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# An Investigation of the Help-Seeking Attitudes of African American Christian Churchgoers

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Abstract

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Abstract

The Black Church has been a powerful support system for African Americans, providing economic, and psychological support in addition to meeting spiritual and religious needs. African American church leaders continue to provide a multitude of services to the community; however, research has shown that African American Protestant Christian churchgoers' preference for informal supports may exacerbate some symptoms of mental illness as people may postpone seeking formal help. Utilizing a nonexperimental, cross-sectional design, this study examined the relationship between these churchgoers' attitudes toward religious help-seeking and attitudes toward professional help-seeking. One hundred four African American Protestant Christian churchgoers in the mid-Atlantic region of the United States participated in this study. Data were collected using online and paper and pencil self-administered surveys. Participants completed a demographic questionnaire, the Religious Commitment Inventory-10, The Attitudes toward Religious Help-Seeking Scale, and The Inventory of Attitudes Toward Seeking Mental Health Services. A hierarchical regression analysis was used to examine the relationship between religious and professional help-seeking attitudes while controlling for the religious denomination, prior utilization of counseling services, and religious commitment. The results of this study support previous research showing that African Americans who are affiliated with a church have more favorable attitudes towards seeking help from their church than they do towards seeking professional help. The results of this study can influence the way counselors communicate with church leaders to improve mental health care for the African American community.

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# Dedication

This work is dedicated in loving memory to my father who passed away in the midst of this journey. Daddy, I kept my promise. Just like you, I never quit!

## Acknowledgments

This experience has been a very long and at times, stressful adventure, interspersed with joy and feelings of accomplishment. I thank God for giving me the strength and endurance to get to the end of this journey and for the promise of things to come in the next one. While there were many speedbumps along the way, there were many people who helped and encouraged me and kept me moving forward on my path.

First… my family. They say that things are built on firm foundations. I am thankful that I was blessed with a family that provided a strong and firm foundation which has always allowed me to feel safe and has given me the ability to keep working towards my goals. I thank my parents and grandparents for the sacrifices that they made to give me this opportunity. Thank you to my mom for teaching us that listening is more important than talking and that everyone deserves to be heard. Thank you to my dad for not only teaching us, but also demonstrating what a true work ethic is. Thank you to my brothers who never let me use the excuse of being a girl to get out of anything. Thank you to Tasha for always being flexible and making sure that I was included for the big events. To my uncles… thank you for always making me feel special and to Joyce for using Dr. Seuss to remind me that I would go to many unexpected places. To my nieces… Yanni who tried to keep me on schedule, Avery who reminds me what is important in life and Taya and Brie who never cease to surprise me; thank you for being patient and understanding when I had to cut my visits short or miss important activities in your lives.

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Finally, to anyone else who helped me along the way, I am truly appreciative.

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# Chapter 1: Introduction to the Study

## Introduction

African Americans have often viewed the church as a strong and dependable support system, which has been able to meet the social, psychological, and religious needs of the people in the community (Adksion-Bradley, Johnson, Sanders, Duncan, & Holcom-McCoy, 2005). Mattis et al. (2007) asserted that several studies investigating the use of churches as therapeutic resources for African Americans have demonstrated that the church is the primary location for mental health services in the African American community. People of many races and cultures turn to their pastor or religious leaders for help with religious matters, prayer, and grief; however African Americans turn to their pastor for family concerns, mental health concerns, and physical health concerns, things for which other communities may seek professional help (Holt, Wang, Clark, Williams, & Schulz, 2013; Mattis et al., 2007; Rowland & Isaac-Savage, 2014). The church has been a steadfast source of support in the African American community, and when surveyed, African American clergy reported providing mental health related services more often than clergy from other backgrounds and religions (Mattis et al., 2007; Rowland & Isaac-Savage, 2014). Research has indicated that many African American families are against professional mental health care services and often seek all of their support from their pastor or other services available through the church (Allen, Davey, & Davey, 2010). While some pastors or religious leaders seek to collaborate with mental health professionals (Hedman, 2014), others preach against the use of medications or seeking help from mental health professionals (Payne, 2008).

There are many possible reasons for African Americans to use informal supports such as religious beliefs (Alvidrez, Snowden, & Kaiser, 2008; Brown et al., 2010), disparities in mental health care (Carpenter-Song, Whitley, Lawson, Quinby, & Drake, 2011; Le Cook et al., 2014), disproportionate diagnosis (Schwartz & Feisthamel, 2009), cultural beliefs about mental health (Conner, Copeland, et al., 2010), and negative beliefs about mental health services (Hankerson, Suite, & Bailey, 2015). Hardy (2012) asserted that African Americans may need to seek professional help sooner as there are times when their use of informal support may hinder them from obtaining the needed medications or treatments.

