kind of problems do you think that they (church members) are reluctant to bring (to you)?
>
> Question Set #3 for Ministers: Ministers sometimes refer church members to social workers, psychologists, or medical doctors. Have you ever referred a church member for help with a problem? Can you tell me about that? What types of problems have you referred? In general, what circumstances lead you to make referrals? Have there been times when you have been reluctant to refer? Can you tell me about that?

I sent the packet of transcripts with specific coding instructions and requests for comments or input on the coding process to two peer analysts via

email. Having more than one party examine and code the data served to enhance reliability by confirming coding categories while also identifying areas of discrepancy. I also forwarded copies of the Code Book and the list of Code Families with the transcript list. After I forwarded the transcripts to the peer analysts, each peer analyst had clarifying questions related to how to approach analyzing the text. I attempted to repeat and clarify the instructions for analysis, inviting their comments and observations. I also included more specific instructions to the peer analysts about which documents the peer analysts should review first. The list of code families, including the individual codes that were given to peer analysts is located in Appendix D. A copy of the of the "Peer Analyst Form" used for the reviewing of transcripts, which includes the responses and comments of the peer analysts and myself, may be found in Appendix E.

Three weeks after initial distribution of the transcripts, I prompted the peer analysts to respond in a timely fashion with follow up emails and phone calls. All coding was submitted within eleven weeks of initial distribution. Upon receiving the coded transcripts, I examined the peer analysts' responses in light of my own coding, comparing areas of similarity and difference. During the process, I noticed additional codes that could be collapsed. For example, I had originally made a distinction between "Rape," "Incest," and "Sexual Victimization" in factors related to congregant reluctant in approaching pastors. I decided to collapse/combine these codes into one code, "Sexual Victimization."

Additionally, I made modifications in the code families developed, noting areas in which codes had inadvertently been excluded. For example, "Prayer"

was not included in the "Pastor Methods" code family, which included interventions that ministers might typically utilize with congregants. With other ratings, I found that the peer analysts or I might have been reading more into the text than what the respondent intended. For example, in the following passage, respondent was talking about a co-worker who was reluctant to seek his pastor related to questioning his sexual identity:

> R2: A coworker of mine . . . was going through a time when he was questioning his sexuality and . . . he wanted to go to his pastor because his pastor had helped him out with a lot of . . . a lot of his problems in the past, but he felt uncomfortable talking about that particular subject. . .

Both peer analysts identified this passage as relating to sexual identity issues. I had coded it as "Same Sex Attraction," which may or may have not been the issue for the person described. One of the peer analysts rated this area under "Recent/Active Sin," possibly under the assumption that the person in question was acting on his questions regarding his sexual identity, even though that was not specifically stated by the respondent..

I also noted areas in which the peer analysts or I had overlooked rating the text. For example, one of the peer analysts and I had failed to notice a clear reference to "Gender Specific Ministry" in a section of text in which a male focus group participant discussed the impact and pastoral response to his wife for an abortion that had occurred prior to marriage.

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[2] R=Respondent; F=Facilitator; I=Interviewer (for Individual interviews conducted)

R: And that thing really bothered her, of course . . . a death of part of her . . . we went to a Christian support group . . . led by a pastor . . . about a six to eight week thing. I wasn't allowed to go, it was just for the women. They wanted to have a men's session, but not enough men would come forward. But at the end they had a funeral service and that thing was, you know, there was so much healing that went forth in that. . .

Upon making the modifications in the coding, I met individually with the peer analyst who had qualitative research experience to share the modifications made and gain another perspective on the decisions that I had made. She was in agreement with these modifications, and made other suggestions about codes that could be further combined (for example collapsing "Single Parent" into "Parenting").

With final modification in coding made, I hand drafted the relationships between the themes which seemed to be emerging and my five research questions, using the mind-mapping method described by Early (2005). My core questions were: (a) Under what conditions do congregants seek clergy help?, (b) Under what conditions do congregants avoid seeking help from clergy?, (c) Under what conditions do ministers report that congregants seek clergy help?, (d) Under what conditions do ministers report that congregants avoid seeking clergy help?, and (e) What factors contribute to minister decisions to refer or not refer to mental health resources? I used ATLAS ti software to develop network maps to reflect these relationships based upon the five research questions. The first set of network maps examined congregant responses related to decisions to

seek and not seek ministerial help. The final map focused on minister attitudes and practices related to referral.

During the initial phases of network development, I entered codes which I hypothesized would be related to the core questions of why congregants would seek ministers, and why congregants avoided ministers' help. For example, related to the question why congregants seek ministers, I hypothesized that respondent comfort with their pastor would be directly associated with trust in the pastor and help-seeking, and trust was causally related to help-seeking. Related to why congregants avoided seeking ministerial help, I hypothesized that codes such as "Abortion," "Guilt," "Sex," and "Condemnation" would be related to "Shame."

I also examined minister responses related to congregant help-seeking, and minister decisions to refer congregants for help that they were unable to provide. One of my hypotheses was that death, illness, and healing related issues were causes of congregants seeking help from ministers.

After drafting networks based on those hypotheses, I conducted queries of various codes to determine whether relationships existed between codes using ATLAS ti software. Queries can find the number of quotes that are labeled with a particular code, and can find whether two or more codes co-occur. For example, I ran a query for the codes "Guilt " and "Pastor View " and found a quote related to a respondent expressing concern about how the pastor 's opinion of him would change if he were to reveal a "terrible" transgression committed. For the final network maps that were developed, I included those codes that had more than

one quotation linked to them. For an example of the query output generated during this process, See Appendix C.

I performed the same procedure for minister referral attitudes and practices, eliminating those codes that were related to minister referral, however not directly linked to mental health referrals (e.g., medical referrals). As with the previous network maps, I conducted queries to determine whether linkages existed between codes.

Straus and Corbin (1990)contend that the ." . . final theory is limited to those categories, their properties and dimensions, and statements of relationships that exist in the actual data collected." (1990, p. 112). In the case of the textual data, I examined whether there were respondent quotes that were consistent with the relationships that I hypothesized. I conducted queries with each of the research questions, eliminating those that were not supported by corresponding quotes. I conducted various iterations until I came to network map configurations that could help me to move toward a coherent theory of congregant help-seeking and minister attitudes and practices in referral of congregants.

CHAPTER IV

Results

Congregant participants in focus groups identified a number of areas in which they elected to seek or not seek help from clergy for problems. Ministers also reported on congregant help-seeking, and shared their perceptions on areas in which congregant are reluctant to seek help. In addition, ministers responded to questions regarding their referral practices and opinions about referring their congregants to outside resources. As mentioned in Chapter Three, I reviewed these transcripts and developed coding categories and definitions to reflect the concepts discussed. This chapter will include the synthesis of the data analysis process.

The network maps which will be presented later in this chapter offer visual depictions of the conceptual relationships between the coded responses. From these codes, certain dominant themes emerged and were recorded as domains. The network map depictions that follow incorporate the most salient themes related to my research questions. The following paragraphs will clarify what each domain and its code components represent and the relationships between each domain and its components.

The network relationships within and between domains and code components, called *links*, fall into four categories, the definitions of which have been adapted for this study. "Association" (=) connotes that concepts are related, however neither concept is more comprehensive nor subordinate to the other concept. The "Part Of "([ ]) relationship links objects, and not concepts of a different abstractional level (Muhr, 1997). "Causal Links" (=>) imply that an event

or incident contributes to the existence or occurrence of a phenomenon (Strauss & Corbin, 1990). The "Is a Property of" symbol (*)) denotes that a component or domain reflects the attributes, qualities, or characteristics of another. Contradicting Links (<>) reflect that one component is distinct from the other (Muhr, 1997). For each code listed in the network map, the ATLAS ti data management software automatically notes the number of quotations linked with the code in parentheses to the left of the hyphen, and the number of links that a code has with other codes to the right of the hyphen. For example, the number {29-1} indicates that twenty-nine respondent comments were linked to a particular code, and that this code was linked with one other code. The nature of the program is such that these numbers appear regardless of the type of network analysis being conducted. I decided not to eliminate these numbers. The reader should be mindful that with the exception of codes with the minister suffix (MIN), the numbers do not reflect whether the quotes were linked to congregants or clergy.

Examples taken from the transcripts of focus group interviews will be used to illustrate selected concepts. A detailed listing of the code families and domains and components represented in each network analysis with definitions of their component codes is located in Appendix F. It should be noted that the focus group protocol used the term "minister" when asking respondents about help-seeking and avoidance related questions, however when respondents answered these questions, most often they cited their own pastors as the ones whom they would or would not approach.

Focus Groups: Problems for Which Clergy Help is Sought

Respondents identified several factors that would influence them to seek pastoral guidance. The network map of the linkages between domains, code components, and congregant seeking help from pastors is shown in Figure 1. Note that within this figure, the icon located in the middle of the map and labeled "Seek," represents the core question, "Under what conditions do congregants seek clergy help?." The help-seeking domains that emerged are also highlighted in this network analysis. These domains, which represent the conceptual groupings of congregant responses, include: "Marriage and Family ," "Practical Support ," "Life Cycle ," and "Spiritual Development ," and "Pastor Factors ." The following paragraphs will highlight the relationship between these domains, their component parts, and the core help-seeking question.

Marriage and family.

The first domain, as its name implies, encompasses congregant help-seeking related to problems with marital and family relationships. The "Marriage and Family " domain is causally linked to seeking, and as seen in , is associated with the pastoral functions of "Counseling ,""Prayer ," and "Performing Ceremonies." Two primary code components, Marital Problems and Family Issues, are positioned under this overarching umbrella.

MARITAL PROBLEMS

Marital Problems relate to seeking pastoral help for conflicts occurring within the marriage relationship. A query conducted to examine relationships between component codes pointed to an association between marital problems and seeking pastoral counseling. In one example, an older female respondent

recounted receiving impromptu counseling with her pastor when considering a divorce:

> R3: Well, I did ask Pastor E. about, I was thinking about getting a divorce . . . we didn't have no appointed counseling session or nothing. I just, you know, I saw him and I told him and he, in less than 30 seconds he said what he had to say about it and I felt, I felt released and relieved and didn't get the divorce.

The association between seeking help for marital problems and seeking pastoral counseling is also described in the following excerpt, in which a young female discussed approaching ministers for advice on how to posture herself in relationship to her prayer life and conduct in her marriage:

> R:. . .I have been to Ministers in the church. . .specifically on marital issues because they've been there, they've done that and I wanted to get a certain, you know, perspective from them to how I was handling it and . . . .how my prayers should be, if [they] should be, "Lord bridle my tongue" or . . . "Lord, give me the words to say one way or the other." . . that's the kind of counsel that I seek from them.

This congregant placed importance on the ministers' own experiences in marriage ("they've been there. . .done that") as a pre-condition for seeking marital help.

A member of one of the young male focus groups described seeking pastoral counseling for marital issues as a measure of last resort:

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[3] R=Respondent; F=Facilitator; I=Interviewer

> I love my wife to no end, but if there's something that she's doing and I prayed on it and I prayed with her, and I still don't get any results, and I've just fasted and I've stayed away from things and don't get resolved, I'll take it to him [his pastor].

Another male respondent expressed that he and his wife used their pastor in a similar way:

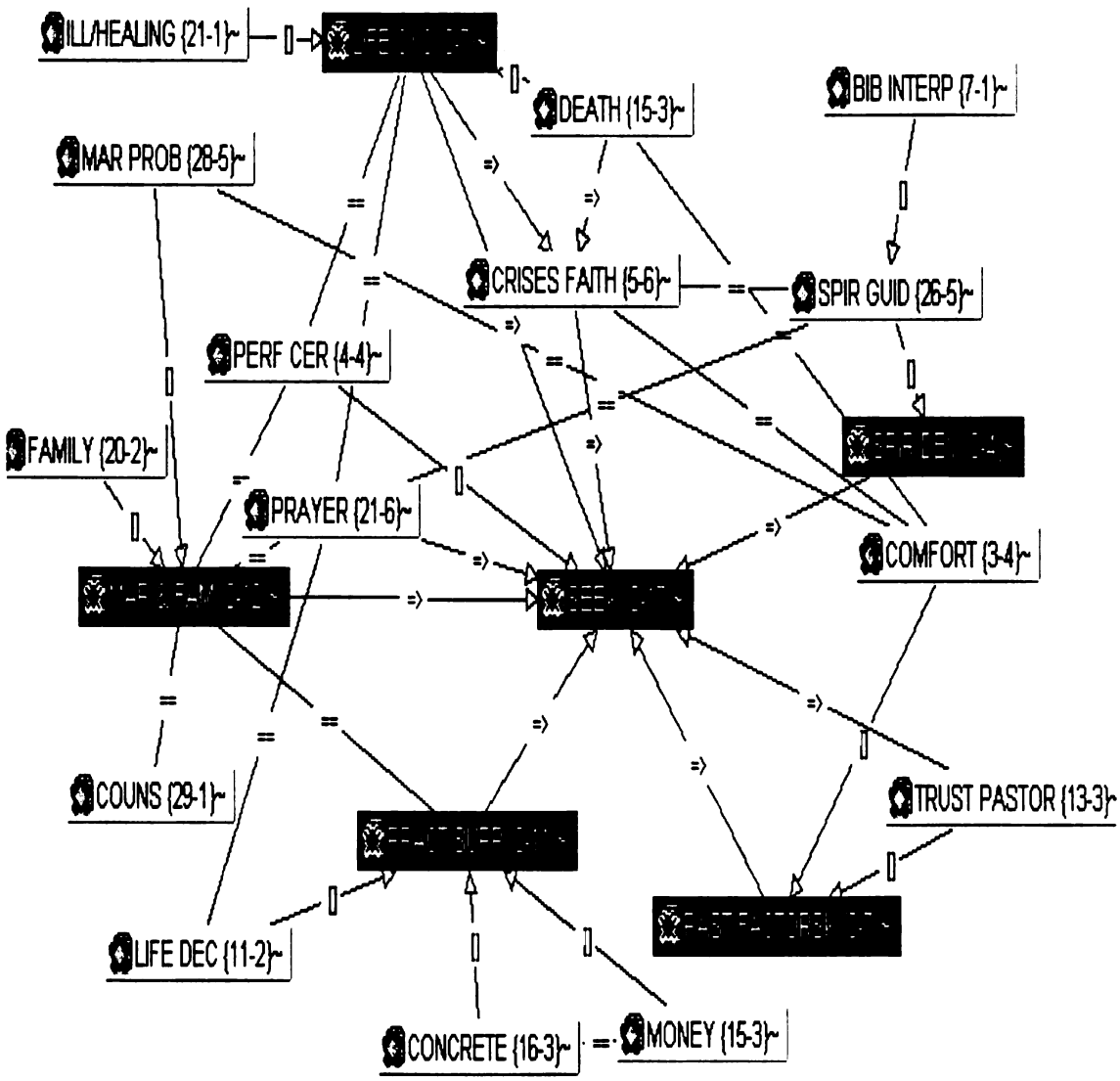
> My wife, when we've had struggles. . . . and me whenever there is an issue we just can't seem to hammer out at home, we seem to be able to go to a counseling session with our pastor and all of a sudden, issues just come up there that would never come up at home. Part of that is just having a mediator, just having somebody there to listen. But then to have a Godly mediator who can not only here [sic] you, but can hear what God is saying.

Both male and female respondents identified pastors as a viable resource for problem solving on marital issues. In certain circumstances, the pastor was specifically sought for his or her spiritual input relative to the marital matters at hand.

FAMILY

This component refers to pastoral assistance sought for family problems, or concerns within the family system, and includes references to help being sought for issues related to children and child-rearing. As seen in Figure 1, this component is an integral part of the Marriage and Family Domain. Consider this response from an older male congregant:

Figure 1 FACTORS RELATED TO CONGREGANTS SEEKING HELP FROM PASTORS/MINISTERS FOR PROBLEMS
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
<> contradicts
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

SEEK- congregant reports of help-seeking from ministers.

Key to Codes located on following pages.

KEY TO CODES- FIGURE 1 FACTORS RELATED TO CONGREGANTS SEEKING HELP FROM PASTORS/MINISTERS FOR PROBLEMS[4]

CORE CATEGORY:

(SEEK) Congregant help-seeking from ministers

COMPONENTS (Listed clockwise from right side of figure)

1. (SPIR DEV) Spiritual Development
    a. (SPIR GUID) Spiritual Guidance
    b. (BIB INTERP) Biblical interpretation
2. (PAST FACTORSK) Pastor Factors in Seeking
    a. TRUST PASTOR
    b. COMFORT
3. Practical Support
    a. (LIFE DEC) Life Decisions
    b. CONCRETE
    c. (MONEY) Financial
4. (MAR & FAM) Marriage and Family
    a. (FAMILY) Family Issues
    b. (MAR PROB) Marital Problems
5. (LIFE CYC) Life Cycle
    a. DEATH
    b. (ILL/HEALING) Illness/Healing

[4] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.

6. (CRISES FAITH) Crises of Faith

7. (COUNS) Counseling

8. PRAYER

9. (PERF CER) Perform Ceremonies

F: . . . Have you or anyone close to you ever gone to a minister or to your pastor during times of trouble? Can you tell us a little bit about it.

R: Sure, family problems. Disagreements and family problems, children, worked out.

Family components were also associated with seeking counseling from ministers. This young woman provided an account of seeking pastoral assistance related to her parent's divorce:

F: Have there been specific things that you or a loved one have gone to see a minister on?

R: Particularly for me, I would say within the last year, my parents went through a divorce and it broke me. It was hard for me, especially being saved. And I couldn't see how, you know, as saints. . . just sharing with them, and I think being the only child, too. It was my mother and my step-father. That was hard. I just didn't know. . .And . . . I didn't understand it . . . . going to him and receiving counsel and just sharing . . . what he gave . . . to help console me. . . in dealing with my parents . . .

Congregants clearly indicated their use of pastors for marriage and family related problems. The following describes congregant seeking pastoral help of a different nature.

Practical support.

The "Practical Support " domain, located near the lower left corner of Figure 1, encompasses the everyday life circumstances for which congregants

seek pastoral help. "Concrete Needs " and "Life Decisions" are components of this domain, which is causally linked to help-seeking.

CONCRETE NEEDS

"Concrete Needs, " a component of "Practical Support, "comes in the form of congregants seeking help in the form of tangible resources, such as money, groceries, or clothing. An example of help-seeking for concrete needs was found in this young male respondent's description of requesting mechanical assistance from his pastor:

> R: Well, I go . . . "Pastor I don't know how to get this starter off this car," and I know he knows about cars. So, yeah, I've been to him a plenty of times, you know, in that, in that aspect, you know.

A young woman shared her experience with receiving concrete pastoral help:

> R: . . .it was times when, I mean we're talking about over two years ago, I didn't have a car and I drove his until mine got fixed. . .

Hence, congregants saw pastors as resources for the everyday needs that they encountered.

MONEY

Issues related to money or financial problems surfaced as a component associated with concrete help. This was an area of pastoral help-seeking not commonly cited by congregant. There was, however, one exception from a young female respondent:

> R: . . . and he helped people. . . like there was a time when I got in debt and I was a baby in Christ . . . So, you know, we made arrangements and. . . .he gave me the money and I paid him back. . .

LIFE DECISIONS

"Life Decisions " represents an intangible component of "Practical Support." Congregants used the guidance and perspective offered by clergy in making a decision or coming to a resolution of matters that may have been creating difficulties, as this young male focus group member described:

> R: . . . .But, yeah, I've used my pastor. Once before I went to him . . . when I was deciding whether or not I was going to stay on campus, stay, you know, go to school locally, or go away. I felt obligated to myself personally to stay at home because my mom was raising . . .five of us, so I wanted to help out financially. . .So I felt kind of guilty about thinking about leaving. So anyway, I went to the pastor about that. . . .

The practical support domain described utilitarian types of help that congregants sought from clergy, and ranged from tangible and concrete need-meeting, to the provision of direction at key decision making stages in congregants' lives. The next domain relates in a different manner to critical junctures in congregant life.

Life cycle.

This domain relates to events common in individual and family development (e.g., birth, death, etc). "Death," and "Illness/ Healing" were the code components most frequently associated with this domain. "Prayer" and "Performing Ceremonies" were the pastoral functions associated with this domain, as shown in the upper left of Figure 1.

ILLNESS/HEALING

This component is part of the "Life Cycle" domain, and describes respondents' seeking ministerial help when they are sick or desiring spiritual intervention for healing. One focus group member indicated that she had not personally sought help from ministers, but described what her mother had done:

F Do you remember any specific kinds of things that she's gone for?

R: My other twin, we're a set of twins, fraternal, and one of my twins got ill, it was like a year ago. And it was like, you know, before I could really hang up the phone with her good. . . I think I called her right back, she was on the phone with, you know, Pastor __.

Another respondent offered a more detailed discussion of seeking ministerial intervention in the face of serious illness:

R: I have called them [ministers]. . . I have gone through many surgeries and one particular time. . . they had did surgery and they was threatening to take me back in surgery because I had a hematoma that was locked between my bladder and my bowels or something like that. And they had worked with me, and I ended up in the hospital three weeks with it. My blood pressure, I mean, my fever kept growing. They come that morning to tell me they said, we are getting ready to take you back to surgery. And, I had enough strength to muscle up to call my pastor. Must have been about three or four o'clock in the morning. And he prayed. And by early that morning, before they got ready to take me for surgery, two of the young ministers, two evangelists came, and they prayed for me. And, um, when they got me back to the x-ray to look at the thing, it was gone. Hee Hee. So, I praised him 'cause I didn't have to have that surgery.

DEATH

Death, or the loss or anticipated loss of a loved one, was the next most frequently mentioned component among focus group members. In the following account, a young female described how she reached out to her pastor after the loss of her father:

> R: I lost my husband a little more than 2 years ago. And, I got the call early on Saturday morning, and he wasn't here so I had to go to where he was in Flint and had to deal with that. But, as soon as I got back home that evening, I called for the elder, for the minister, for my pastor, and in five minutes he was there. And in another hour, some of the other ministers that we know were there. Yeah, I needed them...

The "Life Cycle" components of "Death," and "Illness/Health" had causal links to "Crises of Faith ," or circumstances in which the congregant questioned God's actions, existence, motives, intent, or concern for them. The following is a congregant's account of the loss of an uncle. In this example, death was the event that led her to seek pastoral support:

> R: It's been a while, it's been like a year, because my dad's brother passed like this summer, and he has a brother that's a minister . . . he [the uncle that died] was only-- He was young, like in his 40's or 50's, something like that. And I asked him [her minister], Well, why'd he die at a young age? He was such a Christian. And he explained to me. . . that it was his time and he was ready for the Lord. You know, stuff like that, cause I was

confused. . . why. . . did he have to go? . . .to me it was too soon, you know?

Another congregant's discussion reflected an association between the "Life Cycle," "Marriage and Family," and "Practical Support" domains. Consider her account of her pastor's role in supporting the family around the death of her brother-in-law who had recently converted to Christianity:

> R: During the last week, I went to my minister. My brother-in-law had passed . . . and before he passed he wanted to join the church, but he didn't get baptized. So I went to my pastor. . . about him. . . .So, we asked would there be a problem to have him funeralized at the church. He said it would be no problem, you know, because he did come, which he didn't get baptized. So they accepted him in the church, and stuff like that. So I went to him and talked about it, so everything worked out just fine. . .

This passage illustrated the relationships between life cycle, marriage and family, and practical support issues, in that the death of a family member served to trigger help-seeking by the congregant, which resulted in the practical support of the pastor by his making the church available for funeral services.

In summary, life cycle developments such as issues related to death and dying, illness, and a desire for healing were among those that prompted congregants to seek pastoral help and support. These issues were associated with the pastoral functions of prayer and the performing of sacred ceremonies such as funerals. Death, dying and illness were also causally related to crises of faith.

Spiritual development.

This domain, located on the right side of Figure 1, includes respondent references to seeking ministerial assistance in integrating and demonstrating Christian faith in daily life. "Spiritual Guidance," in the form of advice around spiritual matters, was a component part of "Spiritual Development," and the most frequent type of help sought. As one respondent stated:

> R: So I think helping with a plan. I mean, and I guess that goes across the board, for even a counselor. . . You know maybe you need to make peace with your mother, you need to make peace-- Or. . . just kind of getting some kind of suggestions, some concrete. . . advice, based on the Word [the Bible], based on your personal habits or your personal experiences.

Another respondent described seeking spiritual guidance in developmental terms:

> R: My walk, you know, I'm a baby in the Lord. He might be a teenager, 'cause we all ain't done, right' So I just feel . . . That I can at least get guidance, even if I may not be coming clean with all my stuff, I know that he can point me in a direction, and that helps.

A young man explained how he sought pastoral help in his spiritual practices. His example illustrates the association between "Spiritual Guidance" and "Prayer":

> R: I might need to talk to him about how to pray. I mean I know the Our Father prayer, but . . . I might need to talk to him about how . . . I pray, but sometimes my prayer don't seem sincere enough to satisfy me, to satisfy

God. I lay in my bed, I say my prayer and I go right to sleep. Sometimes I don't pray at all. . . I might need to talk to him about how to pray. . .I need to talk to him about how to deal with myself and God. That's what I have to talk to him about. . . .

"Biblical Interpretation" was linked as a part of "Spiritual Guidance." It is defined as seeking clarification on the meaning of scripture and cited as a condition under which congregants would seek the help of ministers. Among the respondents, seeking help in this area, an entire focus group of older women stated that biblical interpretation was the only area for which they would request pastoral help:

F: So. . . what I'm hearing you all saying is that there's pretty much not anything that you would feel comfortable seeing the minister about.

R 3: Exactly.

R 5 Something personal.

R 3: Something personal, no, uhnuhn.

R 5: Something personal, no.

F: Are there things that you would consider seeing the minister about?

R2: With the Bible, I would discuss the Bible with him. I would do that because he really knows the Bible. And he's a very good preacher, very good, but as far as my personal life and my personal problems, I wouldn't take them to him.

F So, anything that might be related to clarifying aspects of the Bible, that's fair game as far as you're concerned.

All: Yes, definitely, definitely.

R2: Oh yeah, I would go to him for that.

F: But more personal matters...

R2: Personal, no.

All: No

Seeking pastoral assistance in spiritual development was seen as important area of help-seeking by a number of respondents for such areas as reconciling relationships and prayer. Many respondents saw pastors as a resource for better understanding passages in the Bible and identified this as the sole reason for which they would pursue pastoral support.

Pastor factors in seeking.

There was a final domain that emerged in the process of developing the network of factors related to congregant help-seeking. This domain, "Pastor Factors in Seeking," refers to the characteristics of pastors that prompted focus group members to seek pastoral help. "Trust" and "Comfort" were component parts of this domain as congregant-identified pre-conditions for seeking pastors. The relationship between this domain and its components is illustrated in the lower right section of Figure 1.

TRUST

"Trust" is the assured reliance on the character, ability, strength, or truth of someone or something and identifies one in which confidence is placed (Merriam-Webster, 2007). Network analysis of this component pointed to a causal relationship between trust of pastors and congregant help-seeking (Seek). No older male or female focus group members appeared to have made comments regarding having trust for their pastors. The following statements

regarding trust of pastors were made by young male and female focus group members. In one conversation, a young male congregant talked about the reliance he had on his pastor:

> F: Have you or anyone close to you ever gone to a minister during times of trouble? . . .
>
> R: With family, you know, I have. My reason is because I really, I really trust my minister and I really know that he can really relate to everything that I am going through because I feel that he is knows me. But, you know, in the same sense, I don't really look at him . . . like he's God or like a higher being you know. And, I really understand that he's just a person that was chosen to go through and relate to God. I go to my minister quite often when I do have problems.

This congregant cited his pastor's mature faith as a basis for trust, and used a communications analogy to illustrate how he viewed their relationship:

> R: His relationship with God is deeper just through time. He's not different than I am, but the Bible does say that pastors and teachers, etc. are gifts from God to us, so . . . I use this analogy. I said. . . I have only been praying and hearing from the Lord for a few years. I am . . . like . . . on the a.m. band . . . but my pastor . . . he got a satellite dish. I'm not saying he can't make mistakes, but I know that my pastor, through experience, through praying to God and getting answers; he has a great deal of wisdom in the things concerning God.

Other respondents such as this young female focus group member pointed to the pastor's genuine concern for them as a factor in trust of their pastors:

> R: . . .well, based on your situation and your history. . .I know you . . . and I care about you. . . that way I think the pastor helps. They know you, they genuinely care about you, they're concerned about your spiritual well-being and your physical and mental, or whatever, well-being...

Here congregants described pastor abilities to relate, possession of wisdom, life experience, and their authentic concern as reasons for having confidence in seeking pastoral help.

COMFORT

"Comfort" was another component of pastor factors that contributed to congregant help-seeking. Comfort is defined as pastor offering consolation, or hope in a time of grief (Merriam-Webster, 2007), and is associated with "Crises of Faith," "Marital Problems," and "Death and Dying." The following passage illustrates the association between these components. In it, a young man recalled the pastor's role in helping him to adjust.

> R: I lost a son last year and, in a car accident, and our pastor was . . . very instrumental in assisting us to . . . get back up on our feet. Just, in the hugs, because we. . . . So, that's what he's good for. I mean, it's just good to go there and get a hug and, and some of those things are kind of you know, I know that between our relationships with God that that says a whole lot between us because everybody is kind of going through some of those things that are pretty tough in our lives.

Summary of congregant help-seeking factors.

There were multiple factors that influenced congregants' decisions to seek help from clergy. These factors included marital and family matters, support in practical life matters, help related to life transition issues, spiritual development and pastor characteristics; each had a direct causal relationship to congregant help-seeking. There were also individual components that related directly and indirectly to decisions to seek help. Seeking pastoral counseling was associated with marriage and family problems. Prayer was associated with congregant help-seeking in marriage and family, life cycle, and spiritual guidance issues.

Focus Groups: Problems for Which Clergy Help is Avoided

Just as congregants have identified factors affecting their decisions to seek pastoral assistance, there are other factors that contribute to congregant reluctance to seek help from clergy. The core question that anchored this network analysis was, "Under what conditions do congregants avoid seeking help from clergy?" The four primary domains that emerged as being causally related to congregant reluctance to seek help from pastors were: "Congregant Factors," , the belief that needs for help may be best met by "Other Means," and "Pastor Factors," and "Shame." In addition, there were areas in the " Practical Support: "Marriage and Family" domains that surfaced as factors related to avoidance in help-seeking. The network map illustrating factors related to congregant decisions not to seek pastoral help is located in Figure 2.