Mental illness has existed since long before records were being kept and exists across all races and sociodemographic groups (Baumeister, Hawkins, Pow, & Cohen, 2012; Charara, El Bcheraoui, Kravitz, Dhingra, & Mokdad, 2016). Trends over the last several decades indicate that rates of mental illness are increasing in the United States (Charara et al., 2016). Using a state-based survey system used by the CDC to assess the impact of health on the quality of life, Charara et al. (2016) assessed the respondents' reports of the impact of mental health on their level of functioning. Charara et al. reported that the prevalence of mental illness in the African American population is similar to that of Whites, but higher than that of Asians and Hispanics in the United States. This study also showed that several groups, among them African Americans, Native Americans, smokers, and the unemployed were at higher risk of having functional limitations due to mental illness than other groups (Charara et al., 2016). While the incidence of mental illness in the African American community is parallel to that in the

White community (Dempsey, Butler, & Gaither, 2016), because it is often untreated, the severity of mental illness in the African American population is often worse and treatment is often sought through informal resources such as pastors, or through emergency services such as hospital emergency rooms (Le Cook et al., 2014).

There are several hypotheses that attempt to explain the reasons African Americans use informal support or emergency rooms; however, no research has identified a clear reason for this behavior. Alvidrez (1999) conducted a study assessing the attitudes and service use of women. She and a team of 10 graduate students interviewed 217 women of African American, Latina, White, Asian, and Middle Eastern descent who were being served at an urban community hospital (Alvidrez, 1999). One of the researchers' hypotheses was that African American women are more likely to believe that mental health issues are rooted in religious and spiritual causes than are women from other cultures and ethnic backgrounds (Alvidrez, 1999).

A second hypothesis, based on studies about stigma and help-seeking attitudes and behaviors, is that African Americans may blame themselves or believe that they are weak if they experience symptoms of mental illness (Alvidrez, Snowden, & Kaiser., 2008; Brown et al., 2010). Alvidrez and an interviewer interviewed 34 African American women about their experiences with stigma as it relates to mental illness and service use (Alvidrez, Snowden, & Kaiser, 2008). Brown et al. (2010) conducted a survey to address stigma and treatment seeking among African Americans and Whites. Brown et al. used surveys to gather information from 449 participants in the community to investigate any

symptoms of mental illness, their views on stigma, and their views on seeking help for mental illness (Brown et al., 2010).

A third hypothesis asserted that pastors' views about mental illness and help seeking may influence their members opinions and help-seeking behaviors (Avent, Cashwell, & Brown-Jeffy, 2015; VanderWaal et al., 2012). Pastors may promote spiritual coping methods instead of professional methods, which may impact the attitudes that African Americans have towards seeking professional help (Avent, Cashwell, & Brown-Jeffy, 2015; Chatters, Mattis, et al., 2011; Hardy, 2012; Hays, 2015). Avent, Cashwell, and Brown-Jeffy (2015) conducted a qualitative study with African American senior pastors of predominantly African American churches. Their research indicated that African American pastors may suggest spiritual reasons such as lack of faith, spiritual warfare and neglect of spiritual or prayer life as causes of anxiety and depression (Avent, Cashwell, and Brown-Jeffy, 2015). VanderWaal, Hernandez, and Sandman (2012) conducted a quantitative study with over 200 Christian clergy of different races, experiences, and denominations. Their research indicated that African American and Latino clergy were more likely to encounter substance abuse and violence than White clergy (VanderWaal et al., 2012). It also indicated that African Americana and Latino pastors were more reluctant to refer their members to secular counselors, but when they did, they looked for Christian counselors who also shared their race (VanderWaal et al., 2012).

## Background

Religion and the church are important factors in the lives of African Americans and may influence their coping and help-seeking practices (Hardy, 2012; Park, 2005). Some studies have shown that African Americans use religious and spiritually based coping mechanisms more frequently than Whites do (Johnson, Williams, & Pickard, 2016). Johnson et al. (2016) surveyed over 100 African American women who had experienced a traumatic event. While all women surveyed were experiencing some problems related to a traumatic event, only approximately 27% had a diagnosis of post-traumatic stress disorder (PTSD; Johnson et al., 2016). This study showed that the women with the most significant symptoms reported seeking comfort through spiritual supports and practices (Johnson et al., 2016). Other research has indicated that African Americans are more likely to seek informal support from pastors and family members for their mental health needs than they are to seek formal support from a mental health professional (Hardy, 2012). Mattis et al. (2007) asserted that the Black Church has been the primary source for mental health support in the African American community. There are many possible reasons for this preference; however, research has shown that the inclination of African Americans to seek informal help may stem from their early history in the United States when they were slaves and were either unable to obtain professional help or did not trust the professional doctors and turned, instead, to informal more traditional remedies and supports (Bronson & Nuriddin, 2014).

Harris (2001) reported that psychological journals between the late 1800's and the early 1900's perpetuated beliefs that African Americans were intellectually inferior

to Whites, even when IQ tests showed higher intelligence among some African Americans than their same aged White peers. The influences from the times of slavery and the historical mistreatment of African Americans have continued to impact the attitudes that African Americans have towards mental health and their help-seeking practices (Adewale, Ritchie, & Skeels, 2016; Vontress & Epp, 1997). Kelly et al. (2013) asserted that various factors such as socioeconomic disparities, racial discrimination, negative stereotypes, and internalization of negative beliefs continue to impact African Americans and their communities. While there are many negative influences on the African American community, Plunkett (2014) posited that the Black Church and the values associated with the church have also influenced the African American community, but in a positive manner. Some research has shown that the church has, at times, been a greater influence in the lives of African Americans than their families and peers have been (Shupe & Eliasson-Nannin, 2012).

Pastors' perceptions about mental health and their views about collaboration with secular therapists may impact the attitudes that their church members have towards seeking help from professionals (Allen, Davey, & Davey, 2009; Plunkett, 2014). In many Black churches, pastors assist their members with various mental health concerns without collaborating with professional therapists (Stansbury, Harley, King, Nelson, & Speight, 2012). While there are many possible reasons for their lack of collaboration, the history of racism and misdiagnosis in the fields of healthcare and mental health treatment may be major influences (Sohail, Bailey, & Richie, 2014; Stansbury et al., 2012; Suite, La Bril, Primm, & Harrison-Ross, 2007). In addition, there are religious and spiritual

values that also impact the views of clergy (Plunkett, 2014). Research has indicated that African American clergy are more likely to believe that depression and other mental illnesses are due to some form of weakness, a lack of faith in God, or spiritual causes than White pastors are (Hedman, 2014; Payne, 2009). The beliefs and perceptions about the causes of mental illness also influence clergy views about collaboration and the seeking of mental health services (Allen et al., 2010).

Research has indicated that African Americans are more comfortable seeking informal help from clergy or family; however, further research needs to be done to determine whether the church is capable of providing appropriate services (Hays, 2015). Hankerson, Svob, and Jones (2018) posited that providing services to African Americans in conjunction with the church leaders may prove valuable. In this study, I investigated the help-seeking attitudes of African Americans and the possible influence of religion on these beliefs.

## Problem Statement

African Americans often rely upon the church to be a strong and dependable support system for their social, psychological, and religious needs (Adksion-Bradley et al., 2005). In addition to turning to their pastor for help with religious matters and prayer, African American parishioners may also turn to their pastor for family concerns, grief, and other counseling needs (Mattis et al., 2007). African Americans have used the church as a catalyst for change within their communities by providing a place for political and social activism, and researchers have found that people in the church setting experience their involvement as a protective factor in the promotion of mental health and

the prevention of risky and delinquent behaviors (Hays, 2015; Langley & Kahnweiler, 2003; McBride, 2013).

Many people with mental health or substance abuse disorders seek support from their pastors or religious leaders prior to or instead of seeking help from mental health or medical professionals, regardless of their pastors' experience or training (VanderWaal et al., 2012). For many reasons such as mistrust of the system, lack of access, and shame and stigmas associated with mental illness, African Americans may be more reluctant than those in some other cultures to seek professional help (Hardy, 2012). These factors, as well as the belief that faith in God should help them cope with symptoms of mental illness, motivate many African Americans to seek their support from the church (Allen et al., 2010; Hardy, 2012; Hays, 2015). Pastoral practices may mitigate some of the stigma and shame associated with mental illness (Avent, Cashwell, & Brown-Jeffy, 2015) and promote participation in mental health treatment.

While some pastors seek to collaborate with mental health professionals (Hedman, 2014), others preach against the use of medications or mental health services (Payne, 2008). The beliefs of church leaders may impact the attitudes of their parishioners, making them more or less likely to seek professional help (VanderWaal et al., 2012). Hays (2015) reported that African Americans who identify as having strong religious convictions may seek professional mental health resources less often because they believe that they should be more comfortable using religious resources. Plunkett (2014) posited that the mental health professionals need to be aware of the influence of the church and religious values on members of the African American community.