Congregant factors –avoidance.

This domain, positioned at the left side of Figure 2, relates to congregant characteristics, attitudes, beliefs, emotions, or behaviors that are causally linked to congregant avoidance of seeking help from pastor. The component categories are a part of this domain, and consist of: "Sex," "Active Sin," "Shame," and "Never Discussed."

Sex.

This domain encompasses issues related to sexual behaviors and includes pre-marital and extramarital sexual activities. It is also the component with the most respondent comments. Focus group members cited issues such as "fornication," (sexual activity outside of marriage), "adultery," and "homosexuality" as areas that they or others would be reluctant to seek pastoral help. The following excerpts offer additional examples of congregant descriptions of avoiding discussion of sexual matters with ministers:

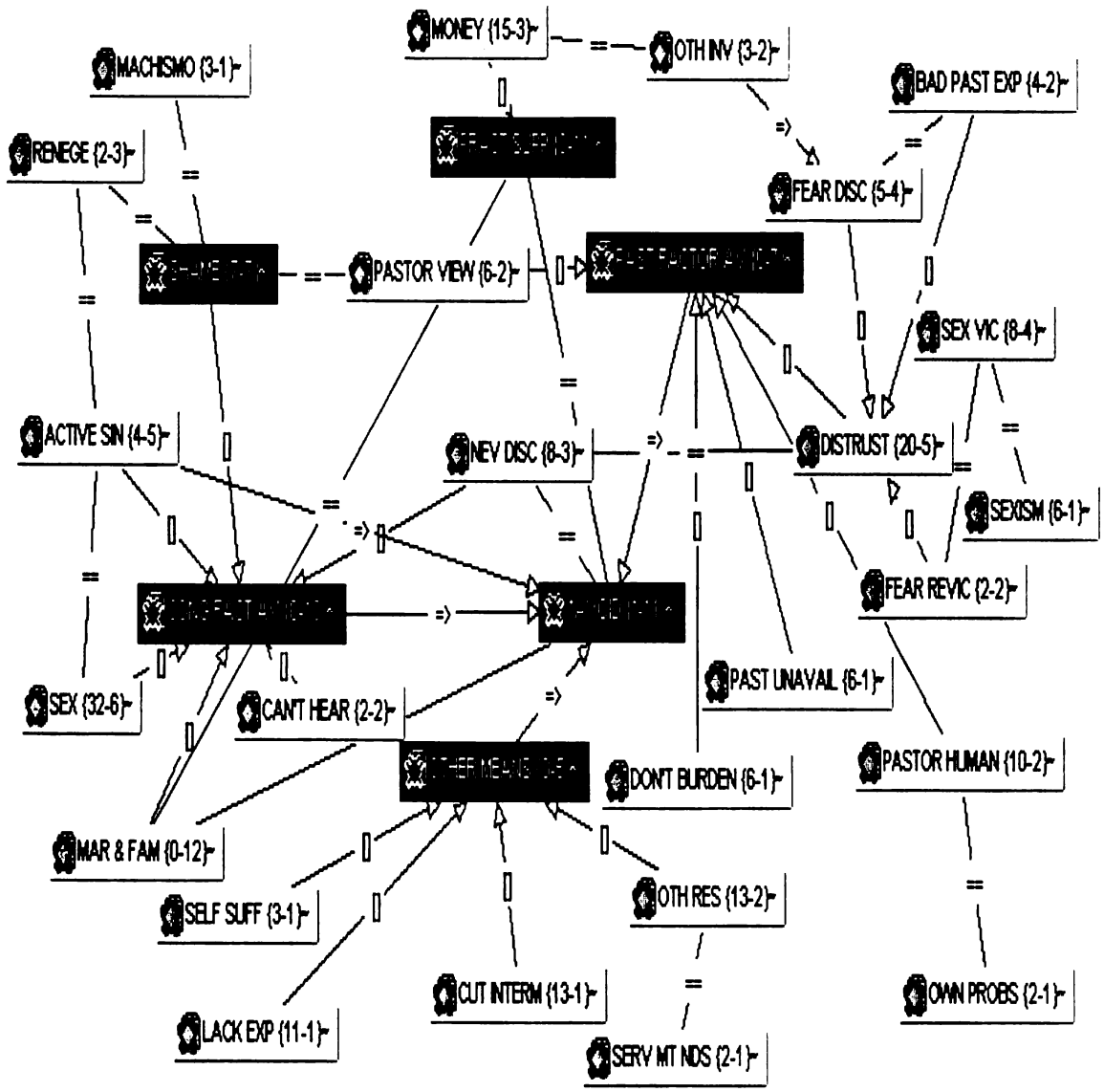
F Are there other types of problems that you wouldn't feel comfortable taking to a minister?

R: . . . I just wouldn't take anything personal. I mean, if I had a sex problem, I wouldn't take it. . . I might say. . . pray for me. I'm going through something right now, I need your words. But I wouldn't tell him what it was. Nothing, nothing too close to home . . .

Another respondent articulated his reluctance in this way:

R: There are certain things that I can see being somewhat sensitive. You're talking about premarital sex, you're talking about things that you know preachers does not approve of. It's harder to take those things...

Figure 2 FACTORS RELATED TO CONGREGANT AVOIDANCE OF SEEKING HELP FROM PASTORS/MINISTERS FOR PROBLEMS
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.
AVOID congregant reports of avoiding ministers.
Key to Codes located on following pages.

KEY TO CODES- Figure 2 FACTORS RELATED TO CONGREGANT AVOIDANCE OF SEEKING HELP FROM PASTORS/ MINISTERS FOR PROBLEMS[5]

CORE CATEGORY:

(AVOID) Congregant avoidance of ministers

COMPONENTS (Listed clockwise from right side of figure)

1. (PAST FACTOR AV) Pastor Factors in Avoidance
    a. (DISTRUST) Distrust of Pastor
        i. (BAD PAST EXP) Bad Past Experience with Pastor
    b. (DON'T BURDEN) Don't want to Burden the Pastor
    c. (FEAR DISC) Fear Disclosure of personal information
    d. (FEAR REVIC) Fear Revictimization
        i. (SEX VIC) Sexual Victimization
2. (OTHER MEANS) congregant needs for help met by resources other than the Pastor
    a. (CUT INTERM) Cut Intermediary
    b. (LACK EXP) Pastor Lacks Experience
    c. (OTH) Other Resources
    d. (SELF SUFF) Self Sufficient
    e. (SERV MT NDS) Services Meet Needs
    f. (PASTOR HUMAN) Pastor no different from Congregant
        i. (OWN PROBS) Pastor has Own Problems
    g. (PAST UNAVAIL) Pastor Unavailable

[5] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.

Key to Codes- Figure 2 (continued)

3. (CONG FAC AV) Congregant Factors
    a. (ACTIVE SIN) Currently engaged in behaviors considered sinful
    b. (CAN'T HEAR) Does not want to hear what pastor has to say
    c. (MACHISMO) Exaggerated masculine pride
    d. (MAR & FAM)Marriage and Family
    e. (NEV DISC) Never Discuss
4. SHAME
    a. (RENEGE) Failed to keep a commitment made in public
    b. (MACHISMO) Exaggerated masculine pride
    c. (PASTOR VIEW) Concern about pastor viewing congregant negatively
5. (PRAC SUPP) Practical Support
    a. (MONEY) Financial
    b. (OTH INV) Others involved in providing help

One male respondent described a situation in which a colleague of his was conflicted regarding his sexual identity and was reluctant to seek his pastor's help:

> R: A coworker of mine was talking about um he was going through a time when he was questioning his sexuality and . . . he wanted to go to his pastor because his pastor had helped him out with a lot of . . . his problems in the past, but he felt uncomfortable talking about that particular subject . . .

In these passages, congregants considered sexual content as personal and sensitive, and indicated that this would preclude them from engaging in frank discussion with their pastors. Congregants also identified specific types of sexually related issues that would be considered as wrong by Christian standards, such as extra-marital, or same sex relationships. These issues were also related to pastor avoidance.

Active sin.

"Active Sin," as seen in the far left of Figure 2, is related to congregants being currently engaged in behaviors considered as wrong by Christian or biblical standards. It can also relate to involvement in these behaviors with no immediate plans of changing them. "Active Sin" is associated with the components labeled "Sex" and "Renege," the failure to follow through on a public commitment made. One young male respondent indicated that he would not readily volunteer his transgressions to a minister:

> R: If you're out sinning, you don't want to go . . ., "Hey Rev, you know, I did such and such thing last night," you know. You know, if you go out

and stray off, you don't want to go and tell him, but you might tell him in a different way.

Avoidance in approaching the pastor about sexual matters was also found to be associated with congregant reports of intentional current involvement in sexual behavior. This particular respondent indicated his rationale for not seeking pastoral counsel:

> R: I ain't going to talk to him about something like that because I know I ain't going to stop it. Honestly, I know I ain't going to stop it. So I wasn't going to talk to him about it, because to me, I read and I know what wrong and right is, I know what sin is and all that, I know fornication, I know all of this. So I couldn't find myself going and talking to him about something I already know. I know he'd know I'm lying. He can give me advice about things, but . . . about sex, I wouldn't go to him to talk to him, [saying] "I need help, I need to know to learn how to fast myself with this," because I would be lying, I would be lying. I know as soon as I leave his face, I'm going to my girlfriend's house, which is wrong.

In this excerpt, the respondent made it clear that he was not struggling with trying to control his sexual activity. Having made the choice to engage in that activity, he also stated that he did not want to present himself to his pastor disingenuously.

The examples given reflected congregant decisions not to seek help from pastors because the type of help that a pastor would offer was not desired. Congregants within this category indicated that they were reluctant to engage

their pastors if they were actively involved in actions considered sinful by Christian standards and if they had no immediate plans to change.

NEVER DISCUSSED WITH PASTOR

This component, located left of the center of Figure 2 relates to congregant reports of having no experiences of help-seeking from pastor. For some church-goers, pastors were not sought because congregants saw no need to. An entire group of young female respondents reported never going to a minister for pastoral help. There were no specific reasons given by any of the members regarding this view.

One older female congregant indicated a lack of appropriate subject matter and access to alternative resources as reasons for not seeking minister help:

> R: I never have talked to my minister about it, because I haven't had any problems that I could talk to him about, but I wouldn't because the way that we always have discussed it, my husband and I, lot of young people and old people talk to the pastor about their problems.

In one example, an association between the "Never Discussed" and "Distrust of Pastor" (to be discussed later in this chapter) components emerged. One young female respondent discussed her decision to avoid seeking pastoral help based on her observations that the pastor of the church she attended was ineffectual in addressing the societal ills that she observed in their urban community:

> R: I've never gone to a minister and probably wouldn't. . . at a very early age, I could see the hypocrisy that existed on the pulpit.. . . I attended one

of the. . . biggest churches in Philadelphia. But yet, still, on Sunday morning, before church started, it was crack addicts and prostitutes on the corner. So as a kid. . . I could see this, and I'm like, why isn't the minister doing something? I could also see where the minister and his family and his kids were educated. And where they lived in the big house. Whereas everyone else that was part of the congregation, we were still poor. . .

Congregants identified various reasons for never seeking pastoral help. One congregant did not think that there were any issues relevant for discussion with a pastor. In other cases, pastors were not considered as a problem solving option. Another congregant expressed concern about the pastor having no noticeable impact on the blight in her community, and saw discrepancies in the pastor's comfortable standard of living as compared with other congregants and those in the surrounding neighborhood.

Shame.

Another component of congregant factors related to pastor avoidance was Shame, which represents a deep embarrassment related to identity, and present or previous actions. Seen in the upper left section of Figure 2, it is unique in its linkage with these three component codes: "Pastor View," "Renege," and "Machismo."

Shame: Link with Pastor's View.

The "Pastor's View" component reflected congregants' reluctance to approach their pastors based on the fear that their pastor might think less of them after they had revealed hidden transgressions. There was one example of this association among the congregant responses:

R: No, this thing is too terrible. I can't tell him this, you know. Because I don't want him to think ill of me. . . I mean, I am respected here by this pastor, in this church community, in my home . . . and you're saying I can only take this to God. I need to deal with this because I don't want to lose that respect and that's just a personal thing that goes on within you, you know, so that's what happening there with that, you know.

In this instance, the fear of losing his pastor's respect was a key factor in this congregant's decision to avoid seeking pastoral help.

Shame: Link with Machismo and Renege.

A query of the code components revealed that "Shame" also co-occurred with the "Machismo" and "Renege" components. Machismo is defined as a strong sense of masculine pride, exaggerated masculinity, and male bravado. Renege relates to a congregant defaulting on a commitment made publicly to the congregation. The following interaction between young male respondents surrounds a discussion about avoidance in help-seeking from pastors, which illustrates the linkages between "Shame," "Machismo," and "Renege" :

R: 1 Why can't you confide in him?

R: 3 Because I'm ashamed of some of the things I do, that's why.

R: 5 I think it's a macho thing. Men, macho.

R: 1 We're conditioned not to talk to each other.

In the interchange, Respondents 5 and 1 seemed to tie Respondent 3's reluctance in seeking help to machismo. The conversation continued and Respondent 3 clarified that his shame related to his failure to follow through on a on a commitment that he had made:

R: 3 I didn't say macho, I said because I'm ashamed of some of the things that I do, so the things that I say I know I shouldn't be doing.

R:6 Well you shouldn't be ashamed because we all have sinned and fallen short of the glory of God, so you shouldn't be ashamed. . .of what you do. Just talk to him if you have problems and not be ashamed.

R: 3 Well see, I stood in the church a couple of months ago and gave my confession and said to the church people, "You all are going to get tired of seeing me and I'm going to be here." Right after I said it, I just jumped right back in the streets. . . I don't want him to feel like I'm some kind of a liar or I'm just some kind of a fake. . . I don't want him to feel like, 'here we go again.'

Congregant decisions related to refraining from seeking pastor help in the previous example reflected congregant concerns for how they would be viewed by the pastor. They also reflect embarrassment over breaking a promise that was publicly made to the church congregation.

Pastor Factors in Congregant Avoidance

Earlier in this chapter, "Pastor Factors" emerged in congregant decisions to seek help; they also surfaced relative to congregant decision to avoid pastoral help. A causal relationship was found between "Pastor Factors" and "Congregant Avoidance" in seeking pastoral help. This relationship can be seen on the right side of Figure 2. This domain was comprised of several components, some of which were linked to other domains or components in the model. The most notable component codes identified were: "Distrust of Pastor," "Fear of Revictimization," and "Pastor Human."

Distrust of pastor.

This component was defined as a lack of faith or lack of belief in the pastor's intentions, and integrity. Congregant "Bad Past Experiences" with present or previous pastors, "Fear of Disclosure," and "Fear of Revictimization" are component parts of the "Pastor Trust" component. One example of distrust of pastors given by a young female respondent related to a general perception of pastors being untrustworthy:

> R: Well, I personally wouldn't tell the ministers any personal business. . . I really don't trust ministers at all. Even my pastor, . . .I don't trust him. I always think that they may not be correct. And I know so many ministers that have a double life, that I really can't even trust them, even if I like them.

A male focus group member cited family factors as contributing to his distrust of ministers:

> R: My experiences with deacons and pastors and ministers kind of were influenced by my upbringing, I grew up primarily with my grandfather, who just had a very negative opinion of deacons, ministers, pastors, and it had to do with the things that you mentioned in terms of the hypocrisy.

In the previous examples, distrust was described in general terms. Some of the following examples of congregant distrust refer to specific experiences or events to which the congregant was exposed. Others reflect concerns about pastor conduct.

Distrust: Link with Bad Past Experiences and Fear Of Disclosure.

"Bad Past Experiences," located in the upper right corner of Figure 2, refers to negative encounters that the congregant may have had with present or former pastors. "Fear of Disclosure" relates to congregant concerns that a pastor may reveal sensitive information shared in confidence. One older female focus group member recounted the following as rationale for her distrust: "I have heard pastors who get up and preach about what you talking about, you know. . . get up and preach what you done told."

The following example shows the intersection between these three components: "Distrust,"" Bad Past Experiences," and "Fear of Disclosure":

> R: . . . I stated earlier that I had gone to two ministers. I think you really have to know the minister and because sometime[s] they will just talk to you out of their flesh without training or really clarification of the scripture and they can just tell you anything . . . sometimes they talk too much. . .when you go to them and you got a personal problem [then] everybody in church knows about it. So you have to be really careful. You have to know the minister. . . .know that that person is a person of integrity and that you're going to be able to tell that person something in confidence and not hear it the next day.

In these instances, the pastor's past insensitive behavior and concern that a pastor would inadvertently disclose confidential information by engaging in talk that was not spiritually guided, contributed to congregant distrust and subsequent avoidance of pastors as sources of help.

Distrust: Link with Fear of Revictimization, Sexism, and Sexual Victimization.

There are three other components linked with distrust of pastors. These components are located in the middle right section of Figure 2. "Fear of Revictimization" is based on the concern that pastors may misuse sensitive information shared by a congregant. This component part of "Pastor Distrust" refers to a pastor using information disclosed by a congregant's about her[6] past abuse to oppress or abuse the congregant. "Sexism" relates to prejudice, discrimination and stereotyping based upon gender and is associated with "Fear of Revictimization" and "Sexual Victimization." "Sexual Victimization" is defined as abuse that is sexual in nature, and includes assault, rape, harassment, and child sexual abuse.

One young women's focus group discussed concerns about patterns of sexism in the Black church and the protection of men in spiritual leadership in the handling of issues such as adultery. The following comment, which took place in the context of this discussion, illustrates the connections between "Fear of Revictimization," "Sexual Victimization," and "Sexism" as elements of "Pastor Distrust.":

> R: I wouldn't take. . . things . . . like we were talking about, some of the women's issues today. I don't take those to ministers because historically down through the times the churches, they don't even deal with that. And that's why you have to be careful because sometimes what happens to you in the world, whether . . . rape or incest or even marital problems, you

[6] Use of the feminine pronoun was based upon the issue of the distrust of pastors being raised by women respondents.

can tend to get victimized by going to men who have taken the same stand in the world and they forgot to drop it when they became Christians. +

Distrust of pastors was described on many levels and related to attitudes passed down within families, bad personal experiences, fears of disclosure, and concerns about being revictimized by a religious system that has supported sexist responses to previous female victims. There were also other pastor factors identified by congregants that were connected to avoidance in help-seeking activities.

Pastor Human.

The "Pastor Human" component relates to the perspective that the pastor has his or her own failings. This component, positioned near the lower right corner of Figure 2, is an integral part of "Pastor Factors" that relate to congregant avoidance. Congregants offered various comments related to avoiding contact with pastors on the grounds of the pastor's humanity or imperfections. An older female respondent seemed to question the utility of seeking help from a pastor:

> R: I really don't believe in it [confession to another human being]. I don't . . .that's your problem, your business. I think it's personal and you should keep it to yourself and pray on it yourself. But to go and tell another human being everything that you do or that you don't do, and he's listening to everybody, how can he solve anything? And why should you confess to him? Another human being. Why should you confess to him? He can't save you, you got to save your own self. So, I mean, what is the purpose of that anyway?

Human failings were also associated congregant reluctance about distracting pastors from dealing with their own personal problems: "Because they are human. They got problems all the time, many problems as you got." Other comments reflected congregant desires not to intrude upon the pastor's time (Don't Burden). An example of this may be found in this young male respondents' discussion of his relationship with a former pastor:

> R:. . . And I don't know if I, part of it I think is. . . wanting to be unselfish and that I realize that, you know, my pastor particularly in _____ was always busy with people whose problems were probably more significant or, in my view, were probably more pressing or more significant than mine. So I don't know if it was not wanting to occupy her problems while I wrestle with, or her time when I was wrestling with decisions and so forth. . . .

Congregants who cited human factors as a rationale for refraining from seeking pastoral discussed pastor imperfections and frailties. They implied that the pastor was not in a position to help because of these personal challenges. Other respondents refrained from help-seeking because they wanted to protect their pastor's time, and did not want to interfere with pastors being able to deal with their own problems.

Other Means.

The "Other Means" domain relates to congregant perceptions of alternative methods by which congregants may have their problems or needs met. The cluster of codes that are located at toward the lower middle of Figure

2, are linked as properties of this domain are: "Cut the Intermediary," "Other Resources," and "Others More Experienced."

Cut the Intermediary.

"Cut the Intermediary" reflects congregants' decisions to go directly to God instead of seeking pastoral help for problems encountered. This code definition was based upon this young female respondent's comment, ." . .Well, I just personally would rather go straight to God, instead of an intermediary." Her sentiments were echoed by a young male focus group member:

> R: I rarely do [seek pastor's help], but I know a lot of people who do, I rarely do. I mean in my, my idea has always. . . been, rightly or wrongly, knock out the middle man and talk directly to God myself.

Some respondents stated that they had a practice of seeking God instead of their pastor because they valued accessing God directly. For others, the decision to go to God directly was related to the congregant's assessment of pastor's ability to understand or work with the information shared, ." . . I just really try and let God lead me because not everybody is able to handle what you have to tell them, pastors and clergymen included. . . ."

Other Resources.

"Other Resources," another component of the "Other Means" domain, relates to respondent reports that other supports are used in lieu of pastors for problem situations. One young woman reported seeking help from mothers of the church, older women congregants who were seen as wise resources. Another young male described his family as his first problem-solving resource:

R: See, I love my pastor . . .. He's a good pastor. He allows you to talk to him. As a matter of fact, he asked me to come in and sit down and talk to him. But my thing is the love line, for me is family first, you deal with your family and talk with your family about your problem, and that's why I don't go see my pastor, because I do have a lot of uncles, a lot of them will sit down and talk to me, or else I'll just get a friend who will listen to me. He [the pastor] does let the doors be open, open line, give him a call anytime basically, but I just, to me he's not my family, so I just don't deal with him.

Another congregant explained that she did not consider ministers as part of her problem-solving resource network:

R: And the people that I've identified in my life that are. . . eons ahead of me that I can learn a lot from happen not to be ministers. I mean . . .there are people that I would go to for things but the person that I think of is not a minister.

A sub-component of congregant use of other resources, labeled "Services Meet Needs," refers to congregant perceptions that their problems or needs are met within the confines of regular church services offered during the course of the week. Two congregants indicated that participation in regular church services was sufficient to meet their needs. As one respondent stated:

R: Well, I'm thinking in terms of, you said about asking the pastor anything. . . we have a Bible Study aside from the regular church service and I feel covered under those prayer times enough, enough so that I . . . haven't felt the need to go to the pastor on a particular situation yet. I

might do it tomorrow, but because of. . . the atmosphere of prayer at the regular church service and at the Bible Study. . .I feel like that prayer time and that counseling in you know, within the confines of the Bible Study is enough.

In summary, congregants reported approaching a variety of resources other than ministers for help with problems faced, including personal or familial networks. Other congregants had their needs met in the context of their participation in the regular services offered by their churches.

Lack of Experience.

The pastor's "Lack of Experience" was identified as a motivating factor for some who sought help through other means. This component is positioned in the lower left segment of Figure 2, as part of the "Other Means" domain. While some congregants saw meeting their needs through other, naturally occurring resources, others indicated that they did not seek ministers because the ministers did not have the skills needed for the problem to be solved.

R: Because, the minister may not be a psychologist, he may know some parts of it. . . But he may not be a drug counselor, he may know some parts of it. He may not even be a good relationship counselor. . .

This respondent shared the same sentiment in his comments:

R: I guess hearing you say that made me think that the only thing I would go to my preacher for, and this is a big thing though, is to nurture my spirit. I wouldn't go to him to talk to him about anything specific to work, economics, business deals, psychology I wouldn't ask him, because he doesn't know any more than I would about those things.

Respondent concerns about their pastors' skill deficiencies prompted them to seek help from other professionals. One congregant identified that his pastor's skills were being limited to the spiritual realm. Others cited the importance of seeking those whose abilities matched the problem at hand, whether financial, legal, or psychological.

Other avoidance factors.

Several congregants reported reluctance in seeking help from pastors for "Practical Support" for financial problems (MONEY). As seen in the upper center section of Figure 2, that reluctance was associated with others being involved (OTH INV) in the process:

> R: I think, I wouldn't want to take finance, and I have had some problems with finance. . . but I don't think I would want to take it to the pastor because there are other people involved. If they have to help you with money, there are other people in the church that is going to know that you are coming there. And they are going to wonder why are you asking for help? You have a husband. Why are you like that? What's going on in your life? Why don't you have the money? I wouldn't want to do that for that reason, because it would be more than the pastor involved. If it were just the pastor, maybe I would, but you got your, I forget that group of people, trustees.
>
> Within this same focus group the dialogue continued:
>
> R1: You know the church raises money and is supposed to have money set aside for different things like that.

(Everybody talking)

R1: Have a fund set aside for it to help people you know and they supposed to do that

R? But they give you the third degree.

R5: But you still feel....

R1: You still feel apprehensive about going there and asking for them to help because you know we all have our pride. We don't want everybody to know our problems.

R 5: That's right.

Respondent reluctance in seeking pastoral help for financial problems is evident. Factors contributing to this reluctance were associated with congregant concerns about persons other than the pastor being aware of congregants' financial circumstances.

MARITAL PROBLEMS

Although a rare occurrence, there were focus group members that indicated that they would be reluctant to pursue ministerial help for "Marital Problems." One young women's focus group member expressed concerns about women not getting help for problems of violence in a marital context:

R: Yeah, rape, incest, marital problems, abuse, you know. I know for a fact, I was, I did help a sister years ago. And what it was, it was abuse. And at the time I was dumb to it because I had no information on marital abuse . . . this beautiful woman used to come to church Sunday morning with bruises on her neck. . . she ended up having to have an operation. I was in the hospital at her bedside and I kept seeing these bruises on her

neck. And I was praying for her. And I watched how they treated that woman down through the years. And, she did not get the support she needed. . .

Within a young men's group, one respondent indicated his belief that men would be reluctant to discuss sexual intimacy problems that they may be experiencing with their spouses:

R: Well, I don't know, I think men talking about sex in, if it's not the old locker room stuff . . . I just don't think brothers are talking about. . .sexual inadequacy, or my wife won't do this. You know what I am saying. I just don't see us doing that . . .

Marital issues for which congregants would be reluctant to seek help included domestic violence and sexual intimacy. With regard to domestic violence, concern about non-responsiveness seemed to influence the decision to refrain from seeking pastoral help.

Summary of congregant avoidance factors:

The factors that were linked to congregant decisions to avoid seeking help from clergy were wide and varied. Factors related to congregant and pastor attitudes and behaviors, congregants' seeking alternative sources of help, and congregant shame were each causally linked to pastor avoidance. A number of respondents cited sex as an area for which they would avoid seeking pastoral help. Distrust of pastors was the most frequently cited aspect of pastor factors that contributed to congregant avoidance of pastors. Decisions not to seek help from pastors were also associated with congregant reluctance in seeking

practical support financially; this reluctance was associated with others being involved, and the potential loss of privacy.

Gender-Related Findings

During the course of the data analysis process, certain gender-related themes emerged in the focus group data. In reviewing factors related to congregant reluctance to seek ministers for help, male focus group respondents reported issues of shame, while women reported distrust of pastors. Specifically, males seemed to express concerns about how others, including their pastors, would view them. Women respondents often related to fears of betrayal in the form of disclosure of confidential information, revictimization by the pastor, and non-responsiveness among males in spiritual leadership positions. One young female respondent also expressed reluctance in dealing with the specifics of medical matters that were unique to women, "I am a female with a female problem--medical problem that the pastor doesn't need to know about, but you can let him know that I am sick and he can visit me . . . but he doesn't need to know all of the details. . . ."

Summary of Congregant Factors in Help-Seeking and Help Avoidance

Multiple factors were linked to in congregants' decisions to seeking help from pastors. Similarly, there were numerous factors that contributed to congregant reluctance in seeking help. A summative network map was developed which incorporates the range of domains related to congregant help-seeking. This map is located in Figure 3, and depicts the factors most closely linked with help-seeking on the left of the diagram. Factors associated with congregant avoidance are located on the right of this figure.

Each of the primary domains is causally linked to help-seeking. "Marriage and Family" issues, "Pastor Factors" (SK), "Life Cycle" issues, "Spiritual Development," and "Practical Support" are all areas which congregants report seeking pastoral help. Two components, "Prayer," and "Crises of Faith" were also components that were causally linked to congregant help-seeking.

There were two domains, "Practical Support," and "Marriage and Family," in which congregants reported decisions to seek and decisions to avoid pastoral help. In both of these domains, there were respondent outliers that resulted in the network map being plotted in the manner seen. Reluctance in approaching pastors around issues of sexual intimacy and concern about sexism in the handling of marital issues were atypical of the congregant comments in the marriage and family domain. Congregant reports of decisions not to seek financial assistance were infrequently cited within the "Practical Support" domain.

There were also gender-specific differences in the themes of focus group responses. Male themes of shame and female themes of avoiding betrayal or revictimization were the most distinct differences between the gender groups. Concern regarding discussing the details of medical procedures unique to women was also a gender specific factor in pastor avoidance.

The next area of inquiry relates to ministers' perceptions about congregant help-seeking and help avoidance.

Minister[7] Interviews: Problems for which Clergy are Sought.

[7] The respondents who participated in these interviews will be referred to as "ministers, " as opposed to pastors. Only one respondent reports actually functioning in a pastoral role. A clarification of the distinction between the two roles will be provided in the Discussion Section.

The core question that guided the identification of factors that ministers linked to congregant help-seeking, was: "Under what conditions do ministers report that congregants seek clergy help?" The primary domains identified by ministers as factors in congregant help-seeking parallel those identified by congregants earlier in this chapter. These five domains are: "Marriage and Family," "Spiritual Development, "Life Cycle issues," "Practical Support" and "Relationships." These are the domains that ministers described as being causally linked to congregant help-seeking from ministers. Other factors in help-seeking that connect to these domains are also discussed. The Figure 4 network map depicts minister reports of problems for which congregants seek their help. All six ministers responded to the questions posed in the individual interviews.