Researchers have studied the influence of the church in African American communities but have found mixed results (Blank, Mahmood, Fox, & Guterbock, 2002; Hardy, 2012; Hays, 2015; Young, Griffith, & Williams, 2003). VanderWaal et al. (2012) asserted that African American pastors were less likely than pastors from other ethnicities to refer their parishioners to mental health professionals. Hays (2015) posited that African Americans prefer to seek support from the church or their pastor; however, Hardy (2012) noted that some African Americans prefer not to seek help from their pastor as they may be uncomfortable speaking to an authority figure, such as a pastor, for fear that their problems may not remain private. Daniels and von der Ruhr (2010) noted that affiliation with some denominations and church attendance may have an impact on the trust levels of African Americans which may also influence their attitudes about seeking professional help outside of the church. Given the mixed results in previous studies, further research is needed to develop an understanding of why some African Americans seek counseling outside of the church while others do not. Through this study, I seek to fill the gap by identifying the factors that distinguish between African American churchgoers who seek help from professional mental health service providers and those who do not.

## Purpose of the Study

The purpose of this study was to add to the literature and provide additional information about the attitudes and factors which influence African Americans who are connected to a religious community to either embrace or refrain from the utilization professional mental health services. Much of the research related to this topic focuses on the attitudes and perceptions of clergy, but less is known about the beliefs of churchgoers

(Adksion-Bradley et al., 2005; Avent & Cashwell, 2015). To address this gap in the research, I conducted a hierarchical multiple regression quantitative study. I used a demographic questionnaire, The Attitudes Toward Religious Help-Seeking Scale, The Attitudes Toward Seeking Mental Health Services Inventory, and the Religious Commitment Inventory to evaluate the relationship between participants' attitudes toward seeking professional help and religious support for mental health concerns. Religious commitment, denominational affiliation, and mental health service utilization were independent factors that were considered. All participants were African American adults who reported that they attend a predominantly Black Church. I used the information gathered to develop a greater understanding of the utilization of professional mental health services by African Americans who are involved in a church community.

## Research Question

I investigated the following question to address the purpose of the study.

RQ1: After controlling for the independent variables: religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches?

$H_0$1: There is no statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches

after controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization.

$H_a1$: There is a statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches after controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization.

## Definition of Terms

*African Americans:* Any person whose familial origins are from any of the Black races in Africa (U. S. Census Bureau, 2011).

*African American (Black) Church:* Any number of churches which were founded primarily on the beliefs of the Baptist, Methodist, and Pentecostal churches, their shared history, spiritual practices, culture, and identity within the African American community, are led by an African American pastor or leader and have predominantly African American congregations (Adksion-Bradley et al., 2005; Douglas & Hopson, 2001; Plunket, 2014). It will be referred to as the Black Church throughout this paper.

*Community:* A group who shares a common interest, ethnicity, or culture but do not necessarily live in the same geographic location or region (Speakes-Lewis, Gill, & Moses, 2011).

*Pastor (Clergy, Minister, Reverend):* A pillar in the Black Church who serves multiple roles including that of religious or spiritual leader, counselor, bureaucrat, trusted

leader, and resource for their members and the African American community (Avent, Cashwell, & Brown-Jeffy, 2015; Shupe & Eliasson-Nannini, 2012).

*Protestant:* Any of several mainline Christian religions that reject the authority of the Catholic church. The historically Black Protestant churches include the religions of Baptist, Methodist, Pentecostal, Holiness, and Non-denominational (Pew Research Center, 2015).

*Mental Illness:* A condition that causes a clinically significant disturbance in a person's thinking, behavior, ability to regulate their emotions, or to relate to other people which may cause significant distress (National Alliance on Mental Illness, 2018; American Psychiatric Association, 2013).

*Stigma:* Discrimination towards people based on negative stereotypes or undesirable social behaviors (Alvidrez, Snowden, & Kaiser, 2008). There are different types of stigma associated with mental illness:

1. *Public Stigma:* Beliefs held by society which are negative and often based on prejudice or stereotypes (Brown et al., 2010).
2. *Internalized Stigma:* Negative beliefs that people have about themselves (Brown et al., 2010).

## Theoretical Framework

The ecological systems theory (EST), which is a derivative of systems theory, served as the theoretical framework for this study (Neal and Neal, 2013). While systems theory is a broad framework that explores each individual or item as part of a whole system, working within the structure of multiple systems, researchers often use it when

studying families (Dixon, 2007; Kelly et al., 2013). Because individuals do not operate alone but within their families, friendships, and communities, a systems perspective can be useful in gaining an understanding of behavior (Skowron, 2004). Neal and Neal (2013) asserted that ecological systems theory, developed by Bronfenbrenner (1977), can be applied when examining individuals in the context of their community or environment. Neal and Neal and Christensen (2016) used the ecological systems theory to ground the idea that various systems impact the individual in different ways with certain systems having more influence than others.