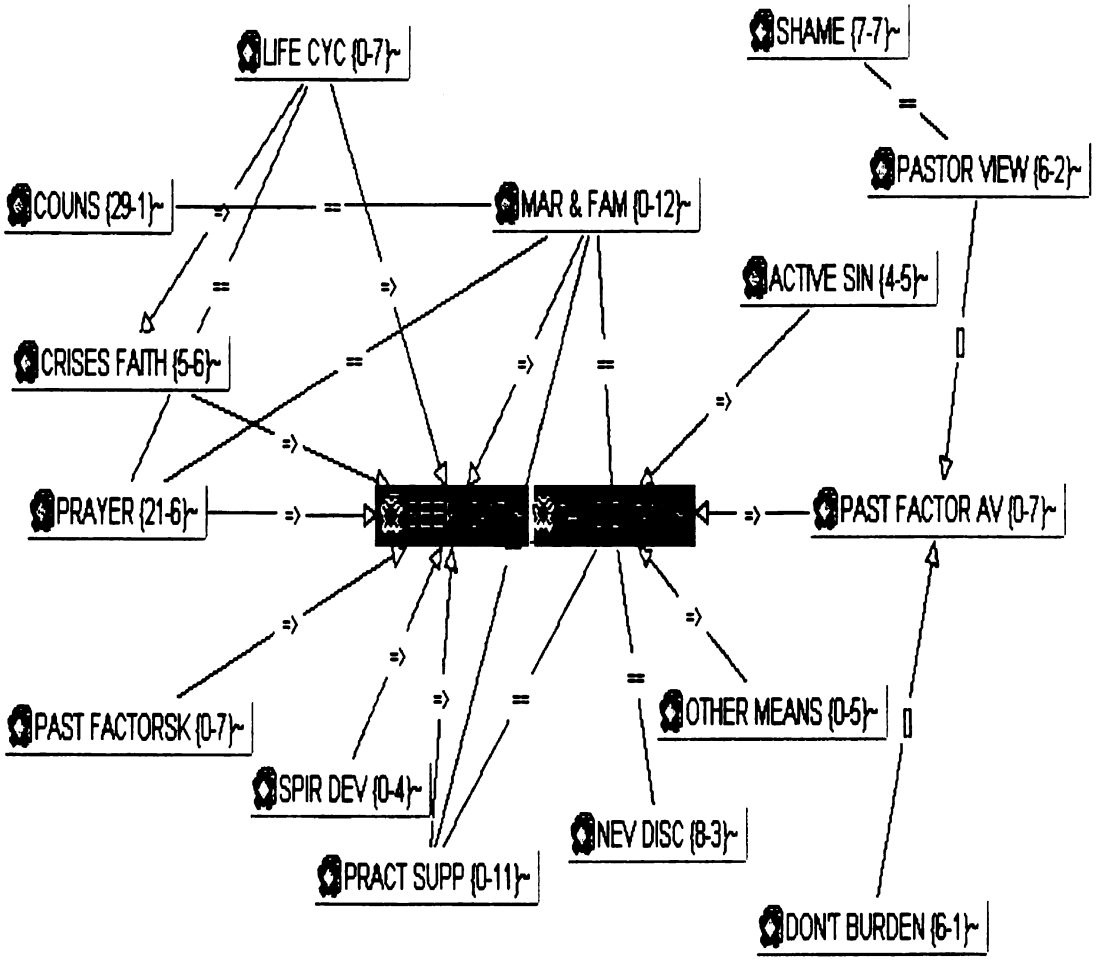
Marriage and Family

As was described earlier in this chapter, the "Marriage and Family" domain relates to congregants seeking minister help for problems occurring in relationships between or among family members. One minister indicated that being approached regarding family matters was common in her ministry:

> I: In your role in the church, what kinds of problems do church members bring to you and ask for help with?
>
> R: Most would be in terms of working with the children, the problems of family and understanding and rearing children. That's the greatest problem. . . they have.

Another minister cited problems related to single parenting, pointing out that respite for the parent might also be needed:

Figure 3 CONTINUUM OF CONGREGANT HELP-SEEKING AND AVOIDANCE
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

SEEK-congregant reports of help-seeking from ministers.

AVOID-congregant reports of avoiding ministers.

Key to Codes located on following page.

KEY TO CODES Figure 3 CONTINUUM OF CONGREGANT HELP-SEEKING AND AVOIDANCE [8]

CORE CATEGORIES:

(AVOID) Congregant avoidance of ministers

(SEEK) Congregant help-seeking from ministers

COMPONENTS (Listed clockwise from right side of figure)

1. SHAME
2. (PASTOR VIEW)Concern about pastor viewing congregant negatively
3. (ACTIVE SIN)Currently engaged in behaviors considered sinful
4. (PAST FACTOR AV)Pastor Factors in Avoidance
5. (OTHER MEANS) Alternative methods of problem solving
6. (DON'T BURDEN) Don't want to bother the pastor
7. (NEV DISC) Never discussed with pastor
8. (PRACT SUPP)Practical Support
9. (SPIR DEV) Spiritual Development
10. (PAST FACTSK) Pastor Factors in congregants help-seeking
11. PRAYER
12. CRISES FAITH
13. (COUNS) Counseling
14. (LIFE CYC) Life Cycle
15. (MAR & FAM) Marriage and Family

[8] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.

I . ... How about for marital or family problems? Do people come to you with those kind of issues, and what do you do?

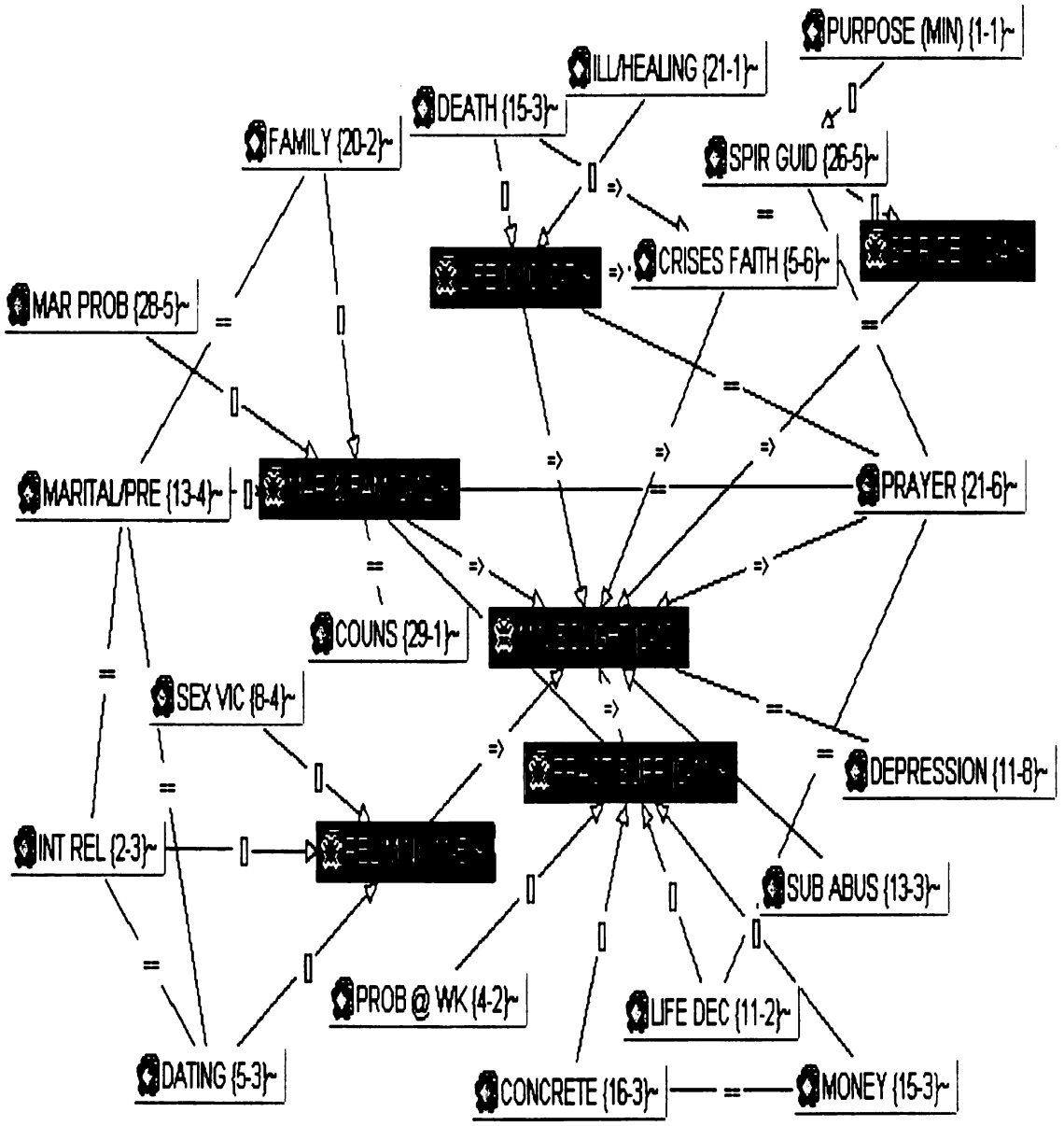
R: Yes, they do. Um, and it depends on the nature of the family problems. Generally, like I say, for instance, if it's maybe a single parent, and if they're having like family problems. . . maybe with the kids or something like that, we try to let them know what kind of resources is available for the kids. . . sometimes. . . parents just need. . . a break. "Hey, I just need somebody to take this kid off my hands for just a few hours," you know.

Marital issues were commonly cited among the variety of problems that congregants brought to ministers. One minister remarked, "Well, we actually probably deal with every kind of problem out there, at some given time. The most frequent ones would be probably marital." Another minister recounted a congregant who approached her regarding marital difficulties:

R: I can remember that there was a principal, I think that was in 1970, and my first day on the job, I had a father who came in and said, I need to talk to you. . . . And I said, fine. And he sat down and he told me his wife had just left him. . .

In the following account, the minister described a married congregant who approached her regarding problems in her marriage:

Figure 4 MINISTER REPORTS OF FACTORS RELATED TO CONGREGANT SEEKING HELP FOR PROBLEMS
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

MIN SOUGHT -Minister-identified factors in congregant help-seeking.

Key to codes located on following pages.

KEY TO CODES- Figure 4 MINISTER REPORTS OF FACTORS RELATED TO CONGREGANT SEEKING HELP FOR PROBLEMS[9]

CORE CATEGORY:

(MIN SOUGHT) Minister reports of congregant help-seeking

COMPONENTS (Listed clockwise from right side of figure)

1. (SPIR DEV) Spiritual Development
    a. (SPIR GUID) Spiritual Guidance
    b. PURPOSE (MIN[10])- Minister sought by congregant for guidance on spiritual purpose in life
2. (MIN SOUGHT) Minister Sought
    a. DEPRESSION
    b. (SUB ABUS)Substance Abuse
    c. PRAYER
3. PRACT SUPP)Practical Support
    a. (PROB @ WK) Problems at Work
    b. CONCRETE
    c. (LIFE DEC) Life Decisions
    d. (MONEY) Financial
4. (REL) Relationships
    a. DATING
    b. (INT REL) Interracial Relationship
    c. (SEX VIC) Sexual Victimization

[9] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.
[10] "MIN" suffix connotes that this code was specifically identified by ministers interviewed in the study.

Key to Codes- Figure 4 (Continued)

5. (MAR & FAM)Marriage and Family
    a. MARITAL/PRE Marital / pre marital counseling
    b. MAR PROB Marital Problems
    c. Family
6. (LIFE CYC) Life Cycle
    a. DEATH
    b. (ILL/HEALING)Illness Healing

R: I have a young lady that I'm dealing with right now that is having, I guess marital problems. . . she has a husband, but she's still lonely. And thinking that it shouldn't be that way. . . .So I am just spinning, and because of that, we have, we have a lot now, we have a lot of this: low self esteem. We deal with a lot of that in our Black women. And so now because she has a husband, my husband's not paying any attention to me, he's gone, he doesn't have any time that he spends in the home that much. He looks at me and he doesn't look at me, those kinds of things.

As the minister continued, she identified loneliness within the marriage and linked it to low self esteem, a factor which she described as being prevalent among Black women, presumably those in the congregation, as well.

Ministers identified parent and family issues as being the ones for which congregant most often seek their help. General issues regarding child rearing, and specific issues related to single parenting were cited as problems present in the family arena. Marital issues included congregant concerns about lack of attentiveness by a spouse, and marital separation/abandonment.

Spiritual Development

As with the congregant help-seeking domain, the "Spiritual Development" domain relates to congregants seeking ministers for help in applying Christian principles to daily life. The primary difference is that responses related to this domain are from the ministers' perspective. This domain, seen in the upper right of Figure 4, is causally linked to minister reports of congregant help-seeking. One minister described "Spiritual Guidance" as being among the top three things

for which congregants seek help. An element of this component takes the form of normalizing a phase of the spiritual development process through which a congregant is going. As one minister explained:

> F: . . .How about spiritual problems? Do people usually come to you if they're having spiritual problems?
>
> R: . . .Yes, they do. And you find out that sometimes people maybe have been in the church and they've been in it for a while, and then they just kind of reach a standstill, . . . a whole is not happening. . . a lot of times they feel like, "I must be doing something wrong." . . so you try to . . . let them know that . . . if you've been doing everything that you know to do, and there's really no urgency in your spirit to do something else, then just understand that this is just a resting period. . . . It does not necessarily mean that you're doing something wrong . . .especially if you don't have the urging to do something else.

Another minister described spiritual guidance as coming in the form of teaching about connections between spiritual matters and day-to-day living :

> I: That's true. OK. How about spiritual problems? Do church members ever come to you when they're having spiritual problems?
>
> R: Mmm-hmm. We talk . . . like when we're meeting on Friday nights. . . our biggest concern was our mouth. . . . because the Lord says. . .Out of the abundance of the heart, the mouth speaketh.
>
> I: OK.

R: So, we're talking about how we're having problems controlling out [*sic*] mouth, which has spiritual ramifications. And so we did a study on that, and we started talking about, that was in the Bible study. . .

Within the realm of spiritual guidance, ministers indicated that they were sought by congregants to obtain feedback about congregant spiritual status or stage of development. Ministers also identified applying spiritual concepts as an area for which congregants sought spiritual guidance.

PURPOSE

"Purpose" was an area uniquely cited in the minister interviews. It is depicted in Figure 4 as a component of "Spiritual Guidance." Purpose relates to the spiritual "function or role to which a person is specially fitted to fulfill" (Merriam-Webster, 2007). One minister reported that guidance regarding one's spiritual purpose was among the areas which congregants most frequently sought her help; the others were relationships and finances. In the following discussion, the interviewer sought clarity from the minister about purpose:

I: Purpose?

R: Yeah. Sometimes people don't know their purpose. And they want you to give them what their purpose is.

I: OK. Wow.

R: And . . . . that's when they really need to seek the Lord, because He's the one that already gave them their purpose in the foundation of the world, so they got to know what is really concerning them, and He'll open up the door. But you know, that's the struggle and strain with people

sometimes, because they want to do something, but they don't know what to do.

Pursuit of purpose was the final component of spiritual development described in the minister interviews, and was an area in which one minister indicated her help was frequently sought. Clearly, obtaining input regarding one's spiritual role and function was identified as an important aspect of congregant help-seeking from a ministerial point of view.

According to ministers, congregants often sought them for assistance issues of spiritual development. They cited spiritual guidance as one of the top areas for which minister help was sought.

Life Cycle

The "Life Cycle" domain refers to events common in individual and family development life cycle (e.g., birth, death) which prompted congregants to seek ministerial help or support. "Death" and " Illness/Healing" were the key components of this domain, located toward the upper center section of Figure 4.

DEATH

Death, as the label implies, is the code which encompasses seeking help related to the loss of a family member or loved one and includes facing death and dying issues, bereavement, and one's own mortality. Most of the ministers cited death and bereavement issues as areas for which congregants commonly sought their help. One male minister stated:

F: . . .do members come to you because somebody has died in their family?

R: Oh yeah. You mean if someone died or is dying?

F: Yeah.

R: Yes. We're very, very much, that's one of the main things you do in this world. Death and dying. In our congregations and especially if somebody is terminally ill. . . we always make it a special effort to visit that person on a weekly basis. You know that person's going to die, your pastor is probably there every other day or something.

A female minister responded similarly:

I: OK, OK. How about with issues of death? Do members of the church come if one of their loved ones have died?

R: Um, generally. . .they do. Most of them . . . will go to the pastor. But . . . they just want some comfort. And so you try to provide that, provide assistance for family members that may be coming out of town, feeding them, seeing if there's any other needs that we can meet. . .

Ministers reported that issues surrounding death were matters for which church members frequently requested ministerial help. Comfort and practical support in terms of planning for funeral ceremonies were issues for which ministers reported being sought.

ILLNESS/HEALING

Ministers indicated that congregants have regularly approached them for issues related to illness and healing, either for themselves or family and friends. "Illness and Healing" issues, located toward the upper middle section of Figure 4, are a component of the" Life Cycle" domain, and causally related to "Crises of Faith." As one minister reported, these contacts were typically related to serious and life-threatening issues.

R:. . .Like one lady called one time, and she said that you know, she says, my husband has Alzheimer's and he's sick and in the hospital on life support.

Situations described by ministers included instances in which help-seeking for Illness was associated with "Prayer":

R: Yes. . . . at the church, most of our prayers, a lot of our prayer requests are around having surgery and getting information that they may have an incurable disease. So we have some of that. So, I get most of that at the church, but with the students, a little bit. We have one student who's dealing with lupus.

Ministers also indicated that congregant prayer requests have been related to the health issues of others:

I: Do church members ever come to you if they're ill, or one of their family members is ill?

R: Yes. I would say that would be high on the list [of things for which congregant seek help from ministers].. . . And not only church members . . . people in the community, people that you know oftentimes will come and ask for prayer. "Amy [sic] grandmother's in the hospital, my mother's in the hospital, could you go pray for them?"

One minister alluded to congregants seeking pastor help for healing. His comments were in the context of emphasizing the difference between a congregant seeing a professional at a social service agency and seeing a pastor. This comment was made after the minister talked about how unhelpful and

impersonal seeking help from mental health professionals and human service agencies can be:

> R. . . The pastor shakes the person's hand. The pastor embraces, and there's even the power to touch, they are healing and that makes it worthwhile for all type of members.

Ministers indicated that church members frequently sought their assistance in circumstances in which a family member or other loved one has died or is dying, or in situations in which there were hopes for healing. Seeking help in this area was often linked to prayer and serious or terminal health issues.

Practical Support

Ministers identified "Practical Support" as a key domain of congregant help-seeking. As one Minister framed it, "I find that people come to you more about everyday . . . day-to-day living problems, more so than they do about the religious aspect of it." As seen in the network view in Figure 4, the "Practical Support" domain is just below the central "Minister Sought" node. The components of this domain are: "Concrete Needs," "Life Decisions," and "Problems at Work."

CONCRETE NEEDS

Ministers reported that congregants frequently sought help in the form of tangible assistance. As was mentioned previously, food, and shelter were examples of the concrete needs. Money was a theme component associated with Concrete Needs. Each minister interviewed reported that congregants sought financial help:

> I: Are there other kinds of things that people generally bring to you?

R: Um, let's see. Well, money's always an issue. [laughing]. I accept it as a point of life. There's always that one. . . [laughing]. That's the one, how do I meet my bills?

One minister reported that monetary assistance was requested by congregants when they had mishandled their budgets:

R: So you know, they come, they might have overspent and forgot about that they had to pay rent. So we do. We help them with their rent. We have what we call an emergency fund. . . that takes care of anybody that's having problems with their rent, does not have food, their utilities. . .

Food and issues with shelter were mentioned in conjunction with financial needs by one of the ministers. In commenting on the various concerns that congregants would bring, she said, "You do have people come to you, of course, with financial needs, and, 'I need help with some food,' and 'I'm getting evicted'.. . . .stuff like that..."

In summary, ministers identified seeking help for concrete needs as a recurrent theme among congregants. Help with financial matters, securing food, and stabilizing housing were the specific types of concrete needs for which ministers reported being sought.

LIFE DECISIONS

Assistance in making major "Life Decisions" was a component element of practical support identified by some of the ministers interviewed. One minister cited instances in which she helped congregants to weigh options for choices that were important to them. This minister talked about a woman who was

debating whether to leave an affiliated congregation because the she thought that ministers there were non-responsive:

> R: . . . she wanted to remove her membership from the church, but she doesn't feel like that's going to be right to do that. And then I told her, I didn't tell her to remove her membership, I told her, you are responsible for your own soul. That church is not responsible for your soul. You have to take responsibility. And I said, she says, you know, that's right. And so she's freed up, I don't know what she's going to do. She may stay.. .and she may go, I don't know. That's her decision. We don't make decisions for them. . .

This same minister recounted a phone call she received from a congregant whose husband had Alzheimer's disease:

> R: . . .she says, my husband has Alzheimer's and he's sick and in the hospital on life support. They want to take the life support off of him, but she said, I just don't know what to do. And that was just a hard decision. And so she said, the doctor's in there talking to my son now. And she said, I just ran to the telephone, I'm just going to call the church and see who's up here, to see, just to talk, and she told me what was going on. And so she said, I don't know what to tell him to do. . . And. . . she knows he's not going to get well. She knows that, but the guilt of taking the life support off, making that decision. . . . And so she, so I prayed with her on the phone, you know, we prayed briefly. And I said to her, I said, you know, now when you go back . . .make your decision.

Ministers described congregants seeking assistance in making important life decisions. As seen in these examples, ministers did not necessarily make the decision for congregants, but worked with them in identifying their choices.

PROBLEMS AT WORK

"Problems at Work" is a part of the "Practical Support" domain, and relates to difficulties encountered in the work environment. Dialogue between a minister and the facilitator followed a discussion about congregant help-seeking for problems between themselves and other church members:

> F: . . . Do church members ever come to you if they're having problems with someone on their job?
>
> R: Yeah, that happens. And generally. . . that's a little bit different [from problems with other church members], but then at the same time, most people that we work with, for the most part, you're with them for eight hours a day. And so that's an extension of your family. And so . . . you offer suggestions. . . my first suggestion is always to try and sit down and talk with that individual, even if you have to bring in a third party that's just there as a neutral party, and try to talk to them one on one.
>
> . . .Sometimes you make recommendations, sometimes you might find out it has something to do with sexual harassment . . . union issues, and so you try to let them know what type of resources are available. . . . within the system . . . that they're working in. Hey. . . you need to go to your human resources developer. You need to take this to the union. Have you talked with your supervisor?

The practical support offered included directing congregants to use work related procedures and systems such as the human resources department or union supportive services to resolve work-related problems..

Relationships

The "Relationship" domain emerged as one uniquely cited by ministers as being among problems for which their assistance was sought by congregants. This domain is positioned in the lower left section of the network map in Figure 4. Relationship issues relate to problems of an interpersonal nature occurring between persons with no familial, marital, or pre-marital ties, and are causally linked to minister reports of church-goers' help-seeking behaviors.

One minister cited being approached about the spiritual impact of a negative relationship. She paraphrased a typical question from congregants, "I'm in a relationship, it's not a good relationship, how can I get out of it? How does this affect my relationship with God?"

Sometimes the relationship issue was connected with a church member being unable to forgive those who had committed past sexual or other abuses. This minister, in recounting concerns with which congregants approached her, identified an association between "Sexual Victimization" and "Relationships" :

> R: A lot of the women. . . have issues with sexual abuse as children. . . "I don't know how to get over this hurt." And forgiveness, or unforgiveness is a big issue. . . . "I know I'm supposed to forgive, but I don't know how. I just don't know how, and I've tried." . . .a lot of women have issues about relationships. . ."I'm not in a relationship now but all of my previous relationships were abusive." . .

"Dating" is a component part of "Relationships," and was mentioned by one minister as an area in which ministerial help was commonly sought. Interracial relationships were associated with dating. The relationship between these two is reflected in Figure 4 and illustrated in the following comments about conflicts between groups of Black students about interracial dating:

> R: And then interracial dating is not a big issue, but among the black community . . . on campus, the students have this issue with those who will interracially date and those who don't and they set up these divisions among themselves. And they have these issues or you know, complaining about it or whatever. OK, and then you complain about you can't get the right person, but you don't want a white guy. . .

According to ministers, interpersonal problems were among the most common concerns for which congregants seek ministerial help. The relationship concerns varied and included conflicts about inter-racial dating, dealing with unforgiveness for past abuses, and patterns of involvement in negative relationships. Questions about how engagement in bad relationships could affect one's relationship with God were also cited by ministers.

Other Help-Seeking Factors

In analyzing the data on minister reports of congregant help-seeking, broad domains were noted to allow for categorization of circumstances under which ministers report help being sought. There were components, such as "Substance Abuse" and "Depression" that did not fit within these broad domains, but warrant being mentioned based upon how frequently they were cited. The following captures minister accounts of other areas for which church members

sought their help that were not directly linked to the previously mentioned domains. They are positioned in the lower right quadrant of Figure 4.

SUBSTANCE ABUSE

Substance Abuse, or the abuse or addiction to controlled, over-the-counter, or illegal substances was mentioned by all of the ministers as an issue for which congregants sought help. One minister indicated that she encountered persons in various stages of substance abuse, from active use to being engaged in a recovery process. Another minister elaborated on her experience:

> R: . . . People have problems with substance abuse and that comes up quite a bit. You find out from a lot of people that they have been in treatment centers or had been in rehab and have been through the tables [at Alcoholics Anonymous], and that still has not been effective for a long-term recovery for them. So a lot of people come with, "Well, I done tried that, what else can I do?." . .

One minister indicated that she was infrequently approached for matters surrounding substance abuse. She recounted a woman who did speak to her about a substance abuse problem:

> I. How about alcohol or drug problems? Do church members ever come to you with those kinds of problems?
>
> R: Very rarely. I don't think I've only had one person come to me, and she was telling me that she just recently got saved, and she didn't want to smoke what she smoked.

DEPRESSION

Help-seeking for depressed mood or affect was another area that congregants sought ministers' help. There were mixed reports on how congregants tended to present issues of depression. Some ministers indicated that congregants approached them directly related to depressed mood; others indicated that they were approached indirectly as they related to other issues. Based upon these reports, the relationship between depression and help-seeking is defined as associative. All ministers indicated that congregants sought help for depression; one minister reported that she was approached "very seldom":

Another minister acknowledged that depressed congregants have sought ministerial help.

> I: Yeah. Now, that brings us in part to the whole issue of emotional problems, or psychological problems. . . what kind of emotional/ psychological problems have people brought to you, if they ever have done that?
>
> R: We've got people who are highly medicated people, who are depressed. And they have these mood swings, I guess that's what we have the most of and they are highly medicated.

Congregant help-seeking for depression was commonly experienced by most of the ministers in this study. One minister specifically reported encountering congregants who were on medications that were apparently prescribed for their depression.

PRAYER

"Prayer" was a component frequently referenced in minister responses, and linked to congregant "Life Cycle" issues. In most instances, ministers reported providing prayer in response to congregant requests for other needs to be met. There were some examples of congregants requesting prayer specifically , as this male minister reports, ". . . many times they come to us because they say, well, pastor, I have this problem so I want you to pray for me." Other prayer requests were associated with the "Life Cycle" issue of "Illness and Healing," as described by this minister, "...at the church, most of our . . . prayer requests are around having surgery and getting information that they may have an incurable disease."

One example that was cited previously referenced prayer requests from church and community members on behalf of others, linking "Prayer" with the "Life Cycle" and "Marriage and Family" domains:

> R: And not only church members . . . people in the community, people that you know oftentimes will come and ask for prayer. "Amy [*sic*] grandmother's in the hospital, my mother's in the hospital, could you go pray for them?"

Hence, ministers reported that congregants regularly sought assistance for problems encountered. Specific prayer requests were health-related, and included personal requests, as well as requests for other's health-related issues.

Summary of minister reports on congregant help-seeking.

Ministers reported that congregants sought their help for a variety of problems. Marriage and family issues, practical support, spiritual development and relationships were the primary domains that emerged in network analyses of

minister reports of causal factors in congregant help-seeking. Substance abuse was causally linked to congregants seeking ministerial help. According to ministers, depression was an issue that surfaced indirectly in the context of congregant help-seeking for other issues; an associative relationship existed between this component and help-seeking. Ministers reported that congregants frequently sought their help for prayer, a component also associated with the marriage and family and life cycle domains.

Minister Interviews: Problems for which Clergy are Avoided

The core question in constructing a network map was "Under what conditions do ministers report that congregants avoid seeking clergy help?" The domains that emerged for minister perceptions in this area are, "Congregant Factors," and "Addictive Behaviors." There were also "stand alone" components that were causally linked to congregant avoidance included in this model. These domains and components are summarized in the following paragraphs. The network map depicting the relationships between this core question, domains, and components for clergy-identified avoidance factors are located in Figure 5.

Congregant Factors.

As was described previously, this domain refers to those characteristics, attitudes, emotions, or behaviors that contribute to avoidance of seeking help from pastors. "Sex," and "Shame," located to the left and the top of Figure 5, respectively, are core components of this domain. "Marital Problems," as part of the "Marriage and Family" domain are included as a component of "Congregant Factors."

SEX

Ministers frequently cited Sex as an area in which congregants avoided ministerial input. Sample comments included, "We have a lot of children . . . maybe teenagers that will definitely not bring their . . . sexual activities to us." One female minister stated, ." . . what they feel as sexual, sexual behavior that they feel is not good, Masturbation. Yeah, masturbation, that's one," as areas that congregants would be reluctant to bring to clergy.. Another female minister reported that "guys, I know. . . a lot of them don't want to tell you when they're into. . .pornography. . ." or whatever.

One minister cited communication about sexually transmitted diseases as an area of congregant avoidance:

> R: So you know, they don't bring that kind of situation to us. They don't bring any kind of sexual diseases that they might have.
>
> I: OK.
>
> R: You know, a person that might have AIDS would never.. . . No one has ever come to us. . . . So I would think they would be real reluctant to do that. . .

Loneliness, or isolation from others was associated with sex as factor in congregant reluctance in seeking help form clergy. As this minister reports, ." . .But the women most list loneliness, the sexual aspect of it, not having a mate and that kind of thing. . .you just don't tell that, you know."

One minister gave a response that differed from that of the other ministers, indicating that she had been approached via email by students regarding sexual choices:

R: OK. With students, it's been relationships with their roommate in the dorms. Dating situations and what I find, the young women around, is something about when to lose their virginity. . .

I: OK, OK.

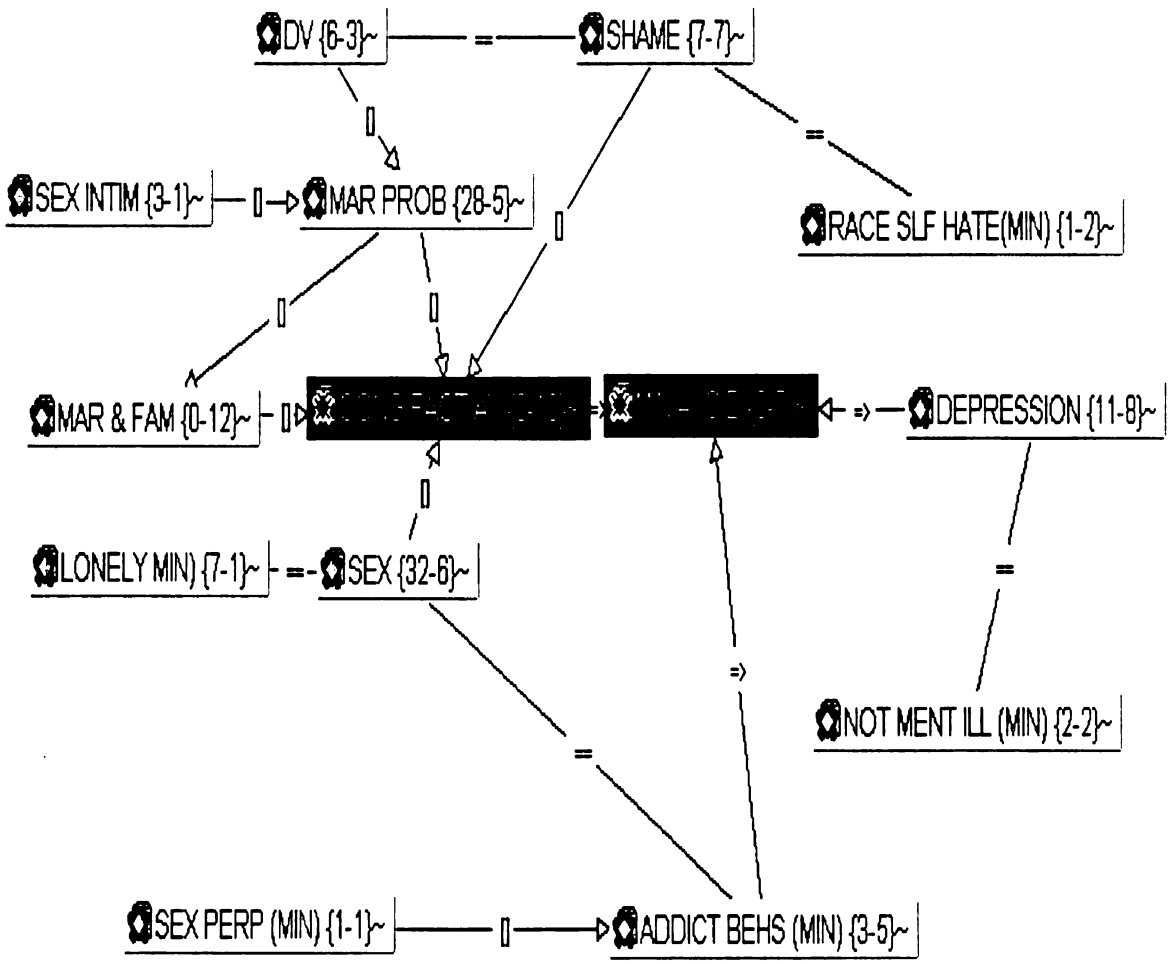
R: That's the hot issue. . . And they won't raise that issue on, in the sessions, but over e-mail.

Sex and sexuality were commonly identified issues for which congregants avoided the help of ministers. The examples given by ministers reflected congregant reluctance to discuss issues related to auto-eroticism, pornography, sexually transmitted diseases (STDs), and desires for sexual intimacy by single people. There were areas in which ministers suspected congregant avoidance, based upon certain issues not being raised by congregants (e.g., STDs). One minister's experience differed from that of her peers. She reported being approached regarding decisions around when to commence sexual activity. She indicated that inquiries of this nature were communicated to her by electronic transmission, via email, as opposed to in person meetings.

MARITAL PROBLEMS

Minister perceptions of congregant reluctant in discussing "Marital Problems" were a component of the "Congregant Factors" domain. Specific reference was made to congregant avoidance of issues of sexual intimacy within the marital context. One male minister and one female minister indicated that congregants might be reluctant to raise issues of sexual intimacy in marriage. The latter indicated that congregant reluctance might be because she (the minister) was single.

Figure 5 MINISTER REPORTS OF FACTORS RELATED TO CONGREGANT RELUCTANCE IN SEEKING HELP FROM CLERGY
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

MIN AVOID minister-identified factors in congregant help avoidance.

Key to codes located on following page.

Key to Codes – Figure 5 MINISTER REPORTS OF FACTORS RELATED TO CONGREGANT RELUCTANCE IN SEEKING HELP FROM CLERGY [11]

CORE CATEGORY:

(MIN AVOID) Minister reports of congregant avoidance

COMPONENTS: (Listed clockwise from right side of figure)

1. (RACE SLF HATE (MIN[12])) Poor Self Image based on skin color or other racial attributes
2. (DEPRESSION)
3. (NOT MENT ILL (MIN)) Minister not sought for mental illness
4. (ADDICT BEHAVIORS (MIN)) Habitual behaviors that impair normal daily function
    a. (SEX PERP (MIN)) Sexual Perpetration
5. (CONG FACT AV) Congregant characteristics contributing to avoidance
    a. (SEX) Extramarital sexual activity
    b. (LONELY (MIN)) Isolation from others
    c. (MAR PROB)Marital Problems
    d. (MAR & FAM) Marriage and Family
    e. (SEX INTIM) Sexual Intimacy in marital relationship
    f. (DV) Domestic Violence
    g. SHAME

[11] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.
[12] "MIN" suffix connotes that this code was specifically identified by ministers interviewed in the study.

Shame.

As was mentioned earlier in this chapter, "Shame" refers to embarrassment related to identity, present, or previous actions. This component is part of the "Congregant Factor" domain and is associated with "Domestic Violence" and "Shame," as seen in the upper portion of Figure 5. Domestic "Violence" and "Racial Self-Hatred" were associated with "Shame" in an interview with the one minister serving in a pastoral capacity:

DOMESTIC VIOLENCE

Domestic Violence refers to physical, emotional, or psychological sexual , or financial abuse in the context of an intimate relationship. This pastor voiced her thoughts about congregant reluctance to seek help in this area:

I: . . .Are there problems that church members are reluctant to talk to you about?

R: I guess the biggest area that we will hear about that's going on would be probably abuses. Physical abuse. . . I think a lot of people are just ashamed to face up to the whole idea that somebody is abusing them, hitting them, they don't want nobody to know that. Because it also says something about that person. Not the person that is actually doing the abuse, but the person that's receiving it, it says a whole lot about them. And so they don't want anybody, us or anybody, to know that they think that less of themselves to let that happen.

RACIAL SELF-HATRED

"Racial Self-Hatred" refers to poor self image based on one's skin color or other racial attributes (e.g., hair texture, bodily or facial features). This

component, located at the right of Figure 5, is associated with "Shame." Racial self-hatred was not commonly referred to among the minister interviews, however it was included in this network map based on the emphasis of this study being on Black Christians, and the fact that the comment came from someone operating in the capacity of a pastor. The following comments describe how this issue came to light indirectly under the pretext of seeking help for low self - esteem.

> I. Are there other things that you think people just are really either ashamed or afraid of bringing to the ministers in church?
>
> R:. . . .if this person is a very, we have a very pretty young lady at the church, that feels that she has nothing to give, feels that she's the ugliest thing on earth. Very pretty, though. Feels that no one loves her. How can someone love her. . . I am too black. Those kinds of things. And so you don't find that out because they come to you and say . . . "I'm having this problem with self esteem."

Ministers identified an assortment of congregant factors that might relate to congregant avoidance of ministerial help. Sexual issues, shame, and marital problems linked to sexual intimacy were included among those factors. Some minister responses were unusual when compared with other ministers reports, with one minister reporting that help was sought for decisions to initiate sexual behavior, and another indicating poor racial self-image as a factor in reluctance to seek minister's help.

Addictive behaviors.

"Addictive Behaviors" were identified as a cause of church member reluctance in seeking clergy help. This component relates to habitual behaviors that impair normal daily function. One minister linked addictive behaviors with destructive ones. He also identified the possible types of addictions with which congregants may contend, and from which they may also attempt to shield clergy. "Sexual Perpetration" and "Sexual Addiction" were components associated with the discussion of addiction issues:

> I: Let me switch a little bit right now. In your experience, are there things that people are reluctant to talk to you about?
>
> R: Yeah. Usually a lot of it's sex. I'm sure, if somebody has a sexual addiction problem, or problem with certain behaviors that are destructive or addictive behaviors, some of them might be reluctant to come and try to talk to me about that. [later in the interview]. . . .And as much as, you know, in the church that tries to have everyone abide by a moral code, you will still have individuals that will secretly do these things, they will secretly have addictive behaviors. Substance abuse, who would use their friends, maybe even sexually abuse their children, whatever . . .

DEPRESSION

Based on minister reports, "Depression" (situated on the right side of the Figure 5 Network Map) was a component with a causal link to congregant avoidance. One minister who had previously cited congregants seeking her assistance about depression also indicated that congregants tended to avoid this issue. She gave a brief rationale for this reluctance in her response:

I: Do you think there are some problems that church members are reluctant to talk to you about?

R3: . . .. they don't like talking about depression.. . Because again, you in church and you ain't supposed to be depressed.

Another minister who also indicated this as an area of congregant avoidance had a different perspective on why she was approached so infrequently. After indicating that church members sought depression-related counsel, "Very seldom," she went on to say, "I think because of what we have to offer here through the Word of God. Depression does not show up often."

Depression was identified by ministers as an area that congregants may not wish to discuss with pastors even though they may at times do so. In addition, one minister contended that congregants did not raise issues of depression frequently because of the biblical teaching offered to the congregation.

NOT MENTAL ILLNESS

This minister-specific code related to minister reports that congregants usually do not seek help from them for mental illness-related problems. One female minister implied that those with serious psychological or emotional problems did not approach pastors about them because the congregants were unaware that they had such problems:

I: Let's talk a little bit about serious psychological problems. Do church members ever come to you about serious emotional or psychological problems?

R: No. [laughing.]

I: Alrighty then.

R: And like I said, I am serious. They don't know that. Now we can look out and with a discerning spirit that comes from the Holy Spirit, you can see that they're off. But most folks don't know they're off. People will come to us and they will have a work that they think the Lord is calling them to do. Say if somebody. . .will come and . . . say, "well, I think the Lord is actually giving me a vision to begin this work with dealing with people that have been abused." And when we start talking to this person, the abuse that they have gone through and still dealing with, says to me, you can't, how can you deal with somebody that's dealing with that when you're there yourself? So we have to stop that person and say, we need to do a review. You're still hurting, you're still holding this against whoever. But most folks don't realize that. . . . Those kinds of things. But no, they don't. They don't come to me. They really don't. . . .

Summary of minister perceptions of congregant avoidance:

In the course of analysis of minister-identified factors contributing to congregant reluctance in seeking clergy help, congregant characteristics and addictive behaviors were the broad domains identified. Other factors also emerged as important, and included domestic violence, racial self-hatred, and depression. Domestic violence and racial image were associated with shame; depression was causally linked with minister reports of congregants avoiding them. In each of these instances, ministers implied that the only way information about depression would surface was by minister observation, or that it would be

disclosed in the course of the congregant bringing another, seemingly unrelated problem to the minister.

RESPONSE THEMES: MINISTERS

The sole male minister identified congregant involvement in child sexual abuse as an area for which help might be avoided. Among the female ministers, there were no references to congregant predatory behavior.

Common themes emerged within the minister interviews related to congregant reluctance to discuss sexual activity. Another common theme among all the minister respondents was the identification of women congregants as victims of domestic violence other forms of abuse. A female minister described this trend, while acknowledging that males could also be victims of abuse:

> R: And there are a lot of women, a lot of old women, if it's not physical abuse, it's mental, it's really crazy. And I think the women, and I speak mostly about women because that's basically who comes, if they come, it's the women. And I'm not crazy enough to think that there aren't men out there that's being abused, because there's some women out there that would go upside your head in a minute. But you just don't see it and you just don't hear about it. . .

Summary: Minister Perspectives on Congregant Help-Seeking and Help Avoidance

Ministers reported a range of issues for which congregants might seek or avoid their help. These issues are summarized in network form in the "Continuum Of Minister Reports of Congregant of Help-Seeking and Avoidance Factors," seen in Figure 6. In this model, the Minister Sought node represents

the core question, "Under what conditions do ministers report that congregants seek help from clergy?," and is located at the left middle section of the diagram. The primary domains, identified clockwise from the bottom left of the page, are "Practical Support," "Relationships," "Life Cycle," "Spiritual Development," and "Marriage and Family." These domains have a causal relationship with minister reports of congregant help-seeking behaviors. "Prayer" and "Crises of Faith" are individual components that ministers describe as prompts for congregant seeking of ministerial help.

The "Minister Avoid" node, located on the left of Figure 6, represents the core question, "Under what conditions do ministers report that congregants avoid seeking help from clergy?

Minister-identified "Congregant Factors" in avoidance, located on the right of Figure 6, has a causal relationship with congregant "Minister Avoidance." The "Marriage and Family" component is indirectly link to avoidance of ministers (Min Avoid) through its association with "Congregant Factors" in avoidance (CONF FACT AV), primarily due to minister presumptions that congregants would be unlikely to seek minister help in instances of domestic violence and problems with sexual intimacy in the marital relationship.

"Depression," located in the lower middle section of Figure 6, is a free-standing component that is associated with seeking of ministers and causally linked to avoidance of ministers. "Addictive Behaviors" is a component that also stands alone, but is defined by ministers as a direct cause or reason for congregant avoidance of minister assistance. Both of these components are

free-standing based upon no relationships being found with any of the other components or domains.

Examination of Congregant and Minister Responses:

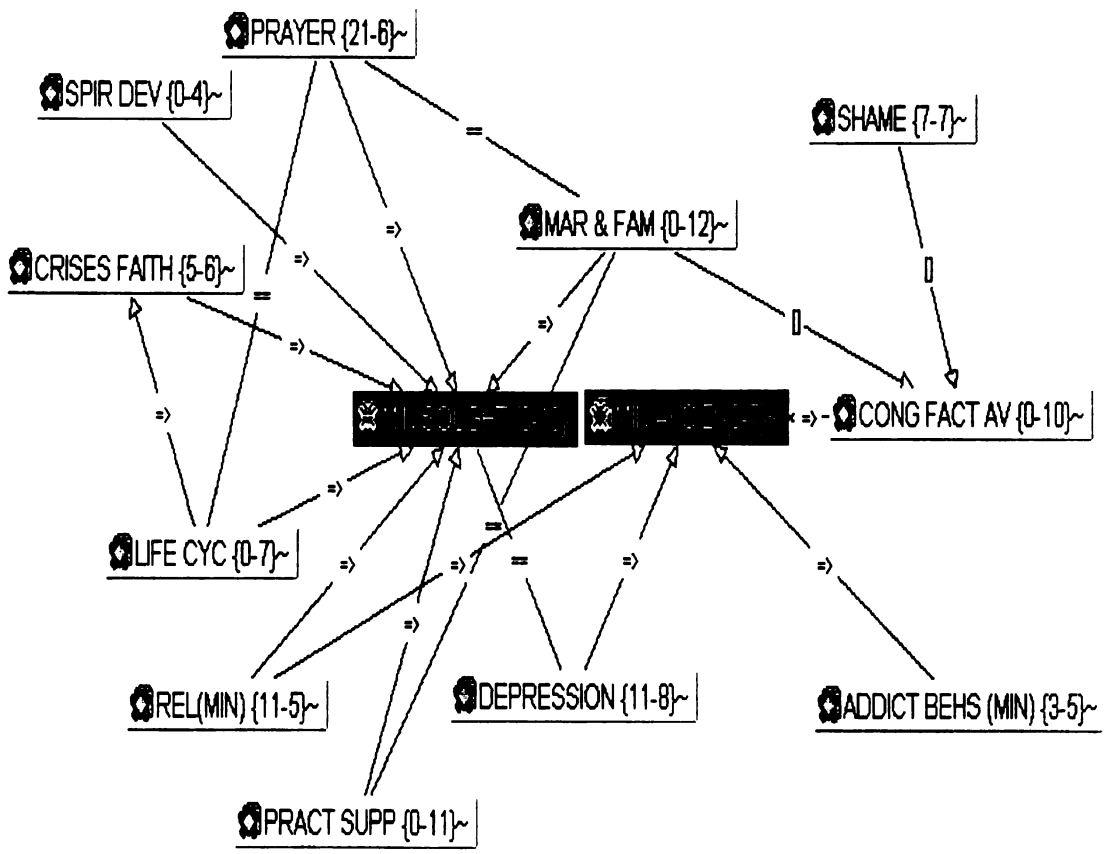
Having analyzed congregant and minister reports of factors related to congregant help-seeking and help-avoidance, I sought to examine the themes between the two groups. Those themes that are reflected in the help-seeking – help avoidance continuum are located in the network map depicted in Figure 7. The network provides a visual reflection of areas of similarity and dissonance between the congregant focus groups and the individual minister interviews.

Similarities between congregant and minister responses: Seeking.

Both congregants and ministers cited help-seeking in the "Marriage and Family," "Practical Support," and "Life Cycle" domains.

Marriage and Family Domain: Both individual and focus group respondents indicated that congregants sought ministers' assistance for problems in marital relationships. Based on respondent descriptions, ministers and church members identified Marital problems as being causally related to congregant help-seeking. Some ministers also indicated that congregants sought help with child rearing and challenges related to single parenting. Within the focus group context, there was reference to seeking ministerial help for guidance in "raising children in the current times."

Figure 6 CONTINUUM OF MINISTER REPORTS OF CONGREGANT HELP-SEEKING AND AVOIDANCE
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

MIN AVOID minister-identified factors in congregant help avoidance.

MIN SOUGHT -minister-identified factors in congregant help-seeking.

Key to Codes located on following page.

KEY TO CODES- FIGURE 6 CONTINUUM OF MINISTER REPORTS OF CONGREGANT HELP-SEEKING AND AVOIDANCE[13]

CORE CATEGORIES:

1. (MIN AVOID) Minister reports of congregant avoidance
2. (MIN SOUGHT) Minister reports of congregant help-seeking

COMPONENTS (Listed clockwise from right side of figure)

1. (SHAME)
2. (CONG FACT AV) Congregant factors in avoiding help-seeking
3. (ADDICT BEHAVIORS (MIN[14])) Habitual behaviors that impair normal daily function.
4. (DEPRESSION)
6. (PRACT SUPP) Practical Support
7. (REL (MIN)) Relationships
8. (LIFE CYC) Life Cycle issues
9. (CRISES FAITH) Crises of faith
10. (SPIR DEV) Spiritual development
11. (PRAYER)
12. (MAR & FAM) Marriage and Family

[13] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.
[14] "MIN" suffix connotes that this code was specifically identified by ministers interviewed in the study.

Practical Support Domain: Practical support was also causally linked in both congregant and minister perceptions of help-seeking. Congregants reported tangible, skill-based assistance and supports in making life decisions Ministers described tangible financial assistance and intervention or advocacy on behalf of congregants as examples of practical support sought.

Life Cycle Domain: According to both ministers and congregants, death, illness, and healing were situations that prompted congregants to pursue help. Both sets of respondent reports reflected causal links between life cycle issues and congregant crises of faith, both of which prompted congregants to pursue minister assistance.

Prayer was linked to life cycle and marriage and family issues, and was a cause for seeking help from the vantage point of both sets of participants. Depression was also a component that respondent groups identified as associated to congregants seeking help from ministers.

Similarities between congregant and minister responses: Avoidance

There were similarities between congregant and minister reports related to factors contributing to congregant avoidance. Sex was commonly cited by both sets of respondent as an area that congregants would be likely to avoid discussing with ministers. Problems with sexual intimacy in the marital relationship were raised as possible issues for which congregants would be reluctant to seek minister help.

Differences between congregant and minister responses: Seeking.

Differences were also noted in minister and congregant responses related to congregant seeking. Ministers were the only respondents to report incidents of congregant help-seeking about non-marital relationships. This differed from congregants, whose relationship comments were linked to references to marriage and family issues. According the ministers, dating, and decisions regarding sex were included among those things which congregants approached ministers.

In the "Spiritual Development" domain, no focus group members mentioned seeking minister help for guidance regarding spiritual purpose. One minister cited this as a concern for which she was regularly sought by congregants.

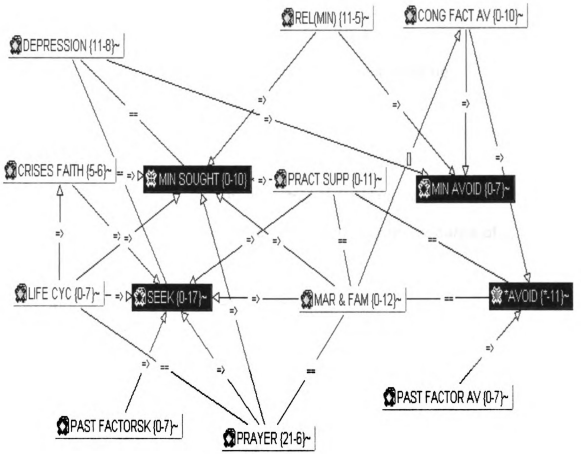
Differences between congregant and minister responses: Avoidance.

There were multiple differences noted between focus group and individual interview respondents in the area of congregant avoidance of ministers. Two domains, "Pastor Factors" and "Practical Support," were identified by focus group members as being linked with avoidance. Neither domain was mentioned by ministers in relationship to congregant reluctance in seeking clergy. Of these two domains, the "Pastor Factors" domain was the only domain with the majority of its component elements associated with avoidance of ministers. None of the minister respondents mentioned this domain in relationship to congregant avoidance factors. In contrast, focus group members articulated a wide range of pastor characteristics and behaviors, such as a fear of being revictimized that would cause them to avoid seeking ministerial help.

Congregants were sometimes divided in their attitudes toward help-seeking from pastors related to practical support concerns. Nine respondents indicated that they would seek pastoral help for practical concerns ranging from help in car repair to making major life decisions with issues such as school. Related to finances, two respondents reporting seeking help for financial concerns, while three focus group members indicated that they would be reluctant to seek financial help. This was in contrast with minister reports of congregants regularly seeking financial and other forms of assistance.

There were three areas in which minister responses diverged from that of focus group members. The first related to the discussion about congregant avoidance in sexual matters. Questions about sexual identify and same sex affiliations were cited by congregants as issues for which they would be reluctant to seek help; no comments of this nature were found among the minister group. One minister indicated that she had been questioned regarding questions of sexual identity. The second issue related to single women and their desire for sexual intimacy. The minister interviews revealed that congregants would be unlikely to approach clergy to discuss sexual loneliness. Finally, only ministers cited depression as a factor that was associated with church members' reluctance in seeking help.

Figure 7 CONTINUUM OF CONGREGANT AND MINISTER REPORTS OF CONGREGANT HELP-SEEKING AND AVOIDANCE
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
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Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.

MIN SEEK-minister-identified factors in congregant help-seeking.

MIN SOUGHT -minister-identified factors in congregant help-seeking.

SEEK-congregant reports of help-seeking from ministers.

AVOID-Congregant reports of avoiding ministers.

Key to Codes located on following pages.

KEY TO CODES Figure 7 CONTINUUM OF CONGREGANT AND MINISTER REPORTS OF CONGREGANT HELP-SEEKING AND AVOIDANCE[15]

CORE CATEGORIES:

1. (MIN AVOID) Minister reports of congregant avoidance
2. (AVOID) Congregant reports of avoiding ministers
3. (MIN SOUGHT) Minister reports of congregant help-seeking
4. (SEEK) Congregant help-seeking from ministers

COMPONENTS: (Listed clockwise from right side of figure)

1. (CONG FACT AV) Congregant factors in avoiding ministers
2. (PAST FACTOR AV) Pastor factors in congregant avoidance of ministers
3. (MAR & FAM) Marriage and Family
4. PRAYER
5. (PAST FACTORSK) Pastor factors in congregant help-seeking from ministers
6. (LIFE CYC) Life Cycle
7. (CRISES FAITH) Crises of Faith
8. DEPRESSION
9. [REL (MIN[16])] Relationships

(PRACT SUPP) Practical Support

[15] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.
[16] "MIN" suffix connotes that this code was specifically identified by ministers interviewed in the study.

Summary: Examination of minister and congregant responses

There were several areas of minister and congregant agreement related to perceptions of help-seeking and help-avoidance behaviors among Black church members. These areas fell within the life cycle, marriage and family, and practical support domains. Areas of divergence between focus group and individual interview responses were found related to comments regarding both help-seeking and reluctance.

Thus far, the data analysis has focused on examining the factors related to congregants' decisions to seek help or avoid seeking help from ministers from the perspective of congregants and clergy. The next analysis will examine the practices and attitudes of ministers regarding referral of congregants to other resources.

Minister factors in referral to mental health resources

The final area of focus in this study involves minister attitudes and practices related to mental health referrals. The core question that guided the development of this network model was "What factors contribute to minister decisions to refer or not refer to mental health resources?" That core question is represented by the central node of Figure 8 (MINISTER REF). The following summarizes the findings from analysis of transcripts of minister interviews. It should be noted that ministers did discuss referral to physicians for medical problems not psychological in nature. For the purposes of this study, minister comments regarding medical referrals are only included as they relate to illustrating minister attitudes and practices relative to referral of congregants.

Additional analysis of minister mind-sets related to medical referrals and health care professionals is beyond the purview of this study.

Four primary domains surfaced during the network analysis process: "Refer to Appropriate Resource," "Referral Criteria," "Referral Characteristics," and "Refer to Ministry." The domains and their component parts will be discussed in the following paragraphs. The network map depicting domain and component relationships with minister referrals to mental health resources is located in Figure 8.

Minister referral to appropriate resources.

The "Referral to an Appropriate Resource" domain, depicted just above the "Minister Refer" node in Figure 8, relates to minister attempts to connect congregants with resources that are beneficial to the church member. The component parts of this domain are: "Refer to Mental Health Professional," "Dual Referral," "Addictive Behaviors," and "Sexual Victimization."

MINISTER REFERRAL TO MENTAL HEALTH RESOURCES

This component of the "Referral to an Appropriate Resource" domain relates to ministers directing congregants to resources specifically designed to deal with mental health problems. "Serious Mental Illness" is associated with this component and refers to diagnosable mental health problems, or psychological problems considered serious in nature, which may impair a congregant's ability to function in daily responsibilities and life tasks. One minister, when asked what would be done with someone who had been hearing voices, responded in the following manner:

R: Yeah, we've had that. Matter of fact, not too long ago. We have been basically available to listen to them. . . And after listening . . . try to explain to them that what they were experiencing was probably very real to them. And that we weren't necessarily the proper people that they needed to be speaking with. That was not our field. Direct them to somewhere else that they could get help. . . .

Another minister had no direct experience with being approached by congregants reporting auditory or visual hallucinations. When asked, she offered the interviewer a hypothetical example of how she might handle someone demonstrating signs of mental illness:

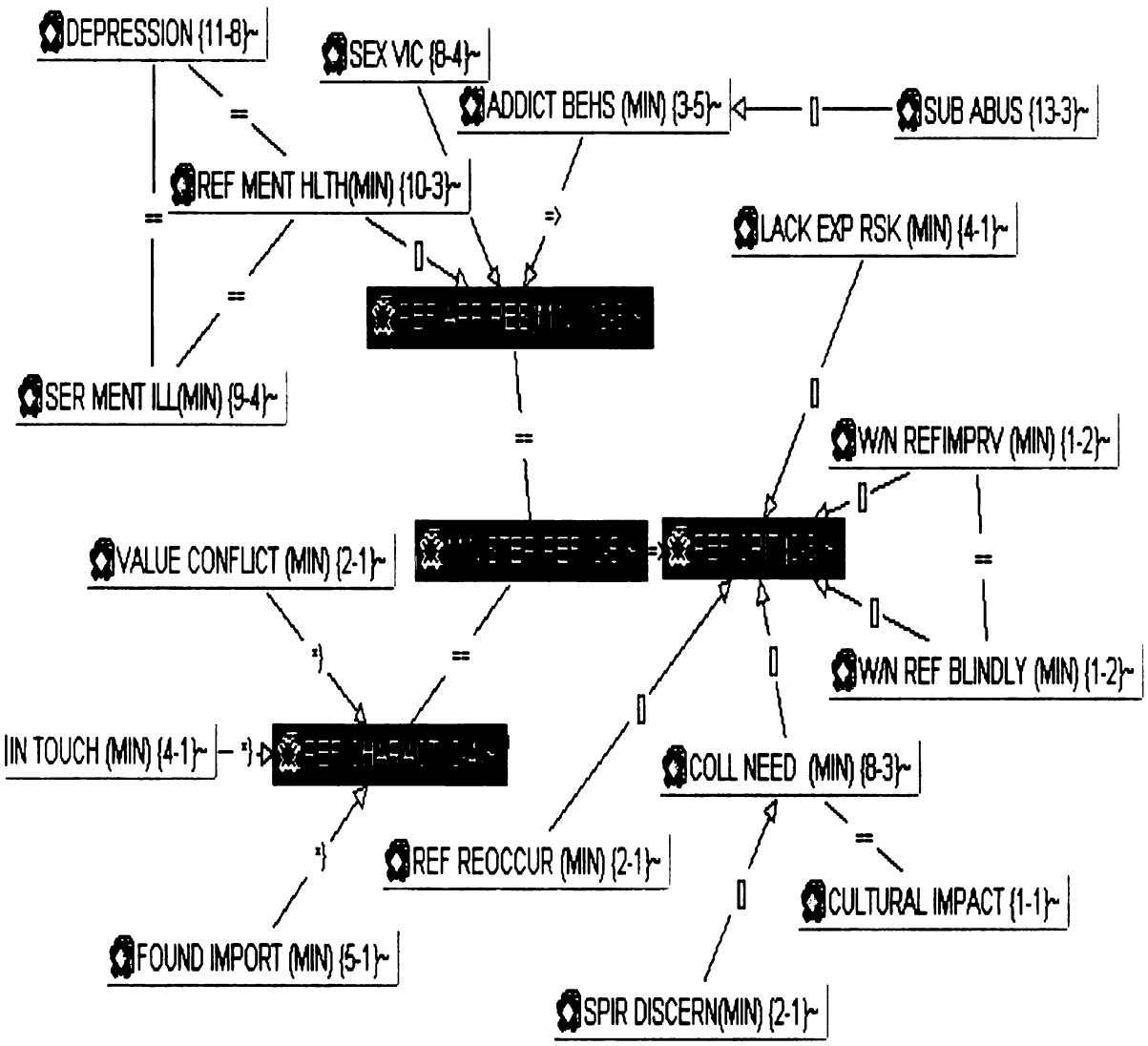
R: Well, I haven't had an issue personally. I know of people that have had them . . . if it's really causing a person serious problems in their relationship that they can't function, well, hey, then it's time to go for therapy. Find a professional person to handle this.

Ministers cited "Depression" in connection with making a mental health referral in two instances. Both alluded to the possibility that there was a medical basis to the depression. In the following example, the minister reported encouraging the congregant to follow the medication regime and consult with their medical doctor before ending a prescribed medication schedule:

I: . . .What kind of emotional/psychological problems have people brought to you, if they ever have done that?

R: We've got people who are highly medicated people, who are depressed. . . they have these mood swings. . . And we . . . of course, ask

Figure 8 MINISTER ATTITUDES AND PRACTICES RELATED TO REFERRAL OF CONGREGANTS FOR MENTAL HEALTH SERVICES
(NOTE: Black Nodes = Core Categories; White Nodes = Components)



Key to Symbols:
= is associated with
[ ] is a part of
=> is a cause of
*) is a property of
Direction of arrow points to the object of the relationship

{8-1} - Numerals on left indicate the total number of quotes linked to that particular code; numerals on right indicate the total number of links relationships that a code has with other codes.
MINISTER REF-Factors impacting minister referrals.
Key to Codes listed on following pages

KEY TO CODES - Figure 8 MINISTER ATTITUDES AND PRACTICES RELATED TO REFERRAL OF CONGREGANTS FOR MENTAL HEALTH SERVICES[17]

CORE CATEGORY:

(MINISTER REF) Factors contributing to minister decisions to refer or not refer for mental health services.

1. (REF CRIT) Referral Criteria
    a. (LACK EXP RSK) Lack of experience creates risk for minister
    b. (W/N REFIMPRV) Would not refer if congregant improved
    c. (W/N REF BLINDLY) Would not refer to unfamiliar sources
    d. (COLL NEED) Collaboration needed between ministers and Mental Health Professionals
        i. (CULTURAL IMPACT) Recognize that Race and Culture impact Black congregants
        ii. (SPIR DISCERN)Ministers able to detect when problems are spiritually based
    e. (REF REOCCUR) Would refer for reoccurrences of problems
2. (REF CHARACT) Characteristics of Referral Sources
    a. (FOUND IMPORT) Christian Foundation of professionals important
    b. (IN TOUCH)In touch and open to a Christian perspective
    c. (VALUE CONFLICT) Concern about conflict in values between minister and secular referral source
3. (REF APP RES)Would refer to resources beneficial to congregant
    a. (SER MENT ILL) Would refer for serious mental illness

[17] Codes are listed in all capital letters No definitions accompany self explanatory codes. Detailed definitions are listed in Appendix F.

Key to Codes - Figure 8 (continued)

b. (DEPRESSION) Would refer for depression

c. (REF MENT HLTH) Would refer for mental health

d. (SEX VIC) Would refer for sexual victimization

e. (ADDICT BEHS) Would refer for habitual behaviors that impair normal daily functioning

    i. (SUB ABUS) Abuse or addiction to controlled, over the counter, or illegal substance

f. (ADDICT BEHS) Would refer for habitual behaviors that impair normal daily functioning

    i. (SUB ABUS) Abuse or addiction to controlled, over the counter, or illegal substances

them to stay on the medication, stick with their doctor . . . and at the same time, share all the spiritual laws and principles that we can and help them increase their faith the best way we can, too. . .at the same time have them to also be aware of what the doctor's doing, you know. Feel free to speak up for yourself. If you're too medicated, you're tired of it. . .But work with your doctor in getting off [of the medication]. And so we mainly keep them plugged into the doctor.

There was one example of referral to an appropriate resource mentioned by one of the ministers. The example related to her response to congregants who approached her with death and loss issues. The description of her response is seen in the following interaction:

I: Now when people come to you who have lost a loved one, what kind of things do you do there?

R:. . . And then what I've done lately, is that some, the funeral parlors that handles the body, they have counseling services. It's something that they do now. I mean that's a part of the service. And they will tell you to come for their needs. And you know, and they have their own hired professionals, who are grief counselors. That's a part of them, yeah. And so, you, so we, so I tell them to take part, go there. . .

Hence, ministers have indicated that they would they would refer church members to a suitable mental health resources if they believed it would be of benefit to the church member and if the member's need was beyond the scope of their expertise. There was also one instance of a minister who referred

congregants to a local funeral home for counseling related to the loss of a loved one.

ADDICTIVE BEHAVIORS

Addictive behaviors, described previously in this chapter, are a component of minister referrals to appropriate resources. After mentioning that the church has moral standards to which it encourages individuals to adhere, this male minister described various addictive behaviors that would warrant referral.

> R: . . .you will still have individuals that will secretly do these things, they will secretly have addictive behaviors. Substance abuse, who would use their friends, maybe even sexually abuse their children, whatever. What advice you could give them. So I find those agencies really help, really handy.

SUBSTANCE ABUSE

"Substance Abuse" is a component of the "Addictive Behaviors" for which ministers refer. This minister indicated that she typically directed congregants with substance abuse issues to additional recovery supports:

> R: And I, you know, if it's something that you can't do it on your own, then, you know, there's places where you can contact, you can do an outpatient or an inpatient or whatever. I do advise people that the 12 step programs are good, but that's just a starting point.

Ministers acknowledged the benefit of accessing external resources to address congregant's problems with addictive behaviors, including those of a sexual nature, and substance abuse issues.

SEXUAL VICTIMIZATION

"Sexual Victimization" was an area for which congregants were reported to seek minister help (see top of Figure 8), and it is causally linked to minister decisions to refer to appropriate helping resources. One minister indicated that there were times when congregants may needed something beyond disclosing the sexual abuse and alluded to situations in which the impact of the abuse continues to resurface for the congregant:

> I: So, are there, with the physical or sexual abuse issues, are there similar kinds of things that you do? What do you do when people come to you with this?
>
> R: Sometimes, a lot of times they just want to tell somebody, you know, frequently, I find out most times, they just want to tell somebody. Or they find out that . . . this keeps coming up . . . And so generally, with that, most of the time you just listen. I do tell people that, particularly in the black churches, we don't have a lot of therapeutic counseling type situations. I said, so often, a lot of these issues aren't addressed. And so I do tell them, [*sic*] Hey, look, if you need to get in therapy, you get in therapy.[*sic*] In the black community, we don't always look at that as acceptable. But you need to do what you need to do to reach the level of health and growth that you can obtain. And you know, I try to let them know that you know, that that does not interfere with their relationship with God. It's not taking away from their faith, it's just using another tool that's out there to use . . .

This minister discussed the usefulness of ministers working with mental health professionals in dealing with issues of sexual abuse. He implied that he would see these professionals as appropriate resources to which congregants having these problems could be referred:

I: . . . what, you know, what do you think about ministers and other people working together. I mean, you know, social workers and psychologists?

R: I think it's good. . . if it's a really deep issue. . . . Like . . .sexual abuse. Those things come in. . . handy for the pastor to use as a resource.

The general response from ministers who encountered congregants with problems warranting additional intervention was openness to referring congregants to an appropriate resource. This openness appeared to be a common response to all areas of congregant need, including mental health problems, addictive behaviors, including substance abuse, or sexual abuse. Some ministers indicated a recognition that the basis for a mental health problem could be medical in nature and stated that they were willing to refer to a physician. Another minister reported encouraging congregants to communicate with their doctors to manage their pharmaceutical regimens.

Referral criteria.

As the name implies, "Referral Criteria" describes ministers' identified conditions under which they would decide to refer congregants to appropriate services. This domain is positioned on the right side of Figure 8. It includes a depiction of the component properties and their respective linkages.

COLLABORATION NEEDED

This component of ministers' referral criteria relates to the minister-stated need for mental health professionals to work in conjunction with ministers to serve the needs of the congregant. This minister summarized the nature of the relationship between the professions, indicating the specific area of spiritual expertise that she as a minister could offer:

> R: Well, there's no doubt that no one person has all the answers. So where I can't help, there's got to be somebody out there that can. So I think there needs to be a working together of all, if it's necessary. It might be where I don't even have to say anything. It might be that in a sense that your spiritual man is happy . . . You know. But there's some physical things that's going on. You might have cancer. . . And so you need to get to the doctor. You need to have surgery. Whatever. I can't do . . .for you as your pastor, as a minister. . .. The only thing I can do is maybe try to build you up, your spiritual man, where he might be able to go through the physical thing, you know. So whoever has to work together, the general practitioner, the psychologist, the psychiatrist, let's do it to make a person whole. Because that's what we want, that's the bottom line, for us to be whole human beings. . .

Ministers in these examples stressed the need for collaboration between professionals and the need to address the problems of congregants from a holistic perspective.

COLLABORATION NEEDED LINKED WITH CULTURAL IMPACT

One minister also associated the need for collaboration with the type of "Cultural Impact" that could be gained through ministerial involvement. The comments made by him described ministers as potential mediators or translators of the congregant's spiritual culture to the mental health professional:

> R: . . . think that a minister would also play an important function in recognizing and dealing with the cultural differences. . . . even though. . . this is an integrated society. . . oftentimes the deeper meanings and deeper values and stuff aren't related, and they don't understand how... can church be so important to you. . . Well, I don't understand, how come you're having problems on your job because you don't want to work on Sunday? And they don't understand, . . . because we were raised this way through generations, you know. You know, so I see the minister as. . . providing that gap in between there.

The minister pointed to his role as a liaison between the mental health professional and the church member. In this capacity, the minister's role would be that of helping to articulate or interpret the congregant's spiritual culture to the mental health professionals.

SPIRITUAL DISCERNMENT

"Spiritual Discernment," or a minister's ability to detect when a problem or issue that a congregant presents has a spiritual base was associated with the ministers' expressed need for collaboration:

I: . . . If you were going to have that kind of collaboration. . . between all those professionals, what role do you think ministers can play in that relationship?

R: I think ministers could play in helping them pinpoint where the real problem is. . . a spiritual discernment as to where the real problem lies. Because sometimes you can be working on one end, and really the problem's not there, it's a deeper problem that may be . . . through discernment through the Holy Spirit that people could ascertain and go to that point.

Each of the ministers who commented about the necessity for collaboration made references to the different skill sets that they saw as necessary to fully meet congregant needs. Two of the ministers identified the role that ministers could play in translating the congregant's spiritual culture to the mental professionals treating the congregant.

LACK OF EXPERIENCE CREATES RISK

The "Lack Experience" component is also a part of minister referral criteria. This component, seen to the right above the "Referral Criteria" node in Figure 8, refers to minister-stated concerns that providing services that are outside of one's expertise can create liability issues for the minister. One minister articulated this concern in the following:

R: We will encourage, if we feel, if I'm talking to a young lady, even if I feel that her emotions are so caught up in the whole thing about being worthless that she needs some more counseling, we might refer her to a psychiatrist. Because we do know that we aren't equipped. And matter of

fact, we could get sued. . . . for going places that we aren't . . . educated, or know what we're doing . . . we basically deal with the spiritual man. So there might be some things that we could share with them about other parts and other things in their lives, other things that's going on in their lives. But you have to be very careful, because of the whole thing of people take you to court, suing you. . .

In this passage, the minister acknowledged that she did not have the skills to intervene with someone who may need something more than supportive pastoral counseling. She also spoke to the risks of litigation in the event that she operated outside of her defined expertise as a minister.

REFER WITH REOCCURRENCE

The "Refer with Reoccurrence" component, seen in Figure 8, was identified as a criteria for referral set one of the ministers. In this instance, referral would typically take place when the congregant presents with problems that tend to resurface after ministerial intervention:

R: . . .we're taught in ministerial school, you . . . really don't see anybody over three times on the same issue. Come back, they have to give you another issue. But on the same issue, three times and out.

Another minister reported using reoccurrence criteria with regard to physical problems:

R: And you may pray for that individual, and you know, they may get relief, um. But if it's something that's reoccurring [*sic*] . . .then you say, well. . . this is something that's happening a lot, and perhaps you do need to go to the doctor and get it checked out.

"WOULDN'T REFER BLINDLY" linked with "WOULDN'T REFER IF IMPROVED"

"Wouldn't Refer Blindly," a component part of the referral criteria domain, refers to the ministers' standard of making referrals only to known sources. This component is associated with "Wouldn't Refer If Improved," a code component referring to ministers' decisions not to refer if a congregant's condition had gotten better. The association between the two components is illustrated in the following dialogue, in which this minister identified two factors that would influence a decision on whether or not to refer a congregant.:

I: Are there circumstances under which you wouldn't refer someone?

R: . . . Well, if you're working it out, and the persons are progressing. . . getting better, succeeding, etc., whatever it is, there would be no need to refer, that's the only thing. And the only other time I could see, if I really couldn't find the background of someone, I just would not put a person out there to anybody in the world, because I would be too afraid, nowadays, the way people are, to just turn them loose to the Yellow Pages.

Summary of minister referral criteria.

There are a number of issues for which ministers would consider making a decision to refer congregants to helping professionals. Ministers highlighted concerns about the legal risks of assuming responsibility for providing services beyond their area of expertise as being one situation in which a referral would likely be made. Instances in which congregant problems repeatedly occurred were also cited as a reason for referral. Improvement in the congregant's presenting condition and unfamiliarity with a referral source were mentioned as circumstances in which a minister would not refer.

Characteristics of Referral Sources.

In addition to identifying criteria for referral, ministers also pointed to certain "Referral Characteristics" and concerns that they may have had about those to whom a referral is made. The " Referral Characteristics" domain, located on the left center side of Figure 8, reflects the standards and concerns that ministers have regarding the persons to whom they refer church members.

FOUNDATION IMPORTANT

The " Foundation Important" component emerged as a property of minister referral criteria. It identifies the minister-stated importance of mental health professionals having a biblically based, Christian foundation in order for the minister to consider making a referral. Two of six ministers stressed this type of foundation as being critical. Their perspectives are illustrated in the following passages:

> R: . . .But I always looked and tried for a Christian counselor. I definitely have not, would not just refer, look in the Yellow Pages, kind of thing. Not at all.

The other minister shared the following:

> I: sounds like with . psychologists and social workers like having Christian, people with a Christian foundation is an important part of making that referral.
>
> R: Yeah. That would definitely be. . . because I just wouldn't send them out to anybody. I would want them to. . . have the Bible as their working knowledge, as well as. . . maybe they have the education and training, but I believe that they need. . . to know the Lord themselves, you know, so

they can take what God has given them through their education and help that person.

IN TOUCH

The ministers making reference to this component of referral characteristics indicated that the professionals with whom they collaborated needed to be responsive to the congregant and minister's Christian points of view. This responsiveness would include being sensitive to the role which religion might play in the client/congregant decision-making process:

I: What kind of things do you think social workers, psychologists and medical doctors can do to be helpful to folks?

R: . . . I think that they . . .just . . . need to be open in what they say. . . not shut the ministers out. . . .. Some of them think that they have all the answers, but we all know that we don't. . .. if they're open to allow Christianity to be a part of the process, then it may help them get closer or quicker to the problem and bring about a solution.

Another respondent, in the context of discussing the importance of collaboration between human service agencies and ministers, expounded on the need for spiritual sensitivity in human service professionals:

R: So I find those agencies really help, really handy. Especially if they're open towards having that individual make a choice that could revolve around their religious belief system instead of trying to discount it saying, well, maybe you ought to think different. Because that's what happens sometimes. If therapists could be more in touch with a person's religion, and how they make decisions. . .instead of going by the textbook, I feel a

lot of good can come out even between the minister and maybe social workers.

Minister comments in this instance centered on the significance of being able to refer to service providers who were sensitive to individual's faith, and open to allowing Christian perspectives to be integrated into the helping process.

VALUE CONFLICT

Related concerns were expressed about the potential for " Value Conflicts" between ministers and mental health professionals. This component is identified as a property of the " Referral Characteristics" domain, and refers to ministers' misgivings that the values of secular mental health resources may be diametrically opposed to a Christian perspective. One minister, in reporting that she refers church members to therapy, expressed apprehension about therapists holding perspectives that may run counter to a Christian worldview:

> R: And I do. . . encourage people to get in therapy because of the lack in the church. You know, and it's unfortunate. I wish it was, I wish it was, I wish we had more resources. . . and it's a shame that you have to go into the secular world to get counseling or therapy that may not always coincide with your religious understanding. And so . . . that's a real big concern of mine. I just hope that one day we'll reach the point where we can meet those needs also. . .

The potential difference in values between secular providers and the Christian congregants whom ministers wished to refer were of concern to some ministers in the study.

Summary Characteristics of Referral Sources:

Issues that ministers have related to characteristics of those to whom they would refer ranged from concerns around differences in belief systems to desires that providers be Christian and biblically based themselves. Ministers expressed a desire that providers would have an understanding and appreciation for the Christian faith and be willing to include ministers as part of the helping process.

Final Summary of Minister Referrals:

Ministers identified several factors that would influence the referral process. As a group, they were open to the possibility of referring to mental health professionals for the mental health needs of the church members whom they serve. There were criteria and standards that ministers set as a context for referrals. Ministers reported that they would refer under the following conditions: (a) when a church member presents with problems outside of the minister's scope of experience, (b) when the minister identifies a resource suitable to meet the expressed or observed needs of a congregant, and (c) when their lack of skills relevant to deal with the issue presented created risk for the congregant (and the clergy).

CHAPTER V

Discussion

This chapter is devoted to discussion of the results of the present study. Specifically, I will review the purpose and results of the study, summarizing the findings in terms of the similarities and differences in themes that emerged from the network analyses of focus group and individual minister responses. I will also discuss the results specific to minister opinions and reports of referral practices, and the results of the negative case analyses of unexpected results. Next, I will discuss the strengths and limitations of the existing study, followed by a discussion of the implications for social work practice and future research.

It should be noted that there are many denominational and non-denominational affiliations that exist within the Protestant church, in general and the Black Protestant church specifically. The different groups represented among the focus group and individual interview respondents share many common perspectives, as well as conflicting views relating to doctrinal issues, sacerdotal activities, and eligibility to function within ministerial or pastoral roles. Given these differences, the reader is cautioned to refrain from viewing the focus group and individual respondents as a monolithic group.

The reader is also advised that the individual responses discussed are not meant to be representative of all Black church going congregants or ministers. The following account describes responses from specific respondent groups who were interviewed at a particular point in time.

Summary of Purpose and Results.

The purpose of this study was to conduct a qualitative analysis of secondary data on congregant and clergy perspectives on congregants seeking help from clergy. A secondary purpose was to explore clergy attitudes and practices regarding referral of congregants for mental health services. Grounded Theory methodology was used to code, categorize, and develop network maps of relationships between codes and categories. Hypothetical relationships between code components were tested against the textual data, and relationships that were not confirmed by the data were removed from the final network map depictions. In examining the data to identify actual connections between components, clusters of code components were grouped in domains, which served to further shape the relationship analysis. Several themes emerged in the course of this iterative process, and they are discussed below.

Help-Seeking Factors.

Congregants

Congregants in the study were likely to seek clergy help for marital and family issues, spiritual development and direction, practical support, and life cycle issues related to death and dying, illness and healing.

Congregants reported seeking clergy for marital issues after unsuccessful attempts at resolving them by themselves. Clergy assistance was also sought regarding congregant conduct within the marital relationship and advice regarding how to structure one's prayer life in a manner that would be most beneficial to the marriage.

A common theme for which congregants sought minister help was related to matters of spiritual development. Congregants reported that pastors were commonly approached as a resource for clarifying and interpreting biblical scriptures; some saw this as the sole purpose for seeking their minister's help. Congregants also sought ministerial assistance in how to apply Christian principles in their daily lives.

Prayer was also a common issue for which congregants reported seeking clergy help. Prayer requests were often linked to life cycle issues of death and dying and illness and health.

Some congregants identified pastor factors that were related to their decisions to seek help. Trustworthiness of pastors was linked to three qualities: the ability to maintain confidentiality with sensitive information shared by church members, the demonstration of spiritual maturity, and the ability to offer comfort were related to perceptions of their trustworthiness of the pastor.

Ministers

The ministers in this study were consistent with congregants in their estimation of those things for which congregants would seek clergy help. Marriage and family, spiritual development, life cycle and practical support, with some variation, were domains that were common between the two groups. Ministers also reported that congregants asked for assistance with relationship issues and substance abuse problems.

Marriage and family factors for which ministers reported being sought included marital problems such as loneliness and abandonment. Problems with parenting and single parenting were also among the problems for which ministers

were sought. Ministers indicated that they were frequently asked by congregants to help in their spiritual development. Direction related to congregants' spiritual purpose in life was included within this domain.

In terms of life cycle issues, ministers stated that were typically approached for help around death and bereavement issues, including help with the planning of funerals of loved ones. Ministers also indicated that congregants sought their help and prayer in dealing with illness.

Ministers said that congregants approached them for practical support related to problems at work; they reported that money and food were often requested. Lastly, ministers indicated that congregants sought assistance for help with non-marital, non-family relationships including dating relationships, and conflicts with other congregants.

Summary-Seeking Factors:

My findings on Black congregant reports on help-seeking from clergy were consistent with what we know about the central role of Black Christian clergy in the lives of congregants (Bell, 1998). Help-seeking in the areas of marriage and family, and spiritual problems have been reported by both congregants and clergy. Mollica et al. (1986) found similar outcomes related to the kinds of counseling in which clergy were deeply involved. My findings related to Black congregant and clergy reports of help-seeking for death and bereavement issues are consistent with those identified by Neighbors et al. (1998).

Minister reports of congregant help-seeking were consistent with Mollica et al. (1986) empirical studies on Black clergy provision of assistance for congregants with substance abuse problems. Eighty six percent of Black clergy

reported seeing congregants with substance abuse problems. My findings that ministers in the present study reported being asked for assistance with issues of depression might link with the Mollica et al.'s findings of 52% of clergy reporting that they of encountered congregants with some form of diagnosed mental illness.

Avoidance Factors.

Congregants

There were a number of congregant and pastor factors linked with congregant reluctance in seeking ministerial help. Congregant factors in avoidance included concerns about discussing sexual matters including pre-marital or extra-marital sex, same sex attractions and involvements, and situations in which the congregant is currently engaged in activities that are not typically condoned by traditional Christian standards. Intentionality also played a role in congregant avoidance of pastoral assistance; if a congregant made a specific decision to continue engaging in the prohibited activity, he[18] was likely to avoid seeking ministerial help. Shame was a salient factor identified by male participants as a factor in congregant reluctance in seeking help; shame was linked to male congregants' concerns about their images, and tendencies not to disclose needs (machismo). One male congregant also reported shame at breaking a promise made to his congregation to refrain from a certain behavior as a factor in avoiding pastoral help. Discussion of sexual intimacy problems in the area of marital and family issues was also raised by male congregants as an area of congregant avoidance of help-seeking.

[18] The use of the pronoun "he" in this instance relates to the fact that this discussion about intentionality was only found within male focus group responses.

Congregants also reported avoiding clergy for financial concrete support, and linked this reluctance to concerns about persons other than the pastor being involved in the transaction (e.g., financial request being processed through deacons in the church).

Some congregants reported that they distrusted ministers due to concerns about ministers disclosing sensitive information, either intentionally or inadvertently. Some female congregants expressed fears about pastors using information shared about their past sexual victimization to prey upon them. Female congregants indicated that revictimization was most likely to occur in churches where church leaders engaged in sexist behaviors, handling women's sexual wrongdoings more severely than that of men. Based upon comments made during focus group interviews, congregants' distrust of pastors was grounded in their personal experiences or the experiences of others whom they knew.

Other factors were influential in congregants not seeking ministerial help. Some congregants reported that they sought help from other means, such as friends and family, or other spiritual supports, such as mature, spiritually experienced women (commonly known in many Black churches as "mothers of the church"). They indicated that they would seek alternate resources such as accountants and psychologists if they saw them as having more expertise than that of their pastors. Other congregants expressed reluctance in approaching ministers out of concern that certain disclosures made to pastors would damage the pastor's image of them.

Ministers

Ministers were also clear about the types of issues for which congregants might be reluctant to seek help. They were specific that issues related to sex, sexually transmitted diseases, addictions, and domestic violence were not likely to be brought to them by church members. Ministers felt that congregants would not ask for assistance if they were perpetrators of child sexual abuse, or if they had problems with marital sexual intimacy. One area of avoidance cited by a pastor related to women's shame connected with racial self-hatred based upon her being "too black."

Ministers did not cite pastor distrust among those factors that might inhibit congregants in the help-seeking process.

Summary of Congregants' Avoidance of Ministerial Assistance

Congregant reluctance in approaching pastors for matters relating to sexual activities comes as no surprise, given Christian principles that forbid sexual activity outside of marriage. Married congregants also cited difficulty in discussing problems with sexual intimacy issues. Sexual matters are awkward to discuss; they are even more difficult to discuss because sexual sins are often seen as more serious than other transgressions, and can result in a person being asked to step down from positions of spiritual authority. In addition, with very few exceptions, it is uncommon for clergy to discuss sexuality from a religious framework, leaving the topic unaddressed, positively or negatively, within the church body.

The latter part of the twentieth century was marked with disclosures of sexual abuse at the hands of Catholic clergy (Malcolm, 1997) and highly

publicized reports of moral and legal lapses among spiritual leaders in the Protestant church (Lee, 1997; Wilson, 1997). As reflected in the comments of female respondents, and in the broader culture of the Black church, concerns about sexism in the Black church still exist. Gender tension is created when a predominantly female run institution is headed by primarily male leadership, and access to women operating in leadership positions is hampered (Gilkes, 1998; Higginbotham, 1997; Lincoln & Mamiya, 1990).

Given these realities, congregant reports of distrust of pastors are understandable. Congregant accounts of personal experiences with pastor betrayal also evoke questions about the number of female respondents in this sample and beyond who may have experienced betrayal from ministers or others in spiritual leadership.

Practical Support: Many congregants indicated that they would be reluctant to seek help for financial reasons. This response is consistent with research findings that indicated that Blacks with economic problems were less likely to seek clergy help in economic matters than with such personal issues as those relating to death and dying (Neighbors et al., 1998), and more likely than Whites to seek help from mental health professionals when economic issues surfaced (Broman, 1987). Several possible explanations exist for this phenomenon. As Broman theorized, respondents may not seek clergy because the financial issues have created a sufficient level of psychological distress to prompt them to seek the help of mental health professionals. Another possible reason may be related to congregant comments about not wanting third parties involved in the financial help-seeking process. Concerns about privacy, and

other parties being privy to information related to the monetary request may deter church members from asking for monetary assistance. There may also be an element of pride tied into congregant's reluctance in asking for money. Shame factors related to the lack of money might also affect the congregant's willingness to seek help.

Minister Referral Practices:

The literature offers mixed findings regarding minister referrals to mental health resources ranging from reluctance (Lyles, 1992; Solomon, 1990) to endorsement (Chang, Williams, Griffin, & Young, 1994; Mollica et al., 1986). Ministers in the current study cited a variety of situations in which they would refer congregants for additional help. These referrals were typically linked to minister identification of serious emotional issues that were outside the scope of their expertise. Referral was also linked to reducing the risk of litigation against the minister for operating outside of his/her area of expertise.

Referrals were likely to take place if the minister thought that the problem that the congregant presented was medically related, such as physical or psychological/emotional problems. Some ministers would recommend that congregants seek additional help for problems with substance abuse. One minister indicated that she referred congregants to funeral homes for grief counseling if they sought her help after losing a loved one.

Overall, the ministers in this study were not opposed to referral of congregants for mental health or other issues. There was a recognition that referrals would be most appropriate in instances in which congregant problems were beyond clergy areas of expertise. There was a stated desire that the

referral provider have a Christian foundation. Some ministers would be cautious in referring if they thought that the mental health providers were insensitive to the spiritual perspective of congregants, and unwilling to collaborate with them as part of the helping process. This concern was also consistent with previous findings (Lyles, 1992)

Negative Case Analyses

Negative case analysis refers to the identification of data that does not fit into assumptions about expected findings. The following describes findings that fell outside of what I had expected to see in the responses from the congregants and clergy in this study.

Congregant Help-Seeking

Racism and racial incidents can be a regular part of the Black experience. Everyday racism can come in the form of covert or overt encounters, at work or other locations, and with those who may not be culturally sensitive (Williams, Neighbors, & Jackson, 2003). It was anticipated that participants might discuss issues regarding their encounters with racism. Black males are overrepresented in police stops, arrests, and in general are the object of racial profiling activities (Barovick, 1998). In light of this, it is surprising that male respondents made no mention of seeking pastoral help, either to vent or to obtain guidance surrounding appropriate spiritual responses related to racist encounters. There are some possible explanations for this. Racial profiling incidents may be so common for male respondents that they believe that approaching a pastor about this would be futile Taking into account the perception that pastors are human, with problems of their own, respondents may also wonder how helpful their pastor

could be when the pastor may be experiencing the same type of race-based negative attention as the respondent. There may also be a level of de-sensitization, in which respondents have moved to a point of ignoring or repressing the racist encounters that occur.

Another explanation for this is that the respondents may have developed adaptive survival strategies in order to cope with the impact of racism. Rasheed and Rasheed (1999) state that this population of men is not typically studied in the social science literature. They also indicate that these are the men who have developed a level of masculinity that avows their racial and ethnic identity while moving beyond the negative effects of racism. Religiousness and spirituality are among the methods used by Black men to cope with racism (Hunter & Davis, 1992). It may be that the men involved in this study have developed functional skills in coping with racism, and hence have less of a need to raise these issues with their pastors.

A second unexpected research finding related to the use of mental health services. Research indicates that Blacks, as compared with Whites, tend to underutilize mental health services, even when controlling for diagnoses and sociodemographic differences (Snowden, 1999). In light of these findings, it is surprising that respondents would see mental health professionals in lieu of pastors. Some respondents indicated that they would seek professionals because they have expertise that their clergy lacks.

A possible explanation may relate to the focus group sample, which was drawn from an area in which three major universities are based. Examination of the transcripts revealed that some participants were professional and college

educated. I am aware of at least three students who were represented in the focus group sample. Others made reference to completing community college or some other form of higher education. Given the college environment from which the sample was drawn, and the age ranges of those in the study, it is likely that more students were involved. Research on mobilization of supports in times of difficulty infers that Blacks make broad use of family and friend networks in crisis situations (Chatters, Taylor, & Neighbors, 1989). Education is linked to seeking help from mental health professionals. Blacks having some college and college graduates were significantly more likely to seek a doctor's help for mental health needs than high school graduates (Neighbors, Caldwell, Thompson, & Jackson, 1994). Yet empirical data also suggests that Black college students are less likely to utilize mental health professionals and more likely to use traditional religious services than their White counterparts, but have low incidence (15%) of seeking help from clergy (Ayalon & Young, 2005).

These seemingly conflicting findings may relate to the common practice of college students attending universities that are distant from their homes. Bell (1998) found that church going Blacks ranked their pastors as being second only to family members as a trusted source of help when in times of extreme personal stress. Three factors influenced their help-seeking : (a) strong confidence in the church (b) high levels of congregant involvement in the church, and (c) congregants' positive attitudes toward their church.

The student respondents in the current study may have had church affiliations and connection with pastors where they reside. Being in a new environment , sometimes without transportation, and juggling multiple academic

and spiritual tasks could preclude students from establishing similar affiliations in a new location. This would impair opportunities to develop the confidence, involvement, and attitudes consistent with seeking pastoral help. While church services might be comfortable for college-age congregants, seeking help from a pastor with whom one is not familiar might be difficult.

Another explanation for congregant help-seeking may be linked to the research findings of Gurin, Veroff, and Feld (1960), who found that religious persons who wish to make changes are likely to seek mental health professionals, while those who are not invested in making changes are more likely to seek clergy, an interesting and suggestive explanation of Black congregant help-seeking

A study of Black college students inferred that higher degrees of Africentric cultural values as described by Karenga (1988)[19] were associated with a greater perception of stigma about counseling (Wallace & Constantine, 2005). High levels of Africentric values were also associated with greater self-concealment. They found that self-concealment, a person's tendency to withhold distressing or negative personal information, had a significant positive correlation with less favorable attitudes toward counseling and avoidance of psychological treatment. It is possible that the respondents in the present study may not have identified with an Africentric perspective. Distance from this value system could have been a factor in respondents' openness to seeking help from mental health professionals. One of the reasons for this distance from an Africentric

[19] These Africentric cultural values, also described as the "Nuguzo Saba" (Seven principles), are unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity , and faith.

perspective may relate to the fact that one of the cities in which congregants reside is well known as a racially integrated community. This integration may have had the impact of shifting respondents' world views closer to those of the mainstream culture. Hence, the responses related to use of mental health professionals may have been a reflection of respondent acculturation to the integrated environment.

Congregant Avoidance

The candor of some of the men in the men's group was unexpected, specifically with regard to the reasons given for refraining from seeking clergy help. While I suspected that church members would be likely to avoid ministers if they were engaging in behaviors that were considered wrong by Christian standards, I had not expected that there would be those in the group who would state explicitly that they would not seek pastors under these circumstances. Candid accounts of their reluctance in seeking help because of shame was also unusual. The lack of pretension was not anticipated, especially given that Black men have been described in social science literature as assuming a *cool pose* stance. This description refers to a careful masculine posturing of one's external presentation to convey a message of "pride, strength, and control," and can entail a denial and suppression of feelings (Majors and Billson as cited in Rasheed & Rasheed, 1999, pp. 31-32).

Negative Case Analysis: Minister Reports of Congregant Help-Seeking

One minister responded in a manner inconsistent with what might be expected when she mentioned that congregants typically sought her help in the area of sexual decision-making. The issue of when to engage in sexual

relationships may be one with which women struggle. That ministerial help is sought regarding when to make the decision to do so goes beyond the scope of what may be considered standard use of ministerial guidance. This runs counter to findings that have suggested this was an area of congregant difficulty (Taylor, Chatters, & Levin, 2004), and differed from most of the other minister and congregant responses in the study.

Minister Reports of Congregant Avoidance

Female focus group responses related to distrust of pastors was seen in stark contrast to minister respondents who did not indicate any knowledge about the extent and levels of distrust that church members may have of them. To gain a better appreciation of the historical context of the focus group and individual interview data were collected (interviews were conducted between 1999 and 2000), I reviewed some articles related to pastor and clergy misconduct that were published during the three years prior to the time in which these interviews were conducted. There were several articles which made reference to clergy abuse in both Catholic and Protestant churches (Malcolm, 1997; Wilson, 1997). I thought that the very public nature of these incidents might prompt some type of awareness that distrust might be an issue in the minister-congregant relationships. Related to this absence of reference to possible issues of distrust, I was also surprised that the ministers did not mention any minister factors that might contribute to congregant avoidance.

One possible explanation for ministers not discussing this issue is that they did not mention it because they did not perceive themselves as being involved in behaviors that would prompt distrust. Ministers may not be aware of

their colleagues engaging in these behaviors, either. Another reason that ministers may have omitted discussion related to distrust is that this issue was never discussed with them by congregants. For example, congregants who are unwilling to take their problems to pastors would also be unlikely to inform pastors about their unwillingness. This would especially be true in instances in which there is distrust of the pastor; congregants under these circumstances might be unlikely to disclose personal information to someone about whom they have suspicions. If ministers are not informed that a congregant is withholding information, they would not be in a position to report on what they are unaware of.

Minister Reports of Referral Practices

There were two unanticipated types of responses related to minister attitudes about referral and referral practices. The first related to referrals themselves, the second to the type of referral described by one minister.

Given the research citing Black minister reluctance in referring to psychiatrists (Lyles, 1992), I had expected more ministers to report that they had not referred congregants to external resources. I also expected some of the ministers to report that they would not refer at all, given concerns about matters of faith being discounted by secular therapists. A majority of the ministers reported that they either had or would refer congregants to mental health professionals, an unanticipated response. A possible explanation for this may relate to the geographic location in which the study took place. The fact that the churches with which the ministers are affiliated are situated in an area in which there are three major universities may point to there being a culture in which

mental health referrals are seen as viable options. Humphrey-Patterson (1993), in a study of pastors' attitudes about help-seeking for themselves and their congregants, found that pastors had more tolerance for the stigma associated with help-seeking for mental health when it came to their congregants than they had for themselves. The findings suggest that ministers may have been more open-minded related to congregants' needs for professional mental health help than they would for themselves.

Helping congregants to cope with death and bereavement issues has long been an integral part of the Black church experience. Pastors and ministers are often sought by congregants for help in coping with the loss of loved ones. Research indicates that Black Americans are most likely to contact clergy in time of grief (Neighbors, 1991; Neighbors et al., 1998) and clergy, in general, feel most competent in dealing issues related to death, dying and grief (Moran et al., 2005). Because Blacks have a history of being excluded from integration into mainstream societal institutions, they have often turned to the Black church, family and friends as a source of comfort and consolation during times of loss (McAdoo, 2007; Monk, 2006). Responding to loss and grief issue is an area in which the Black church is particularly positioned to respond (Moore, 2003).

In light of these findings, there was an unusual response to the interviewer question about how the minister responded when approached by church goers when someone had died. One minister indicated that she had started referring congregants to a funeral home for grief counseling when they sought her for help with death and bereavement issues. This response seemed counter-intuitive to

what one would expect to hear from a Black minister serving the needs of Black congregants.

STRENGTHS AND LIMITATIONS OF THE STUDY

Any research endeavor has its area of strength and weakness. I will discuss those strengths relative to the data set and my methodology. Recommendations related to future studies will also be discussed. Because this is a secondary analysis, any evaluation of strengths and weakness will also have to include some appraisal of the elements of the original study as they impact the outcome of the present study.

Data advantages

Audio tapes, in conjunction with researcher note-taking were used in the collection of the original data. Subsequent to that written transcripts of the focus groups and individual interviews were made using the audio tapes and notes made. Audio taping permitted the detection of verbal nuances, such as voice inflections, emotional intensity, laughter, and implied irony. Note-taking enabled the transcriber a degree of accuracy regarding which focus group respondent was speaking. The transcript format allowed a concrete record of what was said on the audio tape. I had access to the written version of the interviews. Having the transcript data stored with word processing software enabled me to import the transcripts of the interview into the ATLAS ti data management software program, and conduct a systematic analysis of the textual data.

Data limitations

In examination of the interview text, some transcription errors that were likely related to the transcriber being unfamiliar with the culture of the Black

Christian church. For example, one congregant cited a familiar biblical passage, which usually would read "By His stripes we are healed" (Is 53:5)[20] The transcript version of this phrase was "By strifes we are healed." In another instance, the respondent cited the biblical passage related to Jesus Christ being "the Author and Finisher of our faith" (Heb 12:2). The transcriber put "(author and friendships) of our faith." These types of errors could be reduced by enlisting transcribers who had a basic familiarity with the Black church, the Bible, and the Christian faith; another option would have been to have a person familiar with the culture of the Black church to review the tapes and transcripts for final editing.

Methodological advantages

Research Consultation Team.

Prior to the coding and analysis of this secondary data set, I had the benefit of input from my dissertation committee members who guided me in terms of realistically questioning the data. They cautioned me to identify what research questions the data could and could not answer. Work with my committee lead to a consultation opportunity with a colleague who had experience working with the same data analysis software that I was currently using. Conversations and email correspondence with this colleague prior to embarking upon the coding process helped to shape how I analyzed the data.

After completing the coding of the nineteen focus group and individual interview transcripts, I enlisted the help of two peer analysts, who worked closely with me on checking my coding system. They helped me focus my research,

[20] Scriptural references taken from ("The Holy Bible, New King James Version", 1982) , Thomas Nelson, Inc

synthesize my coding system, and identify situations in which I may have been biased in my interpretations.

Having a peer analyst with a qualitative research background was useful as a resource for decision-making regarding collapsing and refining code definitions, forming and refining the network analysis scheme. Her assistance was invaluable as I organized and analyzed the data.

The principles of Grounded Theory were beneficial in providing me with an explicit process of information management and analysis., The work of Strauss and Corbin (1990) was extremely useful.

Interview Format

The semi-structured focus group and individual interview format used in the original study allowed the gathering of detailed information about respondent thoughts and actions in a systematic fashion. This method complemented and expanded upon previous large sample studies that focused on what participants do and believe on a grander scale (Ambert, Adler, Adler, & Detzner, 1995). This format also provided a glimpse of the motivations, concerns, biases, and perspective of the study participants. Gaining this level of depth and breadth offers an opportunity to access respondent viewpoints on issues to which researchers are most typically not privy.

Collecting data on congregant help-seeking and minister referral practices using focus group and individual interview formats added to the voices of those Blacks who have participated in other studies. Their concerns, biases and preferences added texture and depth to the extant information on help-seeking

(Bell, 1998; Neighbors et al., 1994) and clergy referral practices (Humphrey-Patterson, 1993; Mars, 1995; Mollica, Streets, Boacarino, & Redlich, 1986).

Another methodological advantage in the original study came in the staffing structure, in which race and gender was matched between interviewer and respondents in order to create a context in which respondents would be ease, promoting candor and openness, while reducing the impact of gender or race differences (Taylor, et al, 2004).

Methodological limitations

INTERVIEW FORMAT

The limitations of the original focus group and individual format methods of data collection are typical for any small sample data set. The size of the sample precludes generalization to broader populations. In addition, while there was race and gender matching in the various interview formats, this matching could create bias based upon social desirability factors.

A specific limitation connected with the original study related to the wording of certain interview questions. While this study focused on responses to select questions, one cannot ignore the tone that could have been set based upon how the questions in the original study were phrased. Some of the questions were leading and either presumed, or implied, that faith and religious practices are always seen as helpful for congregants. Consider for example the following questions: "How does prayer help you with life's problems?, " and "What does prayer do for you?" Questioning in this manner implies that there are salutary effects of prayer, and that prayer does help respondents with life problems. Although these questions were not the focus of this present study,

they do suggest a positive impact of prayer as a spiritual behavior. Such questions may have inadvertently created a context in which there was little room to identify any negative aspects of certain religious or spiritual behaviors, and hence may have limited the range of possible responses.

Another area of concern related to one instance in which the interview protocol was not followed completely. When I examined the transcripts for the only older Black male focus group, I was unable to find any statements in the transcripts about situations in which respondent would not seek help from ministers. Closer examination revealed that the question had never been asked. Clearly, we are missing valuable data that might shed light on differences between genders, and age groups around the issue of help-seeking.

Four specific challenges surfaced in the sample selection process. First, the sample was selected from an area in which several major academic institutions are located. It is unclear the degree to which a "college town" culture might have influenced the types of participants who responded, both in the focus groups and individual minister interviews. Second, although one minister's church was located in the geographic area of the original study, it was not affiliated with a traditionally Black denomination, nor was it a non-denominational church with Black leadership and a predominantly Black membership. The wording of minister interviews was designed to be used with ministers affiliated with largely Black congregations. There was nothing in the interviewer's protocol that instructed respondents to answer interview questions based upon their experiences with Black congregants. Since the respondent was not affiliated with a predominantly Black church, and the interview protocol did not specify that

ministers were to base their answers on their experiences with to Black congregants, it is unclear as to what congregants Black or otherwise this minister was referring in her interview responses. In this instance, there was a problem with the selection of the respondent and the design of the instrument.

A third concern was that the five of the six respondents were female. While the numbers of Black women clergy who serve in leadership capacities in the Black church are increasing, it is well established that the pastorates of traditional Black churches are predominantly male. In fact, it is estimated that less than five percent of all Black clergy in the seven historic Black Protestant denominations are women (Lincoln & Mamiya, 1990). While the interviews conducted offer a representation of Black clergy, the absence of male respondents creates a major information gap and yet another missed opportunity.

The final limitation was that only one of the minister respondents in the original study was serving in a pastoral capacity at the time of the interviews. Within the Black church, pastoral responsibilities are substantively different those of associate ministers, elders, or other ministerial affiliates. In their landmark national study of Black churches, Lincoln & Mamiya (1990) surveyed over 1500 Black clergy regarding their pastoral responsibilities. The clergy responses, ranked from greatest to least in importance, were: preaching, teaching, administration, leadership of groups within the church, leading worship, civic leadership, visitation and counseling, and fund-raising. In addition to their church-related duties, just over 38% of 1439 urban clergy were employed in occupations in addition to their pastoral responsibilities. Pastoring itself is a more

than full time position, as the one pastor in the study stated when talking about minister's role in working with mental health and other helping professionals:

> R: And that's why 24-7 we're on our job. You know, I don't have a job that takes me to church at 9:00 every day and I leave at 4:00. Those may be the times that I'm there in that building. But say 4:30 I might get home, somebody might call me on the phone and say, "My mother's in the hospital and she's dying. Can you come and pray?" Guess what? My dinner is left on the stove and I'm going to the hospital or wherever this person might be. When I come here from that, 8:00, I might get another phone call that somebody just need to talk to me. And I'm talking until 9:00. 10:00 I'm trying to get into bed. 11:00 I'm asleep. 2:00 in the morning, somebody might call and say, "I was just in a car accident." Or whatever. So we don't have a job that we have a quitting hour on. We don't. We're just there. . . .

Ministers who do not operate in a pastoral capacity can offer only incomplete information about the broad range of problems for which congregants sought ministerial assistance.

Recommendations for future studies

Some of the problems cited previously relate to the uncommon nature of this type of study. It is understood that in any new endeavor there are likely to be oversights and mistakes from which one can learn. The following recommendations are offered to enhance any future studies of this nature.

Data collection methods can be enhanced by adding video taping in addition to audio taping and note taking of focus group and individual interviews.

Videotaping focus group sessions would enrich the research process by capturing individual non-verbal behaviors in response to the questions posed, to the facilitators, and to the other members of the focus groups. Videotaping would also allow assessment of the level of investment and truthfulness of the responses based upon the tone of voice that respondents use in the discussion. For example, was there a cynical tone in response to the questions? Did people respond in "Chrisitianeze" (i.e., was their language peppered with jargon popular to the Christian culture)? Did they speak in ways that would present an idealized image of what a Christian "should" be? Were respondents fully engaged in a lively dialogue, or did the conversation drag along, with polite, reserved responses? Having the visual aid provided by video taping could help the researchers to identify those respondents who may be less than genuine and enable them to incorporate some observations regarding the posturing of the respondents as part of the final data.

This would undoubtedly require additional time, materials, man-power, and resources. The yield, however, would be a more richly textured and informative look at the relationship between pastors and congregants, and could help to inform ways in which helping professionals might offer complementary assistance to ministers as they face the difficult task which pastors have in ministering to their flocks.

METHODS

Interview Format

For future studies of this nature, one might employ prolonged engagement and member checking procedures to enhance the validity of the findings.

Prolonged engagement would enable the researcher to revisit information that was previously shared by the research participant. This would create a check and balance process to insure accurate and adequate representation of material that was discussed. This strategy involves interaction with the participants over extended periods of time and creates opportunities for establishing rapport and repeated observation. Such extended contact can also enable the researcher to see how respondents operationalize help-seeking and help avoidance. Interactions of this nature would also create the opportunity for co-creation, with the participant to supplement, contradict, complement, or clarify information that the researcher had collected (Lietz, Langer, & Furman, 2006).

Member checking entails taking the data and interpretation back to the participant for confirmation of the recorded account. This method allows for further accuracy, and creates a feedback avenue for the researcher around ways in which the data collection, recording, or interpretation helped or hindered the process of member involvement. Incorporating this procedure would add to the to the trustworthiness of the findings by providing an opportunity for participants to react to the data and the final written account (Creswell & Miller, 2000; Lincoln & Guba, 1985).

Sample

The sample drawn for the original study was based on self-identified Black Christians who were active in church bodies. It is understood that the number of Black Christians who attend church is declining for various reasons. In spite of this declining attendance, many Blacks still see themselves as spiritual (McAdoo,

2007) and participate in activities that they view as religious or spiritual (Taylor, Mattis, & Chatters, 1999). In light of this trend, it would be informative to conduct research on Black Christians who do not attend church. Research would examine their perspectives on seeking help from pastors, ministers or other sources of help. This line of inquiry might clarify decisions related to non-attendance and reveal what, if any ministerial factors may have contributed to non-involvement in the church. In addition, this area of inquiry could inform social workers on the types of issues they might expect from Black Christians not attending church.

Conclusions

Implications and Recommendations

Implications for Social Work Practice

Clinical Implications

Comments made by congregants and clergy can provide social workers with ideas for lines of questioning in the assessment process. For example, in working with Black Christians, social workers could:

1. Ask clients if they have a spiritual life. If so, inquiry can eventually move to exploration of church affiliation and the client's relationship with the pastor, where applicable;
2. If there is an affiliation, questioning can center on whether client has used the minister/pastor as a resource when problems occur;

3. Inquire whether the client would be wiling to sign appropriate releases for communication between the pastor and the human service agency employing the social worker.
4. Ask the client if he or she would ever be interested in having the pastor accompany to his or her counseling session.
5. Be prepared to discuss areas that the client may be uncomfortable bringing to their pastor. Sensitive areas, gleaned from study respondents, include issues related to sexual activity, sexual identity issues, and same sex attractions, domestic violence, and shame. Exploration may be required to determine what the client sees as a "terrible" transgression that cannot be discussed. The social worker should also recognize that the client might have difficulty discussing these areas in general.

Congregants in this study described having difficulty seeking pastors for financial support. Research indicates that Blacks are more likely to seek help from mental health professionals for economic problems, theoretically due to the psychological impact that financial problems would have on family life (Broman, 1987). This points to the likelihood that Blacks would seek professional social workers' help in times of financial difficulty. Social workers, therefore, should be alert to psychological or emotional problems that may challenge these clients.

In reflecting upon participant comments, social workers should consider several areas when serving Black Christian clients. First, social workers should be sensitive to the attitudes that Black Christian clients have toward help-seeking.. Social workers working with clients can ascertain whether they are

comfortable seeking pastoral help or see themselves as being able to handle problems on their own, perhaps by seeking God directly through prayer. Having an idea of what help-seeking methods are important for Black church goers can offer the social worker a starting point for their critical work. Social workers can utilize Interventions that build on functional help-seeking methods and assist the client in expanding or refining his or her repertoire of help-seeking methods.

Social workers who encounter congregants who allude to issues of distrust of ministers should be sensitive to the possibility of actual or perceived abuses by spiritual leaders within the client's present or past church affiliations. In these instances, the social worker may explore incidents of past spiritually-related abuse, and, where appropriate, help the client to work through the residual impact of that abuse. The social worker also needs to be mindful that the client may distrust ministers and fear being revictimized. While fear and distrust may have originated within a spiritual context, they may also surface in the form of transference issues in the relationship with the social worker.

In situations in which abuse has taken place or some trust has been betrayed, the social worker is in a unique position to provide a context for repair of relationships. This can entail helping the client to realistically assess the degree to which reconciliation can take place, and either engage in a process of identifying the offense and working it through to a point of forgiveness, or learn how to let go of the relationship as a means of self protection (Blue, 1993).

If the past abuse was caused by a minister, the social worker may consider engaging the client in assessing the trustworthiness of the present

pastor. If that pastor is seen as a person of integrity by client, the social worker may recommend that the client meet with the present pastor and share the past hurt as a way of moving toward reconciliation, and a positive relationship with the new pastor. The social worker can offer to be present during these meetings as an additional support, or role-play how the client might approach his/her pastor.

Very clearly social work professionals, as mandated reporters in cases of child sexual abuse, should respond accordingly to disclosures of this nature. In other circumstances where the abuser and the victim are both adults, the social worker may need to help the client to decide upon whether or not criminal action needs to be taken.

The Black women congregants in this study reported distrust of ministers based on personal experience or second-hand accounts of betrayals by clergy. They also cited instances of sexism against women as being common among those in spiritual leadership positions. Given Black women's vital role in the functioning of the Black church and their majority representation in church membership (Lincoln & Mamiya, 1990), social workers need to be prepared to work with this group and the issues that may surface. Social workers may provide services for this group as part of the congregation, or as an external resource to the church.

There are undoubtedly many more areas of intervention and lines of questioning that could be explored. The examples given were meant to provide social work practitioners with a few suggestions of ways to support their Black church-going clients.

Implications for collaboration with clergy

The clergy in this study indicated a desire for collaboration with mental health professionals. In considering this expressed desire, social workers can be proactive in seeking to establish relationships with them, being mindful that some clergy may have specific expectations regarding the social worker's faith background. Social workers should anticipate questions from clergy regarding their Christian affiliations and views on biblical approaches. The social worker needs to be prepared to respond to these questions in a genuine manner while conveying commitment to respecting the belief systems of the congregants.

Clergy, in turn can provide the social worker with an understanding of the spiritual context within which the client operates. They can help the social worker become aware of the basic beliefs of the church, as well as the specific practices in which the client engages. This input can help the social worker to determine whether the client is operating under mistaken or distorted perceptions of the tenets of their faith, or practices within their congregations (Joseph, 1987; Lovinger, 1990).

Clergy may also serve as a vehicle for encouraging families of mentally ill members to seek intensive help when needed. Pastors may be able to aid in encouraging congregants to remain in therapy, thereby reducing the likelihood of premature termination of treatment, a common response of Black clients (Ruiz, 1985; Sue, McKinney, Allen, & Hall, 1974; Sue, 1977; Terrell & Terrell, 1984). Given that ministers typically see congregants over time and in a variety of contexts, they can provide useful input to social workers regarding changes in

client behavior, or situations that may affect the client such as the death of a spiritual mentor (Clinebell, 1965; Klink, 1960).

Studies of collaboration between psychologists and clergy show the need for mutual trust (Chaddock & McMinn, 1999). This has implications for social workers. Trust forms the foundation for an effective working relationship and proper coordination and delivery of mental health services by social work professionals, clergy and other pastoral staff.

On the part of the clergy, there needs to be recognition of when the needs of congregants exceed their abilities to respond effectively. Similarly, in a mental health setting, social work professionals need to be able to identify issues that are most suitably addressed by ministers and the pastoral staff. They also need to be willing to consult with clergy if clients appear to exhibit a distorted understanding of religious matters.

In a study of collaboration between psychologists and clergy, McMinn, Aikins, and Lish (2003) identified respect for clergy and communication with clergy as the qualifications needed for basic collaboration. For more advanced forms of collaboration, an awareness of spirituality and shared values were deemed important. It would be beneficial for social workers to understand this in collaborations with clergy.

Given the research that indicates that many clergy are unable to recognize signs of serious mental health concerns (Domino, 1990), it may be useful for social workers to offer pastors and ministry teams information about mental illness and guidelines for making referrals. Similarly, given apprehension about social work practice related to spiritual matters, it may be beneficial for clergy to

provide social workers with information about issues for which pastoral counseling may be beneficial (Kaplan & Dziegielewski, 1999).

Implications for Research

Taylor and his colleagues' original study was both necessary and groundbreaking in exploring congregant thinking about spiritual practices, the use of pastors, and church support in bolstering mental health (Taylor et al., 2004). That knowledge provide a subtext for extant quantitative studies on Blacks and religion.

My qualitative, secondary data analysis of the focus group interviews offered rich information regarding pastor characteristics that served to either help or hinder the help-seeking process. This was seen in congregant reports of being likely to share problems when they felt they were able to trust ministers as well as their reluctance to seek help when other conditions were present.

This research could be enhanced by adding open-ended questions that explore the types of pastor attributes that make pastors appear more or less approachable in the eyes of their congregants. It would also be interesting to gather more information about denominational affiliations, as well as how gender or age affect congregant perceptions of ministers. The original recruitment process identified church affiliation of respondents as a means of group assignment. Future research would benefit from tracking responses by denomination and church affiliation. Research could be further enhanced by interviewing the pastors of the churches attended by focus group participants to obtain a better sense of similarities and differences in responses and perspectives.

Another means of gathering information on pastor characteristics is to develop a survey that includes questions related to positive attributes, (e.g.,, ability to comfort, maintenance of confidentiality), as well as negative attributes, (e.g., lack of genuineness) and their impact on congregant tendencies to seek or avoid seeking help. Other open-ended questions regarding congregants' thoughts about what makes pastors approachable or unapproachable could also be asked. Finally, research might examine pastoral traits, such as availability, that promote or hinder congregant help-seeking.

Five female ministers and one male minister participated in this study. Within this group, only one female served in a co-pastoral capacity. Clearly, this is not representative of pastoral leadership in Black churches, which tend to be largely male-headed institutions. Future studies need to develop assertive and culturally competent strategies to engage male pastors. These strategies need to take into account the very public nature of pastoral roles.

It would be helpful to establish meaningful, mutual, and trusting connections with the Black pastoral community *before* attempting to request involvement in research studies. It would also be beneficial to communicate to the intended parties what the researcher wishes to do with the results and to plan for a means of prolonged engagement to enable pastoral input on the data which emerges. Within the Black community, Black pastors are held in high esteem and reverenced among Black worshippers. In recruiting pastors, researchers need to be sensitive to Black pastors' reluctant to engage and be open about their private experiences. Future studies would ideally include a Black male pastor who is well-connected to the Black clergy community as part of the

research team to facilitate communication with Black clergy, and serve as a cultural broker between the research team and the pastoral community.

In light of the issues influencing Black Christian congregants and their help-seeking with pastors, it would also useful for social workers to understand the kinds of problems for which Black Christens will seek social work assistance. Research would examine discomfort or trust issues about discussing spiritual matters such as congregant relationships with God or their use of prayer.

Summary

The Black Christian congregants in this study identified several factors that influenced their decisions to seek or avoid seeking help from their ministers. Relevant factors in congregant help-seeking related to marriage and family matters, death , illness , and spiritual development. Salient avoidance factors related to sexual activity and same sex attractions. Gender themes of note were distrust of pastors by females and shame over acts committed by males . This was consistent with research related to Black help-seeking in times of distress.

Ministers identified congregant help-seeking regarding relationships among single congregants, an area not mentioned by congregants. Ministers were open to making mental health referrals, but were concerned about the faith of mental health professionals and their willingness to collaborate with them. All the ministers endorsed collaboration with mental health professionals and social service agencies as important for serving congregants. Clearly, ministers are important resources for social workers. Social work has a role and place in collaboration with ministers as a means of providing comprehensive and holistic services to the congregants whom both clergy and social workers serve.

Appendices

Appendix A

Focus Group Protocol

Appendix A

Focus Group Interview Guide[21]

Consent Form:

Explain, then read items A through F

Ask participants to sign form and have assistant collect them

Ground Rules

What the discussion will be like

Each person needs to have a chance to talk

Don't all talk at once

Confidentiality for group members

Payment after group

Turn on Tape Recorders

Introduction

You have been invited here to take part in a study of religion. We're going to bring up various aspects of religion, and we would like you to talk about your experiences with regard to each topic. People have a lot of different opinions about religion, but that's not really what we want to talk about — we want to know what you do in your everyday life. We hope all of you will share your experiences during the group, and that you will find the discussion interesting and exciting.

Religious Activities (20 minutes

We'd like to begin our discussion today by talking about the kinds of things you do that you think of as religious or spiritual. This could include a wide range of activities that might take place during a typical week or even an average day. What sorts of things do you do that you would consider religious or spiritual?

Probe: The kinds of activities we are interested in could happen in a church or could be something that you do in private.

Probe: Does anyone have any other examples of activities?

[21]Used with permission of Dr. Robert Taylor, Faculty Associate, Program for Research on Black Americans, and Chief Principle Investigator, "Religion and Mental Health of Blacks: Appraisals of Religiosity, Coping, and Church Support" study (Taylor, Chatters, Mattis, & Neighbors, 1998) study, funded by the National Institute of Mental Health.

Prayer (10 minutes)

Prayer is something we often hear about as an important religious or spiritual activity. Many people have different ideas about prayer. Let's talk about prayer. Why do you pray?

Probe: People pray for different reasons. What about you?

Probe: What do you pray for?

Prayer as Coping (15 minutes)

Many people say they use prayer as a way to cope with problems. How do you use prayer as a way of coping? How does prayer help you with life's problems? What does prayer do for you?

Use of Ministers (15 minutes)

Ministers often help people deal with different types of problems they face in life. Have you or anyone close to you ever gone to a minister during times of trouble?

Probe: Tell me about that.

Probe: What happened?

If time allows:

Are there some problems you would not feel comfortable talking to your minister about?

Church Support (20 minutes)

Many people say they get help and support from their church members.
Have you ever received help from your church members?
What types of help have you received?
Have you ever given help to your church members?

Probe: Could you tell me more about that?

Probe: How did that make you feel? Is it important to give help to church members? Why is that?

Probe: Are there other types of things that church members do for one another?

Negative Support (15 minutes)

Sometimes there can be difficulties and conflict involving the people in a church. In your experience, what sorts of problems have you seen between the people in your church?

Probe: Can you tell me more about that?
Have any of these problems involved the minister and church members?

Probe: Can you tell me more about that?
Why do you think these problems happen?

Probe: Does anyone else have other examples?

Closing

We've covered a lot today. We've talked about some of the religious activities you're involved in, we've looked at the role prayer plays in your lives, we've discussed the types of problems you might talk to your minister about, and you've talked about relationships in your congregation.

We have about five more minutes to wrap things up.

Is there anything else we did not discuss that you think is important?

Thank you so much for your thoughtful comments...You have all been extremely helpful. Please see my assistant on the way out for payment.

Appendix B

Minister Individual Interview Protocol

Appendix B

Minister' s Interview Protocol[22]
(90 minutes in length)

Consent Forms
Introduction (Turn on tape recorders)
You have been asked to take part in a study that looks at the role of ministers. In the course of the interview, I will bring up various things that ministers do in their churches and would like you to talk about your experiences with regard to each topic. We want to know what you do on a regular basis as a minister/pastor. We hope that you will enjoy sharing your experiences, and that you will find the interview interesting,

1. General Ministerial Activities (10 minutes)
First, I'd like to get some general information about yourself and your church. About how large would you say your church is? How many people are members of the church? About how many come on any given Sunday for services?

What is your official role and title in the church?

How large is your ministerial staff? How many others are involved in formal ministerial services within the church and what are their roles?

What sorts of things do you do in your role as a minister or pastor of your church. This would include things that you would normally consider part of your role as a minister, as well as other activities that you might be involved in with church members.

PROBE: Do you have any other examples of things that you do?

2. Problems of Daily Living (25 minutes)
Ministers often help church members deal with problems. Let' s talk (more) about the types of problems you may have helped church members to deal with.

PROBE: Anything else?
Of the ones you have listed, what are the three most common problems church members talk to you about?

PROBLEM #1_____ PROBLEMS_____

PROBLEM #3_____

[22] Used with permission of Dr. Robert Taylor, Faculty Associate, Program for Research on Black Americans, and Principle Investigator , "Religion and Mental Health of Blacks: Appraisals of Religiosity, Coping, and Church Support" study funded by NIMH.

What sorts of things do you do if someone comes to you for help with problem

#1?

What sorts of things do you do if someone comes to you for help with problem

#2?

What sorts of things do you do if someone comes to you for help with problem

#3?

FOR THE FOLLOWING PROBLEMS, ASK **ONLY IF NOT MENTIONED PREVIOUSLY:**

ILLNESS
Do church members come to you if they are ill or someone in their family is ill?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if a church member or someone in their family is ill?

DEATH OF A LOVED ONE

Do church members come to you if a loved one has died?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you because of the death of a loved one?

FINANCIAL PROBLEMS

Do church members come to you if they are having financial problems?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you because they are having financial problems?

marital or family problems

Do church members come to you if they are having marital or family problems?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you for marital or family problems?

INTERPERSONAL PROBLEMS: CHURCH

Do church members come to you if they are having problems with another

church member?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you because they are having problems with another church member?

INTERPERSONAL PROBLEMS: WORKPLACE
Do church members come to you if they, are having problems with someone on their job?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you because they are having problems with someone on their job?

SPIRITUAL PROBLEMS

Do church members come to you if they are having spiritual problems or are in

spiritual crisis?

<NO, PROCEED TO NEXT PROBLEM>

<YES>
What sorts of things do you do if someone comes to you because they have spiritual problems or are in spiritual crisis?

3. Serious Emotional and Psychological Problems (20 minutes)

Do church members ever come to you to talk about serious emotional and psychological problems? <NO, PROCEED TO NEXT SECTION>

<YES>

What kinds of problems do they come to you to talk about? PROBE: Anything else?

Of the ones that you mentioned, what are the three most common problems that church members come to you for help?

PROBLEM #1 _____ PROBLEM #2-

_____ PROBLEM #3 _____

What sorts of things do you do if someone comes to you for help with problem #1

What sorts of things do you do if someone comes to you for help with problem #2

What sorts of things do you do if someone comes to you for help with problem #3?

FOR THE FOLLOWING PROBLEMS, ASK ONLY IF NOT MENTIONED PREVIOUSLY:

ALCOHOL OR DRUG PROBLEMS

Do church members come to you if they ire having problems with alcohol or drugs?

<YES>

What sorts of things do you do when someone has problems with alcohol and drugs? How do you handle a situation like that?

<NO> How do you think you would handle a situation like that?

DEPRESSION

Do church members come to you for help with depression or if they are depressed?

<YES>

What sons of things do you do when someone is depressed? How do you handle a situation like
that?

<NO> How do you think you would handle a situation like that?

SERIOUS MENTAL ILLNESS
Do church members come to you if they are having problems with serious mental illness like hearing, or seeing things that aren't really there?

<YES>
What sorts of things do you do when someone has problems with serious mental illness? How do
you handle a situation like that?

<NO> How do you think you would handle a situation like that?

4. **Do you think that there are problems that church members are reluctant to talk to you about?** (5 **minutes)**

<NO, PROCEED TO NEXT

SECTION> <YES> Could you tell

me more; about that?

5. **Professional Referral (20 minutes)**

Ministers sometimes refer church members to social workers, psychologists, or medical doctors. Have you ever referred a church member for help with a problem?

<YES>
Can you tell me about that? What types of problems have you referred?
In general, what circumstances lead you to make referrals?
Have there been times when you have been reluctant to refer? Can you tell me about that?

<NO>
Are there reasons why you haven' t referred? Could you describe a situation in which you might refer someone?

It has been suggested that ministers, social workers, psychologists and medical doctors should work together to help people who have problems. What are your thoughts about this?

Do you think you could work together with social workers, psychologists, and medical doctors to help people who have problems?

What role, if any, should ministers/pastors have in these collaborations?

What kinds of things could social workers, psychologists and medical doctors do to be more helpful'.'

6. Ministerial Efficacy (10 minutes)

Previously, we asked about how ministers/pastors help people with daily life problems like family and marital problems. What do you think ministers/pastors do that is particularly helpful in these situations?

PROBE: Anything else?
PROBE: Can you tell me more about that?

We also know that people go to ministers for help with serious emotional problems like depression, addictions, and mental illness. What do you think ministers/pastors do that is particularly helpful in these situations?

PROBE: Anything else?

PROBE: Can you tell me more
«about mat?

Closing

Well, we've covered a lot today. We have about five more minutes to wrap things up. Is there anything we did not discuss that you would like to talk about? What would that be?

Thank you very much for your thoughtful input. You've been extremely helpful.

Appendix C
Sample Query Output

Appendix C

Sample Query Output
Output generated by: ATLAS/ti Query Tool

HU: Blacks & Religion Fresh Start
File: [E:\DISSER~1\DATA\Blacks & Religion Fresh Start 071307]
Edited by: Super
Date/Time: 2007/08/13 - 15:36:25

Global selection criteria:
All

19 Primary Docs in query:

13 quotation(s) found for Query (Infix-Notation):
("MINISTER" & "PRAYER")

P14: FMIN1JM AT.txt - 14:13 (387:401) (Super)
Media: ANSI
Codes: [FEMALE] [MINISTER] [PRAYER] [REF APP RES(MIN)] [REF MENT HLTH(MIN)] [SER MENT ILL(MIN)]

R: Serious mental illness.

I: Like they were hearing voices or anything.

R: Yeah, we've had that. Matter of fact, not too long ago. We have been basically available to listen to them, OK. And after listening to them, try to explain to them that what they were experiencing was probably very real do them. And that we weren't necessarily the proper people that they needed to be speaking with. That was not our field. Direct them to somewhere else that they could get help. I think a lot of people think that as pastors and as ministers of the Gospel we have the answer to everything. And of course, Christ Jesus does. And, but if you don't know anything about the power of Christ, and what he can do, and really ready to accept and experience that, in whatever area you're having problems in, then I can't direct you there. So we will talk with them, we will pray with them, at any time. We make ourselves available to them.

P14: FMIN1JM AT.txt - 14:32 (196:207) (Super)
Media: ANSI
Codes: [FAMILY] [FEMALE] [MINISTER] [PRAYER] [SER ILL(MIN)]

R. . . She had just found out that her mother had cancer. This is a young lady that is strong in her belief, strong in her faith, knows what God can do, has done in her life. But any time that you have been told that your mom is going to die in a few weeks, then that's something that is major, major. And of course, that's basically what had been told to her. And so our response to her was to be available for her, to talk with her at any given time, gave her the liberty to call at any time that she wanted to, talk with her. We prayed with her, and basically that's it. That's the only thing that we can do. Just to be available for her, and support her. She is well aware of the different ministries here that will support her in terms of taking care of her mom. And so she has actually gone to those ministries. They have kicked in, and they are there for her. Both for her and her mom. So I don't have the power to stop the hurt, or stop the pain. But I do know that talking and prayer works.

P15: FMIN2JM AT.txt - 15:10 (402:403) (Super)
Media: ANSI
Codes: [FEMALE] [MINISTER] [PRAYER]

I: OK. And if we go through those, in terms of the money situation, one of the ways that you mentioned that you helped people deal with it is by prayer?

P15: FMIN2JM AT.txt - 15:19 (567:573) (Super)
Media: ANSI
Codes: [FEMALE] [ILL/HEALING] [MINISTER] [PRAYER] [SER ILL(MIN)]

R: Yes. That does come. Like I say from my students I don't have a lot of that. But at the church, most of our prayers, a lot of our prayer requests are around having surgery and getting information that they may have an incurable disease. So we have some of that. So, I get most of that at the church, but with the students, a little bit. We have one student who's dealing with lupus. And so we're working with her as much as we can, around that.

P15: FMIN2JM AT.txt - 15:20 (576:586) (Super)
Media: ANSI
Codes: [FEMALE] [ILL/HEALING] [MED REF (MIN)] [MINISTER] [PRAYER]

to you?

R: OK, here, it's, when we, we have prayer, I have a prayer treatment that I do. And some people use it, you know, I

can use it on some people and sometimes I just give it to them and let them use it for themselves. And then, of course, we always tell them to see a doctor, you know, whatever they should, work with your doctor. If you don't feel your doctor's, you're comfortable, happy with it, always get a second opinion. Don't be afraid of a second opinion. And we say you work the doctors and faith. You work them together and that the doctors are just healing agents of God, that's all. They're His channels. So you work both. You never just tell a person only do one or the other.

P15: FMIN2JM AT.txt - 15:22 (767:781) (Super)
Media: ANSI
Codes: [FEMALE] [ILL/HEALING] [MINISTER] [PRAYER]

Like one lady called one time, and she said that you know, she says, my husband has Alzheimer's and he's sick and in the hospital on life support. They want to take the life support off of him, but she said, I just don't know what to do. And that was just a hard decision. And so she said, the doctor's in there talking to my son now. And she said, I just ran to the telephone, I'm just going to call the church and see who's up here, to see, just to talk, and she told me what was going on. And so she said, I don't know what to tell him to do. I don't know. And you know she knows it's, she knows he's not going to get well. She knows that, but the guilt of taking the life support off, making that decision. See a doctor won't do that unless you say do it. And so she, so I prayed with her on the phone, you know, we prayed briefly. And I said to her, I said, you know, now when you go back now and make your decision, I said you don't know what decision you're going to make at this moment. I said, but whatever decision comes out of your mouth, just be assured it's the right one

P16: FMIN3JM AT.txt - 16:12 (101:108) (Super)
Media: ANSI
Codes: [FEMALE] [ILL/HEALING] [MINISTER] [PRAYER] [VISITATION]

I: OK, OK. Um, do church members ever come to you if they're ill, or one of their family members is ill? R: Yes. And I didn't mention that, I forgot. And that often is, I would say that would be high on the list. I: OK. R: And not only church members, just people in the community, people that you know oftentimes will come and ask for prayer. Or, Amy grandmother's in the hospital, my mother's in the hospital, could you go pray for them?

P16: FMIN3JM AT.txt - 16:13 (110:119) (Super)
Media: ANSI
Codes: [COUNS] [FEMALE] [MINISTER] [PRAYER] [PROM COMPL(MIN)]

R: Um, generally what we'll do is we may talk about the condition. And if they're receiving medical help, we certainly encourage them to continue with the medical help. But generally we do provide what we call intercessory prayer. And pray for that individual sometimes. It may, we may anoint them with oil, just, or just pray for them. And if there's people that have like terminal illnesses, you know, you try to be supportive to them people, and you certainly try to visit them more and the family as well. And if there's people that maybe have a serious illness or long-term illness, you may pray for them more than once, and just go to visit and sometimes just try, let them know that somebody's caring, and somebody's thinking about them.

P16: FMIN3JM AT.txt - 16:35 (304:314) (Super)
Media: ANSI
Codes: [FEMALE] [MED REF (MIN)] [MINISTER] [NOT SERIOUS ILLNESS] [PRAYER] [REF APP RES(MIN)] [REF REOCCUR (MIN)] [W/N REF MINOR ISS(MIN)]

I: Yeah, yeah. That's true. Um, it's, a few people have suggested, well, let me back up for a second. Are there some times that you haven't referred people to like a psychologist or a medical doctor? R: Um, sometimes when people come to you with what might be minor illnesses, um, oftentimes we may not say, well you need to go to the doctor. Now I got a really bad headache. You may pray for them. Or, I'm having back problems. My back is bothering me. And you may pray for that individual, and you know, they may get relief, um. But if it's something that's reoccurring [*sic*] and reoccurring [*sic*], then you say, well, you know, this is something that's happening a lot, and perhaps you do need to go to the doctor and get it checked out.

P17: FMIN4JM AT.txt - 17:12 (182:191) (Super)
Media: ANSI
Codes: [FEMALE] [MINISTER] [PRAYER]

do. I: How do you deal with those kinds of situations?

R: Tell them we're going to pray, and we pray according to scriptures. Pray, the Word says, that um He would, that

we prosper and be in health even as our soul prospers. He also says, By strifes we are healed, so I just tell them, you know, I don't have the answers, but I know who does have the answers. And so I'll pray and believe the Word as it is. Even if, say if the person's not there, we can stand a proxy for that person, and ask the Lord to send His healing. Yep.

P20: MMIN1RT AT.txt - 20:4 (97:104) (Super)
Media: ANSI
Codes: [MALE] [MARITAL/PRE] [MINISTER] [PRAYER] [SPIR GUID]

And it's more like a faith basis, like, well I'll be praying for you. Or let's pray about it, let's pray. And just advice giving, you know. And many times, instead of going to, or instead of using ah...I would say different, you know, resources in terms of marriage counseling, some pastors, seeing that they're not really into this, they would go to the Bible. They would read various versus of Romans Chapter 6, you know, (counter 41) husbands love your wives, you know, wives submit to your husbands. And sometimes you look at that and then they try to prove that.

P20: MMIN1RT AT.txt - 20:21 (454:455) (Super)
Media: ANSI
Codes: [MALE] [MINISTER] [PRAYER]

R: And many times they come to us because they say, well, pastor, I have this problem so I want you to pray for me.

P20: MMIN1RT AT.txt - 20:22 (453:472) (Super)
Media: ANSI
Codes: [COUNS] [MALE] [MINISTER] [PRAYER]

R: And many times they come to us because they say, well, pastor, I have this problem so I want you to pray for me.

I: OK, OK.

R: And before they even pray, you kind of get into the counseling. Well, what's going on? Tell me a little bit about your problem. And they say, well, this, this and this is happening in my life, and I really need help and I really need strength. And then you hear what they have to say. You probably even encourage them, give them couns - advice, not so much counseling. And then you say, then you pray. And for many people in the congregation, when they come see the minister for problems, they don't so much want

to find a way for them to deal with the problem themselves. They're looking for the pastor as that connection between them and God, to help solve that problem. It's like, well, you're the minister so you have that divine connection. So probably, and there's also the theory that you know, when more people pray over a problem, there is more, there's much prayer available for much, and then when more than two people or so pray for a problem, with that individuality, so maybe some other members pray too that most prayers can be answered.

Appendix D

Code Family List Sent to Peer Analysts

Appendix D

Code Family List Sent To Peer Analysts

CODE FAMILIES FOR USE OF MINISTERS STUDY:

The following are groupings of codings from the secondary data analysis of Blacks' use of Ministers.

Code Family: refers to the broad category under which individuals codes are placed.

Comment/Definition relates to the general definition for the code family.

Codes describe the *Codes* assigned to the Code Family:

***CODE FAMILY:* CONDITIONS OF CONTACT**

Comment/Definition:

CONGREGANT CONDITIONS FOR MAKING CONTACT OR DECIDING NOT TO MAKE CONTACT WITH PASTOR OR MINISTER

Codes (6)

[AS A CHILD]

[BAD PAST EXP]

[MAJOR PROBLEMS]

[MINOR PROBLEMS]

[NOT FOR CONG]

[PRIOR SPOUSE AGREEMENT]

CODE FAMILY: **CONGREGANT CHARACTERISTICS**

Comment/Definition:

CONGREGANT ATTRIBUTES RELATED TO HELP-SEEKING FROM PASTOR/MINISTER
Codes (25)

[ACCOUNTABLE TO PASTOR]

[ANONYMITY DESIRED]

[CUT INTERMEDIARY]

[DATING]

[DISCOMFORT SHARING]

[GUILT]

[INTERDEPENDENT]

[MAYBE SHOULD GO]

[MEANS INVOLVING OTHERS]

[MIGHT CONTACT FAMILY (MIN)]

[NEVER DISCUSSED]

[NEVER UNDERSTOOD]

[NO RELATIONSHIP WITH PASTOR]

[NOT HELPFUL]

[NOT ONLY]

[NOTDEATH]

[ONLY IF RELATED]

[PASTORS KID]

[RENEGE]

[SELF SUFFICIENT]

[SHAME]

[SOLVE BY SELF FIRST]

[SURPRISED PEOPLE GO]

[SURPRISED PEOPLE DON'T GO]

[TRUST PASTOR]

[YOU GOTTA GO]

CODE FAMILY: **CONGREGANT CONCERNS**

Comment/Definition:

ISSUES THAT CONGREGANTS MAY HAVE RELATIVE TO HELP-SEEKING FROM PASTORS

Codes (15)

[DISTRUST PASTOR]

[EXAMPLE TO OTHERS]

[FEAR DISCLOSURE]

[FEAR REVICTIMIZATION]

[INEFFECTIVE SYSTEM]

[LACKS EXPERIENCE]

[LESS STIGMA]

[MAINTAIN ANOTHER'S CONFIDENCE]

[NOT HELPFUL]

[OTHERS' PROBLEMS GREATER]

[OTHERS EXPERIENCED]

[PASTOR ABILITY CONCERNS]

[PASTOR ACCOUNTABLE]

[PASTOR VIEW]

[RELUCTANT]

CODE FAMILY: **CONGREGANT OPINIONS**

Comment/Definition:

CONGREGANT PERSPECTIVES, OPINIONS REGARDING USE OF MINISTERS FOR HELP-SEEKING

Codes (7)

[GOOD TO CONSULT WITH MINISTER]

[PASTORS GIVEN BY GOD]

[POSITIVE EXPERIENCE]

[PROBABLY WOULDN'T]

[PROBLEMS SPIRITUALLY BASED]

[REPARATIVE RELATIONSHIP]

[SHOULD HAVE RELATIONSHIP]

CODE FAMILY: **CONTENT**

Comment/Definition:

SUBJECT MATERIAL BROUGHT TO PASTORS

Codes (12)

[ANYTHING]

[DEPENDS ON ISSUE]

[EVERYDAY PROBLEMS]

[GENERIC DISCLOSURE]

[LIFE DECISIONS]

[MAJOR PROBLEMS]

[MINOR PROBLEMS]

[MONEY/FINANCES]

[NOTDEATH]

[NURTURE SPIRIT ONLY]

[PERSONAL BUSINESS]

[PROBLEMS WITH CONGREGANTS (MIN)]

CODE FAMILY: **EMOTIONAL/PSYCHOLOGICAL**

Comment/Definition:

ISSUES RELATED TO AFFECT OR STATE OP MIND

Codes (5)

[DEPRESSION]

[EMOTIONAL/PSYCHOLOGICAL]

[SERIOUS EMOTIONAL PROBLEMS]

[SERIOUS MENT ILLNESS]

[SERIOUS PSYCH PROBLEMS]

CODE FAMILY: **FAMILY RELATED**

Comment/Definition:

ISSUES RELATED TO FAMILY-CENTERED CONCERNS. NOTE: FAMILY MAY BE ACTUAL OR FICTIVE KIN, EXTENDED FAMILY.

Codes (8)

[ADOPTION]

[CHILDREN]

[FAMILY]

[MARITAL PROBLEM]

[MARITAL/PRE]

[PARENTING]

[SING MOTHERS RAISING SONS(MIN)]

[SINGLE PARENT]

CODE FAMILY: **FREQUENCY**

Comment/Definition:

GENERAL REFERENCE TO INTERVALS AT WHICH CONTACT MAY TAKE PLACE

Codes (3)

[ALL THE TIME]

[FREQUENT GUIDANCE]

[NEVER DISCUSSED]

CODE FAMILY: **GENDER**

Comment/Definition:

ISSUES RELATED TO CONGREGANT ACCESS, PREFERENCE TO SPECIFIC GENDER IN THE HELP-SEEKING PROCESS

Codes (4)

[EITHER GENDER]

[GENDER CONCERNS]

[GENDER SPECIFIC MINISTRY]

[SAME GENDER]

CODE FAMILY: **HEALTH**

Comment/Definition:

RELATES TO CONGREGANT HEALTH OR ILLNESS, OR MEDICAL TX REGIMEN

Codes (4)

[CLOSER MEMBERS SHARE (MIN)]

[ILLNESS/HEALING]

[MAKE MEDICAL REFERRALS (MIN)]

[PROMOTE COMPLIANCE (MIN)]

CODE FAMILY: **IMPACT OF CULTURE**

Comment/Definition:

ROLE WHICH ETHNICITY, CULTURE MAY PLAY IN LIFE OF CONGREGANT

Codes (1)

[CULTURAL IMPACT]

CODE FAMILY: **MINSTER ONLY**

Comment/Definition:

CODINGS SURFACING FROM MINISTER RESPONSES IN INDIVIDUAL INTERVIEWS

Codes (55)

[ADDICTIVE BEHAVIORS (MIN)]

[AFFECT BODY (MIN)]

[AGE SPECIFIC MINISTRY (MIN)]

[BLACK PROF INFORM (MIN)]

[CLOSER MEMBERS SHARE (MIN)]

[CHURCH NEEDS COUNSELING(MIN)]

[COLLAB W/ MIN (MIN)]

[COLLABORATION NEEDED(MIN)]

[COMMUNICATE WITH PASTOR (MIN)]

[DEMONIC INFLUENCE (MIN)]

[DIDNT NEED IT (MIN)]

[DUAL REFERRAL (MIN)]

[FACILITATOR (MIN)]

[FOUNDATION IMPORTANT (MIN)]

HOPE LOST(MIN)]

[IN TOUCH (MIN)]

[INTERVENE (MIN)]

[KNOW OF REFERRALS (MIN)]

[LACK OF EXP RISK (MIN)]

[LISTEN WITH HEART (MIN)]

[LOW ESTEEM (MIN)]

[MAKE MEDICAL REFERRALS (MIN)]

[MIGHT CONTACT FAMILY (MIN)]

[MINISTERS SHOULD BE OPEN (MIN)]

[NEED FOR COLLABORATION (MIN)]

[NEVER REFERRED (MIN)]

[NOT DIRECT (MIN)]

[NOT MENT ILL (MIN)]

[OPEN TO CHRISTIAN PERSP (MIN)]

[PASTOR AVOIDS (MIN)]

[PEOPLE TALK ABOUT EVERYTHING (MIN)]

[POTENTIAL LEGAL ISSUES (MIN)]

[PROBLEMS WITH CONGREGANTS (MIN)]

[PROFESSIONS SHOULD REFER (MIN)]

[PROMOTE COMPLIANCE (MIN)]

[PROVIDE TRAINING (MIN)]

[PURPOSE (MIN)]

[RACIAL SELF HATRED (MIN)]

[REFER FOR REOCCURRENCES (MIN)]

[REFER MENTAL HEALTH (MIN)]

[REFER TO MINISTRY(MIN]

[REFER TO APPROPRIATE RESOURCE (MIN)]

[REFERRALS OK (MIN)]

[REPRESENTATION (MIN)]

[RESPITE (MIN)]

[SACRAMENTS (MIN)]

[SEX(MIN)]

[SHARE NOT MEET(MIN)]

[SHUTIN(MIN]

[SING MOTHERS RAISING SONS(MIN)]

[SOCIAL WORK LINKED (MIN)]

[SOMETIMES HAVE TO REFER (MIN)]

[SPIRITUAL DISCERNMENT (MIN)]

[SUICIDAL (MIN)]

[VALUE CONFLICT (MIN)]

[VIRGINITY LOST (MIN)]

[WORK TOGETHER (MIN)]

[WOULDN'T Refer BLINDLY (MIN)]

[WOULDN'T REFER FOR MINOR ISSUES (MIN)]

[WOULDN'T REFER IF IMPROVED (MIN)]

CODE FAMILY: **PASTOR CHARACTERISTICS**

Comment/Definition:

POSITIVE AND OR NEGATIVE QUALITIES OR CHARACTERISTICS OF THE PASTOR/MINISTER

Codes (17)

[ALL PASTORS ARE HUMAN]

[CARES]

[CLOSE NOT FAM/FRIEND]

[CONDEMNATION]

[DENOMINATIONAL ISSUES]

[DEPENDS ON PASTOR]

[GOD REVEALS]

[KNOW YOU]

[MAINTAINS CONFIDENCE]

[OWN PROBLEMS]

[PASTOR ACCOUNTABLE]

[PASTOR AVAILABLE]

[PASTOR AVOIDS (MIN)]

[PASTOR NOT GENUINE]

[PASTOR UNAVAILABLE]

[PRACTICED AND PREACHED]

[PREACHED NOT PRACTICED]

CODE FAMILY: **PASTOR METHODS**

Comment/Definition:

INTERVENTIONS EMPLOYED BY PASTOR IN DEALING WITH CONGREGANT CONCERNS

Codes (15)

[BIBLICAL DIRECTION]

[COLLAB W/MIN]

[CONCRETE NEEDS]

[COUNSELING]

[FACILITATOR (MIN)]

[FOLLOW UP]

[INTERVENE (MIN)]

[LIFE DECISIONS]

[LISTEN WITH HEART (MIN)]

[MARITAL/PRE]

[MARRIAGE ENRICHMENT]

[MEDIATE (MIN)]

[MIGHT CONTACT FAMILY (MIN)]

[PRAYER]

[PROMOTE COMPLIANCE (MIN)]

[VISITATION]

CODE FAMILY: **PASTOR SPIRITUAL FUNCTIONS**

Comment/Definition:

SPIRITUAL ROLE WHICH PASTOR / MINISTER PLAYS IN LIVES OF CONGREGANTS

Codes (10)

[BIBLICAL DIRECTION]

[BIBLICAL INTERPRETATION]

[CHRISTIAN APPLICATION]

[CRISES OF FAITH]

[DEMONIC INFLUENCE (MIN)]

[PRAYER]

SPIRITUAL DEV]

[SPIRITUAL DISCERNMENT (MIN)]

[SPIRITUAL FRAMEWORK]

[SPIRITUAL IMPACT]

CODE FAMILY: **PREJUDICE/DISCRIMINATION/BIAS**

Comment/Definition:

GENDER, RACE CHARACTERISTICS THAT MAY BE RESPONDED TO IN A BIASED MANNER.

Codes (4)

[INTERRACIAL RELATIONSHIPS]

[MACHISMO]

[SAME SEX]

[SEXISM]

CODE FAMILY: **RELATIONSHIPS**

Comment/Definition:

ISSUES RELATED TO INTERPERSONAL INTERACTIONS

Codes (6)

[DATING]

[LONELINESS]

[PROBLEMS WITH CONGREGANTS (MIN)]

[RELATIONSHIP WITH GOD]

[RELATIONSHIPS]

[UNFORGIVENESS]

CODE FAMILY: **SACERDOTAL ACTIVITIES**

Comment/Definition:

SACRED ACTIVITIES OFTEN PERFORMED BY MINISTERS, PASTORS.

Codes (5)

[CHRISTENING]

[FUNERAL]

[PERFORM CEREMONIES]

[SACRAMENTS (MIN)]

[WEDDING]

Code Family: **SCHOOL**

Comment/Definition:

MATTERS RELATED TO INTERMEDIATE OR ACADEMIC STUDY

Codes (2)

[SCHOOL]

CODE FAMILY: **SEX**

Comment/Definition:

ISSUES RELATED TO SEXUAL INTIMACY, SEXUALITY

Codes (11)

[ADULTERY]

[EXTRA-MARITAL SEX]

[PREGNANCY]

[SAME SEX]

[SEX]

[SEX (MIN)]

[SEX EXTRA MARITAL]

[SEXUAL IDENTITY]

[SEXUAL INADEQUACY]

[SEXUAL VICTIMIZATION]

[STDs]

Code Family: **SIN**

Comment/Definition:

THOUGHTS COMMENTS ACTIONS OR FAILURE TO ACT DEFINED AS TRANSGRESSION ACCORDING TO THE BIBLE OR STANDARDS OF LOCAL CHURCH.

Codes (10)

["UNPOPULAR" SIN]

[ABORTION]

[ADULTERY]

[CRIME/LEGAL]

[DOMESTIC VIOLENCE]

[GAMBLING]

[INCEST]

[INTENTIONAL SIN]

[PHYSICAL ABUSE]

[RECENT/ACTIVE SIN]

CODE FAMILY: **SPECIAL ISSUES**

Comment/Definition:

ISSUES WHICH HAVE UNIQUE SIGNIFICANCE IN LIVES OF CONGREGANTS, BUT MAY NOT BE DISCUSSED

Codes (9)

["UNPOPULAR" SIN]

[ABORTION]

[DOMESTIC VIOLENCE]

[INCEST]

[INTENTIONAL SIN]

[PHYSICAL ABUSE]

CODE FAMILY: **USE OTHER RESOURCES**

Comment/Definition:

RESOURCES UTILIZED OTHER THAN PASTOR/MINISTER FOR PROBLEMS

Codes (5)

[FAMILY FIRST]

[FRIENDS FIRST]

[NOT FIRST]

[OTHERS INVOLVED]

[OUTSIDE OF HOME CHURCH]

CODE FAMILY: **WORK**

Comment/Definition:

ISSUES SPECIFIC TO EMPLOYMENT, CAREER

Codes (2)

[CAREER]

[PROBLEMS AT WORK]

Appendix E

Transcripts Sent to Peer Analysts

Appendix E
Transcripts Sent to Peer Analysts

Peer Analyst and Researcher Coding of Selected Transcripts

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
Question # 1: ***Ministers often help people deal with different types of problems they face in life. Have you or anyone close to you ever gone to a minister during times of trouble?***				
R: I've never really have gone to a minister for, for help, but I've known lots of people that have done that, yes, and they are very helpful in counseling and . . F: What other kinds of help have they provided other than friends? R: Oh, the minister? F: Yeah. R: Oh, um hmm, well visiting per se, you know, and just, you know, performing the	Never Discussed Know Somebody Counseling Visitation Perform Ceremonies Wouldn't Hesitate	Never Discussed Knows Others Visitation Perform Ceremonies Cut intermediary Depends on Issue	Maybe Should go Reluctant Self Sufficient	**#2** But Still Open **RES**: "Cut Intermediary" reflects better than Self-Sufficient

[23] RES=Researcher

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
ceremonies and stuff like that, you know. I wouldn't hesitate if I, I just don't believe in um I try to solve a lots of my problems between me and God, you know, uh huh, but um, there are times I wouldn't hesitate to go to a minister.				
R: I can only give an example of when I have gone to my minister. It's not about problems, it's usually about bereavements. Like a bereavement in the family, the pastor is always there. He is always giving you an encouraging word. He's there to help you with different arrangements, that is when your family is really going through that strife, but so far going to the pastor about problems and	Have Sought Rarely Do Death Family Funeral Cut Intermediary	Death Comfort Funeral Cut Intermediary	Funeral Bereavement Comfort Death	**RES:** Comfort (Implied)

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
things such as that, I, I have been blessed not to have done that because of my petition to the Lord. I mean if you sit back, sit back and listen he will give you the answer. I mean and and, like my brother was saying, you might not want to hear it. A lot of times, a lot of times you have to eat crow, you know.				
R: We all got problems you know. There is more of an openness there and in one situation, me, and my wife, before we were married, we were sexually active and she got pregnant and we ended up having an abortion, she had an abortion. And that thing really bothered my wife for years, I think I just suppressed it once I gave my life to the Lord, I just suppressed it	Abortion Death Good to Consult	Funeral	Abortion Gender Specific Ministry Marital	**RES:** ADD Spiritual Framework (added)

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments RES[23] #1,#2
and was like, Well, it's in the Lord's hand. And that thing really bothered her, of course, you know, a death of part of her. And we went to a Christian support group and it was led by a pastor and it was about a six to eight week thing. I wasn't allowed to go, it was just for the women. They wanted to have a men's session, but not enough men would come forward. But at the end they had a funeral service and that thing was, you know, there was so much healing that went forth in that. And again in counseling there` has to be a spiritual dynamic to it since we are spiritual beings. So, I think it's for us or for me in our church being able to talk to a counselor that				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
can understand that I am more than just, you know, a frail human with stupid emotions in my body, soul and spirit and being able to administer to all those different things. It makes it a lot easier to say, you know, I am not sure about this, let me go talk to somebody, let me go talk to my pastor and it makes it easier for me.				
R: A coworker of mine was talking about um he was going through a time when he was questioning his sexuality and ah, you know, he wanted to go to his pastor because his pastor had helped him out with a lot of ah, you know, a lot of his problems in the past, but he felt	"Unpopular" Sin Know Somebody [Same Sex Sex]24 Sexual Identity	Sexual Identity Discomfort Sharing Recent/Active Sin	Discomfort Sexual Identity	**RES:** Same Sex More implied than explicitly stated

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
uncomfortable talking about that particular subject just because he knew just the idea is wrong, that was wrong.				
R: I think, I wouldn't want to take finance and I have had some problems with finance, excuse me, but I don't think I would want to take it to the pastor because there are other people involved. If they have to help you with money, there are other people in the church that is going to know that you are coming there. And they are going to wonder why are you asking for help, you have a husband. Why are you like that? What's going on in your life? Why don't you have the money? I wouldn't want to do that for that reason, because it	Money/ Finances Reluctant Concrete Needs Others Involved Would see only if Pastor involved.	Means Involving Others	Discomfort Money/ Finances	**#1** Other people would know your business **RES-** a) Strike concrete needs b) Collapse Others involved and Means Involving Others?

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
would be more than the pastor involved. If it were just the pastor, maybe I would, but you got your, I forget that group of people, trustees.				
R: And the people that I've identified in my life that are, you know, like eons ahead of me that I can learn a lot from happen not to be ministers. I mean, which, to me, doesn't make them any less legitimate but as far as, you know, it just happens, not that it couldn't be the ministers, but there are people that I would go to for things but the person that I think of is not a minister.	Other Resources	Other Resources	Other Resources	**#1** Friends first? Family first? ; Not first? Not only? **#2** Close Family, Friend?

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
OF I I'm wondering if we could transition a little more. We're talking about a range of problems, and a lot of them have to do with our young people. With yourselves, you know, a lot of folks have gone to their ministers probably, to talk about problems maybe like the ones that you've mentioned. What kinds of things have you talked to your ministers about? 2 I never have. I No? 2 No. I just always figured I could pray for myself. I never discussed anything with my minister. 3 I think church is sort of like AA, you know what I mean? Church	Never Discussed Cut Intermediary Cut Intermediary Depends on Pastor All Pastors Are Human Never Discussed	Never Discussed Cut Intermediary Comfort Cut Intermediary Depends on Pastor All Pastors Are Human Cut Intermediary Never Discussed	Self Sufficient All Pastors are Human	**#1** Pray to God directly (relationship with God) **#2** Reliance on God? **R: ADD** Cut Intermediary

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
is sort of like AA, it's a support group. Because ultimately, like she say, ultimately, you got to fix the problem, you know, you with God got to fix the problem. Other people can't fix your problems for you. But it sometimes it's just good to talk to them, but, and then people think that when they talk to other people they gonna help them fix their problem, but that's not true. Only you and God can do that. 2 Well, in the first place you really got to believe in the person you're talking to. And they've got to be living the life that you think that you can go and talk to them about it, you know what I mean? 3 And they're still another				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
human being. 2 Umhm. So I just always figured, I can't solve it, but I think the one above can help me solve it. So I just never talk to a minister about anything.				
YM I: I gotta shift the discussion a little bit in the interest of time, but it's not a big shift, because what we want to talk about next is not so much the use of prayer to deal with problems, but going to the minister when you're having problems. Let's see if we can shift the discussion that way a little bit and talk about the role of the minister in helping people, or helping you when you've had problems. Yeah, D? 3 I won't go to	Personal Business Reluctant Never Discussed Shame Machismo Renege	Personal Business Shame Machismo Recent/ Active Sin	Shame/sin Gender Discomfort Shame	**#2** Men talk to men **R: ADD** Recent Active Sin (DONE)

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
my minister, because I don't know why, I feel like I don't want him knowing my business, which is wrong. I mean, you know, if this is wrong, I'll take it to God. But I have a fine minister, Reverend _. I mean, to me he's all that. 1 Why can't you confide in him? 3 Because I'm ashamed of some of the things I do, that's why. 5 I think it's a macho thing. Men, macho. 1 We're conditioned not to talk to each other. 3 I didn't say macho, I said because I'm ashamed of some of the things that I do, so the things that I say I know I shouldn't be doing. 6 Well you shouldn't be ashamed	Shame	Recent/ Active Sin		**#1** Going Back on Word; Shame **RES: ADD** Recent Active Sin

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments RES[23] #1,#2
because we all have sinned and fallen short of the glory of God, so you shouldn't be ashamed, you know, you shouldn't be ashamed of what you do. Just talk to him if you have problems and not be ashamed. 3 Well see, I stood in the church a couple of months ago and gave my confession and said to the church people, "You all are going to get tired of seeing me and I'm going to be here." Right after I said it, I just jumped right back in the streets, and I don't want him to feel like I'm some kind of a liar or I'm just some kind of a fake or I don't want him to feel like, 'here we go again.' To me that was just one time. And when I feel				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
like I really don't want to confess my sins to him or my daily life, closer with God, things I do that, but at this point in time I don't want him to feel like...				
Question #1 for Ministers: Ministers often help church members deal with problems. Let' s talk (more) about the types of problems you may have helped church members to deal with.				
FMIN **R:** Well, we actually probably deal with every kind of problem out there, at some given time. The most frequent ones would be probably marital. OK' Finances. And just the spiritual walk in general, would probably be the top three. But	Marital Problems Money/ Finances Spiritual Development Mediate Problems w/ Congregants	-Everything Marital Problems Money/ Finances Spiritual Development Mediate Problems w/ Congregants	Relationship Intervene (Min)	**RES: [ADD** Everything/ Anything]

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
things come up, you know, this one didn't speak to me. You know, deal with it, but you know, they feel that they need to come to us to deal with that, when in fact, they need to go to that person that's not speaking to them. But they feel that they would tattle tale on the person that didn't do the speaking. We could do something about it. Just things like that. I don't have a problem with them bringing things to me like that. Because I feel that I'm a very honest person, and people know that. That I will send them back. I don't just let any and everything come to my desk and I deal with it. Some things I say, no, you go back and you deal with it yourself. But things that I know that				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
they're, people are really struggling with. And they need help with. We are here for that.				
MMIN **R:** One of the major ones we have is marriage. Marriage problems. Another one you see is marriage is one, and then family, dynamics with children and the parents. That's a major problem you see.	Marital Problems Parenting	Marital Problems	Marital Problem Family	
FMF: Alright. How about things like depression' Do people ever come to you with issues around either them being depressed or somebody that they know is depressed' **R:** Very seldom. I think because of what we have to offer here through the Word of God. Depression does not show	Depression Loneliness Illness/ Healing Marital Problems Serious Emotional Problems Low Self Esteem	Loneliness Low Self Esteem	Relation-ship? Low Self-esteem	**#2** Just not Sure. I think he is saying that God's word wards off depression **RES**-or people don't come to pastor because they think there is something inherently "un-Christian" about being depressed

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
up often. When you find a person that, of course, like we talked about death, find a person that's dealing with different illnesses, and things like that, then depression will come. I have a young lady that I'm dealing with right now that is having, I guess marital problems. And she, I don't think she's depressed, I think just lonely. And knowing that she has a husband, but she's still lonely. And thinking that it shouldn't be that way. And of course it shouldn't be that way. So I am just spinning, and because of that, we have, we have a lot now, we have a lot of this: Low self esteem.				
FM **R:** OK. With students, it's been relationships	Relation-ships Dating Virginity Lost	Relation-ships Dating Virginity Lost	Relation-ship A. Sexual B. Marital	

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
with their roommate in the dorms. Dating situations and what I find, the young women around, is something about when to lose their virginity.. . .That's the hot issue.. . . And they won't raise that issue on, in the sessions, but over e-mail. That's where they come and I get the biggest issues around that. And then with the adult population, adult groups, it's marital problems. Getting a divorce, or you know, the issue, leading up to getting a divorce. Or women who are looking for their soul mate. They're lonely and don't have a partner. And that's one. Then another one with the students sometimes, I don't get a lot of this but it does come up,	Marital Problems Loneliness Sexual Identity	Marital Loneliness Sexual Identity	Issues	

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
gender. Am I gay or am I lesbian, you know, type of thing. So, ah'a little bit of that, not a lot. And see, the way I tell it's going on is they start asking questions about it.				
FM I: In your role in the church, what kinds of problems do church members bring to you and ask for help with? **R:** Most would be in terms of working with the children, the problems of family and understanding and rearing children. That's the greatest problem. And of course, that's the greatest problem they have	Children Family Parenting	Family Parenting	Children	**#2** Maybe raising of children
Question #2 for Ministers: What kind of problems do you think that they (church members) are reluctant to				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
bring (to you)?				
FMINI: Yeah, yeah. OK. Are there other issues other than loneliness that you think people are reluctant to bring to you? **R:** I hear you. No, it really stems all around that, and the dating and, I think most of the other things, they're all right and they're, most of them, you, now guys, I know, are into, a lot of them don't want to tell you when they're into the pornography or whatever. But the women most list loneliness, the sexual aspect of it, not having a mate and that kind of thing. It's pretty much, other things, most of them are not that, I don't think they hesitate that much to talk about it, but	Dating Sex Relation-ships Loneliness "Unpopular Sin"	Loneliness Dating Loneliness Sex	Gender & Loneliness Reluctant to speak on certain issues	

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
you're hidden is, you just don't tell that, you know				
MMIN **R:** Yeah. Usually a lot of it's sex. I'm sure, if somebody has a sexual addiction problem, or problem with certain behaviors that are destructive or addictive behaviors, some of them might be reluctant to come and try to talk to me about that. Um...and whereas sometimes in marriage, what happens is some pastors, out of the blue they get into talking about sex. Which they won't come up front and say, well, I have this problem with sex. But they get into a thing about my	Sex Addictive Behaviors Sex Addictive Behaviors	Sex Addictive Behaviors Sex Marriage Marital Problems Sex Sometimes have to refer Addictive Behaviors	Referral to an appropriate Resource (min) Sex (min) Addictive Behaviors (min)	**RES: ADD** Marriage/ Pre Marital **ADD** Lack of Experience Risk

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
marriage, and this and this and that. And then the pastor listens, and then it gets back even into sex. Or, depending how aggressive the pastor is, he might say, well what about your sex life? Which, I don't think, if the pastor's not trained for counseling, should be getting into that, those kind of topics because, you know, like I said, you know, eventually they try to do sessions and see that individual over and over. But then it just gets out of hand. Um...yeah. I would say Addictive behaviors.				
FMIN **R:** People talk to ME about everything. [laughing]. And that's probably just because I'm so open, you know. So I find out people	People Talk About Everything (MIN) Sexual Victimization Depression	Everything Sex Addictive Behavior/ Substance Abuse	Reluctance around certain issues Depression	**#2** Depression is not OK because of the Word **R:** Reluctance related to Sexual

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
talk to me about everything. But I would say generally, a lot of those issues, the sexual abuse, I think people are more freer to talk about substance abuse. But the sexual abuse, things that happen to us when we were kids, a lot of times they don't like talking about that, and they don't like talking about depression. Because again, you in church and you ain't supposed to be depressed.			People talk about everything	Victimization and Depression
FMIN 1: I'd say talking with any kind of sexual things, you know, no more than because I'm not married. I'm single. They might be reluctant on some marital issues because I'm not married. They might even be reluctant on	Marital (Reluctant) Family (Reluctant) **ADD** INTIMACY **ADD** PRAY	Sex Family Spiritual Development	Reluctant because pastor's experience Trust Pastors Support of pastor	**#2** Compassion or non-judgment

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
family issues, because I don't have any children. So, I'm just saying they might, but I'm sure, people in general are very reluctant to talk about intimacy problems. I mean, things like that. You know. Or even if they're out there and they're single, and you know, like I don't know what to do. You know. They really have to be at the end of their rope, basically, to say, you know, Pray with me. because see, they're also scared you're going to condemn then too and they have to know that, we don't believe in condemning. I mean, if you want to come and want somebody to pray with you and pray you through, you know, we'll do that. But we'll				

	Researcher	Peer Analyst #1	Peer Analyst #2	Comments **RES**[23] #1,#2
also tell you, look, now don't be making no opportunities to keep on going through that same thing. I mean, you know, if you, you know, if I want to stay away from drinking, why am I going to hang around people who are drinking?				
FMIN People will come with maybe like arthritis, or they've been dealing with this migraine headache for years. Those kind of things. But never the things that we look at that we would say would cause death, cancer, and leukemia, all those kinds of things. Very seldom people will bring those kinds of things to us.	Not Serious Illness	Make Medical Referrals	Illness/ Health Reluctant	**RES: ADD** Illness/ Health

Question Set #3 for Ministers: Ministers sometimes refer church members to social workers, psychologists, or medical doctors. Have you ever referred a church member for help with a problem? Can you tell me about that? What types of problems have you referred? In general, what circumstances lead you to make referrals? Have there been times when you have been reluctant to refer? Can you tell me about that?				
FMIN **R:** Um, sometimes when people come to you with what might be minor illnesses, um, oftentimes we may not say, well you need to go to the doctor. Now I	Prayer Refer for Re-occurrences Refer to Appropriate Resource Wouldn't Refer for Minor Issues	Make Medical Referrals	Referral to appropriate resource Prayer Referrals OK	**RES: ADD** Make Medical Referrals (DONE) **ADD** Not Serious Illness (DONE)

got a really bad headache. You may pray for them. Or, I'm having back problems. My back is bothering me. And you may pray for that individual, and you know, they may get relief, um. But if it's something that's reoccurring and reoccurring, then you say, well, you know, this is something that's happening a lot, and perhaps you do need to go to the doctor and get it checked out.				
R: Say if we find a young lady, or talk to a young lady, and she has been sexually active. We will refer and ask her to, well, suggest, that she maybe get a check-up, maybe get some tests done, because you just don't know, and they don't know, so we'll encourage them to do that. We will encourage, if	Sex Sex Extra Marital (Implied) Refer Mental Health Refer to Appropriate Resource Potential legal Issues	Sex Make Medical Referrals Sometimes have to refer Pastor Avoids	Sex (Min) Refer for mental health	**RES:** Extra Marital Sex (only Implied in original context) **ADD** Lack of Experience; Risk Make Medical Referrals; Sometimes Have to Refer (DONE)

we feel, if I'm talking to a young lady, even if I feel that her emotions are so caught up in the whole thing about being worthless that she needs some more counseling, we might refer her to a psychiatrist. Because we do know that we aren't equipped. And matter of fact, we could get sued.				
Question Set #4 for Ministers: (For those who responded no to question # 3) Are there reasons why you haven't referred? Could you describe a situation in which you might refer someone?				
FMIN **R:** I haven't, but I do see that there are times that you have to. Especially things like a chemical imbalance. Or, you know, because that	Never Referred Sometimes Have to Refer Serious Emotional Problems	Referrals OK Refer Mental Health Serious Emotional Problems	Referrals OK Referral to appropriate resource	**RES: ADD** Referrals OK,) Make Medical Referrals, Refer Mental Health (Collapse with Serious

person needs to go to a physician. I'm not a physician to be able to tell them what needs to be regulated.				Emotional Problems)

Appendix F:

Listing of Code Families, Code Family Definitions, Codes, and Code Definitions

Appendix F:

Listing of Code Families, Code Family Definitions, Codes, and Code Definitions

Code Family & Definition	Domain & Definition	Code	Code Definition
SEEK- Seek minister for help. Includes conditions under which congregant seeking ministerial help is desirable	SPIR DEV Development in the knowledge and application of Christian faith.	Biblical Interpretation	Pastor sought for assistance in interpreting and understanding the meaning of scripture
		Spiritual Guidance	Development in the knowledge and application of Christian faith. Guidance offered by pastor based on biblical principles. Guidance offered by pastor based on biblical principles.
	LIFE CYCLE- Events common in individual and family development life cycle (e.g., birth, death, marriage, etc)	Death	Pastor sought for death or dying, loss of loved one, bereavement, includes facing one's own mortality.
		Illness/Healing	Pastor sought for health-related problems and help in healing .
	MAR & FAM Seeking of pastoral help for marital problems, including issues related to divorce and sexual intimacy, family problems, and problems or challenges related to child rearing	Family	Seek pastors for family-related problems and concerns. Pastoral assistance sought for problems within the family system; pastor sought for issues related to child-rearing talk to minister about problems, concerns with children & child-rearing; single

Code Family & Definition	Domain & Definition	Code	Code Definition
			mothers rearing sons pastor sought for issues related to child rearing as a single parent.
		MAR PROB	Pastor sought for conflicts in marital relationships
	PAST FACTORSK Pastor Factors and characteristics related to Congregant seeking	Comfort	Pastors provide comfort, consolation, offer hope, and eases grief.
		Trust Pastor	Congregant would seek help from pastor because of his/her character and integrity.
	PRACT SUPP Pastor/minister offers support in areas of everyday life.		
		Concrete	Pastor sought for practical, tangible assistance (e.g., food, clothing, shelter)"
		Counseling	Pastor sought for counseling to meet in single session or over time
		Life decisions	Pastor sought for input on life decisions (e.g., school, career)

Code Family & Definition	Domain & Definition	Code	Code Definition
	OTHER SEEKING FACTORS-Other factors related to congregant help-seeking not directly subsumed under any domain.	Performs ceremonies	Pastors perform ceremonies (e.g., funerals, weddings) and rituals (communion)
		Prayer	Pastor sought to intervene with God on congregant's behalf
		Crises faith	Questions, doubts about God circumstances in which God's providence is doubted
CONG AVOID Avoidance of minister help. Includes conditions under which congregant is reluctance to seek ministerial help	PAST FACTORS Pastor characteristics or behaviors which are related to congregant avoidance	Past unavailable	Pastor seen as inaccessible or unavailable to congregant in terms of physical or emotional presence or lack of time], pastor's schedule, demands too hectic to seek for help.
		Sexism	Prejudice, discrimination, stereotyping based upon gender enacted in the church environment
		Own Problems	Reluctance to pull pastors away from dealing with their own personal problems.
		Pastor Human	All pastors have failings and imperfections

Code Family & Definition	Domain & Definition	Code	Code Definition
	CONG FACT AV Congregant characteristics, attitudes, emotions or behaviors which contribute to avoidance of seeking help from pastors		
		Sex	Issues related to sex, sexual behavior, including pre and extra marital.
		Active Sin	Currently engaged in behaviors considered sinful/transgressions by Christian or biblical standards with no immediate plan to change the behavior.
		Pastor View	Concern regarding how pastor/minister will view congregant in light of information disclosed.
		Fear Disc	Concern about pastors revealing information shared by congregant.
		Can't Hear	Concern that pastor will say things, offer guidance that the congregant does not want to hear; will tell the truth, make recommendations that the congregant does not want to follow.

Code Family & Definition	Domain & Definition	Code	Code Definition
		Marriage & Family	This domain encompasses seeking pastoral help for marital problems, including issues related to divorce and sexual intimacy, family problems, and problems or challenges related to child rearing.
		Never Discussed	Pastor never sought for help.
		Distrust	Lack of faith or belief in the pastor's intentions, integrity, etc. Suspicious of pastors based on lack of integrity.
		Sex Victim	Issues related to sexual abuse/ assault, rape, harassment unlawful or forced sexual activity under threat of injury and against the will of the person beneath a certain age or incapable of valid consent (MWD[25]).
		Other Inv	Other parties have a part in response to congregant in the help-seeking process (e.g., deacons, trustees)
		Shame	Embarrassment, shame related to identity, present, previous actions and condition of

[25] (Merriam-Webster, 2007)

Code Family & Definition	Domain & Definition	Code	Code Definition
			humiliating disgrace or disrepute
		Renege	congregant going back on a commitment made or a confessed repentance
		Machismo	A strong sense of masculine pride; exaggerated masculinity; male bravado (MWD[26])
	OTHER MEANS Alternative methods by which congregant gets problem solving needs met	Serv Mt Nds	congregant receives sufficient counsel and spiritual direction through Sunday service, Bible study, prayer time.
		Lack Exp	Pastor may not have practical experience relevant to help seeker's concerns, concern that pastor may lack ability to handle information that is shared by congregant.
		Cut Intermediary	Prefer to seek God (vs. pastor directly) for problems to congregant in the help-seeking process (e.g., deacons, trustees).
		Self Suff	Don't see need to see pastor can handle problems on my own; independent.
		Oth Res	Access and utilize resources other than ministers (e.g.,

[26] (Merriam-Webster, 2007)

Code Family & Definition	Domain & Definition	Code	Code Definition
			mothers of church, elders, human service or medical professionals), for problem-solving would seek family members and friends before seeking pastor for help. Congregant more comfortable seeking help from ministers or pastors outside of home church.
	PRACT SUPP Pastor/minister offers support in areas of everyday life.	Money	Financial assistance money matters. Pastor sought for money or financial difficulties, unlikely that pastor would be sought for help.
MINISTER SEEKING FACTORS Minister's perception of issues/problems that congregants avoid discussing with them (ministers)	MAR & FAM Seeking of pastoral help for marital problems, including issues related to divorce and sexual intimacy, family problems, and problems or challenges related to child rearing	Marital/Pre	Marital preparation/ prevention; pre-marital counseling: relates to seeking pastoral intervention to assist couples in preparation for marriage, or married couples seeking general guidance as a preventive measure.
		Mar Prob	Pastor sought for conflicts in marital relationships.
		Family	Seek pastors for family-related problems and concerns. Pastoral assistance sought

Code Family & Definition	Domain & Definition	Code	Code Definition
			for problems within the family system,
		Marital/Pre	Marital preparation/ prevention; pre-marital counseling: relates to seeking pastoral intervention to assist couples in preparation for marriage, or married couples seeking general guidance as a preventive measure.
	REL(MIN) Pastor approached for problems in interpersonal relationships; Relationship issues relates to problems of an interpersonal nature, between persons with no familial, marital, or pre-marital ties.	Int Rel	Pastor sought for support when couple ostracized for interracial relationships
		Dating	Pastor sought for issues related to dating, forming relationships. Minister sought re relationship difficulties with dorm roommates
		Sex Victim	Issues related to sexual abuse/ assault, rape, harassment unlawful or forced sexual activity under threat of injury and against the will of the person beneath a certain age or

Code Family & Definition	Domain & Definition	Code	Code Definition
			incapable of valid consent (MWD[27])
	LIFE CYCLE Relates to events common in individual and family development life cycle (e.g., birth, death, marriage, etc)	Death	Pastor sought for death or dying, loss of loved one, bereavement. Includes Facing one's own mortality
		Ill/Healing	Pastor sought for 1) health-related problems 2) help in healing
	SPIRITUAL DEVELOPMENT- Development in the knowledge and application of Christian faith.	Spiritual Guidance	Guidance offered by pastor based on biblical principles.
		Purpose (Min)	Using ministerial guidance around finding out the spiritual function for which a person is specially fitted or for which one exists.
	PRACT SUPP Pastor/minister offers support in areas of everyday life.	Money	Financial assistance in money matters
		Concrete	Pastor sought for practical, tangible assistance (e.g., food, clothing, shelter)"
		Prob @ Wk	Seek help for problems at work;

[27] (Merriam-Webster, 2007)

Code Family & Definition	Domain & Definition	Code	Code Definition
			relates to difficulties in the work environment
	ADDITIONAL SEEKING FACTORS	Sub Abuse	Abuse or addiction to controlled, over the counter, or illegal substances
		Depression	Sad (MWD[28]) or depressed affect or mood, feeling "down" or "blue"
		Couns	Pastor sought for counseling to meet in single session or over time
		Crises Faith	Questions, doubts about God
		Prayer	Pastor sought to intervene with God on congregant's behalf.
MINISTER AVOID Minister's perception of issues/problems that congregants avoid discussing with them (ministers)	CONG FACT SEEK Congregant characteristics, attitudes, emotions or behaviors which contribute to avoidance of seeking help from pastors		
		Mar Prob	Pastor sought for conflicts in marital relationships
		Sex Intim	Issues related to sexual intimacy in the context of marital relationship
		DV	Issues related to physical, emotional, or psychological sexual , or financial

[28] (Merriam-Webster, 2007)

Code Family & Definition	Domain & Definition	Code	Code Definition
			abuse in an intimate relationship.
		Lonely Min	Issues of feeling loneliness and isolation from others.
		Sex	Issues related to sex, sexual behavior, including pre and extra marital.
		Shame	Embarrassment, shame related to identity, present, previous actions a condition of humiliating disgrace or disrepute (MWD[29])
		Race Self Hate (Min)	Poor self image based on one's skin color 8/13/07 or other racial attributes (e.g., hair texture, bodily or facial features)
	ADDICT BEHS habitual behaviors that impair normal daily function (e.g., work, school, relationships)(MWD)	Sex Perp	Sexual perpetration unlawful or forced sexual activity under threat of injury and against the will of the person beneath a certain age or incapable of valid consent (MWD)
		Not Ment Ill	Pastor/minister not sought for help with serious mental illness
		Depression	Sad (MWD) or depressed affect or mood, feeling

[29] (Merriam-Webster, 2007)

Code Family & Definition	Domain & Definition	Code	Code Definition
			"down" or "blue,"
		Coll Need (Min)	Need for ministers, mental health professionals, doctors to collaborate cooperate to serve needs of congregant
		Lack Exp Risk (Min)	Pastor/minister's lack or limited experience creates risk for the pastor-congregant relationship.
		Ref Reoccur (Min)	Pastor/minister would refer for repeated instances of problematic behaviors
		Cultural Impact	Recognition of the role that race, cultural factors may play in lives of African American congregants, spiritually, socially, personally
		Spir Discern(Min)	Ministers can detect when problem/issue which congregant presents is a spiritual issue.
	REF CHARACTER Characteristics of (and concerns	Found Import (Min)	Christian foundation (including relationship with

Code Family & Definition	Domain & Definition	Code	Code Definition
	About potential) referral source		Christ, biblical understanding) key in ministers considering referral to mental health professionals.
		Value Conflict (Min)	Concern that secular resources may promote values that are diametrically opposed to a Christian perspective.
		In Touch	In touch minister contention that professionals need to be more in touch with a person's religion
	REF APP RES(MIN) minister would refer to a resource that would beneficial to congregant (e.g., doctor) and suitable for the problem with which the congregant presents	Ser Ment Ill(Min)	Diagnosable mental health problems W affect/psyche which impair congregant's ability to engage in daily life tasks
		Ref Mental Health(Min)	Minister would refer for mental health counseling.
		Addict Behs (Min)	Habitual behaviors that impair normal daily function
		Sub Abuse	Abuse or addiction to controlled, over the counter, or illegal substances

Code Family & Definition	Domain & Definition	Code	Code Definition
		Depression	Sad (MWD[30]) or depressed affect or mood, feeling "down" or "blue,"
		Sex Vic	Issues related to sexual abuse/ assault, rape, harassment unlawful or forced sexual activity under threat of injury and against the will of the person beneath a certain age or incapable of valid consent (MWD)

[30] (Merriam-Webster, 2007)

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