Marbley and Rouson (2011) studied the systems within the African American community such as families, schools, and churches as well as those that impact the community such as political, social, and economic policies and forces. They asserted that the schools, church, and extended family are systems that have helped African American families to survive (Marbley & Rouson, 2011). Kelly et al. (2013) discussed African Americans within cultural and historical systems and the need for therapists to view African American individuals through a broader systems lens to help meet their needs. Neal and Christens (2014) asserted that ecological systems can help to explain relationships between individuals and their interactions with different settings and systems. Based on these studies, the ecological systems approach may help to explain the relationships that African Americans have with the healthcare system, mental health professionals, and how those relationships may be influenced by the church (Kelly et al., 2013; Neal & Neal, 2013).

## Nature of Study

The nature of this study was quantitative, and I used a survey method design. Researchers use quantitative methods and statistical analysis to study the influence of variables on one another and how the variables are changed (Martin & Bridgmon, 2012). Researchers who use quantitative research can study the trends, attitudes, and values of a section of the population (Groves et al., 2009). My primary goal in this study was to gain insight about the attitudes and values African American Christians have about seeking professional and religious help for mental health concerns. I examined cultural and religious values and their impact on the relationship between the African American community and the mental health profession, which is consistent with the conceptual framework of an ecological systems approach. The independent variables were religious denomination, religious commitment, and prior utilization of counseling services. After controlling for these variables, I investigated the relationship between professional and religious help-seeking attitudes. I used surveys to garner a better understanding of the attitudes of African American Christian churchgoers and how their attitudes relate to the utilization of religious and professional mental health services.

## Assumptions

For this study, I made several assumptions. I assumed that all participants were willing participants and felt no pressure to participate in the study. I also assumed that all respondents could read and understand the questions asked on the assessments. A third assumption was that all participants would answer questions truthfully. Because I recruited participants from African American churches, I assumed that individuals who

choose to participate would have some shared beliefs and experiences with other African American Christian churchgoers and African American pastors.

I used hierarchical multiple linear regression and assumed that there would be a normal distribution. Any skewness and kurtosis of the data was shown using histograms after the data was analyzed.

## Limitations

The purpose of this study was to explore the attitudes toward help-seeking of African American churchgoers. The study was narrow in its focus, and I only questioned African American Christians who attend church. This is a limitation, as the study was specific to African Americans Christians and the data collected may not represent the beliefs of African Americans of other faiths or beliefs or any other ethnic, religious, or racial group in America.

A second limitation of this study is that participants were given a self-administered survey to complete. While respondents remained anonymous, there may have been questions that respondents did not feel comfortable answering or may have chosen to misreport. Groves et al. (2009) asserted that people may be more willing to answer sensitive questions on a self-administered survey; however, participants may have misinterpreted questions or skipped questions unintentionally. Creswell (2009) noted that a possible limitation is that the answers on self-administered surveys may be influenced by the location in which the respondent answers the questions. As many of the surveys may have been completed in a church setting, a bias for religious supports may have been a factor. In addition, because the respondents were in attendance at a

Christian church, respondents may have felt obligated to answer questions about religious beliefs and church attendance in ways that they believed the question should be answered which may have resulted in an inflated response bias for the religious questions. This pattern of inflated response may have skewed the information and decreased the predictive power of the study.

The pastors who agreed to allow the research to be conducted at their church provided an opportunity for their members to hear about the study. Pastors who refused to allow the study may have been more conservative than other pastors. This led to a limitation as it was more difficult to survey churchgoers who attend the more conservative churches and may have had more conservative beliefs. The churches were found through internet searches of the Yellow Pages, Google, and Facebook and were limited to areas in the mid-Atlantic region of the United States. A random sample of the churches located was used in the study. Although an effort was made to have a representative sample of the churches in the area, the possibility of missing churches or denominations in the area created an additional limitation in this study.

## Scope and Delimitations

There are several factors that helped to shape the scope of this study. In this study, I focused on African American churchgoers who attend an African American or Black church of one of the Protestant faiths. This study was completed within the mid-Atlantic region of the United States and explored the attitudes toward help-seeking of African American Christian churchgoers. Delimitations of this study includedthe population being studied, the region included in the study, and the fact that the study was

only interested in looking at the attitudes and preferences of African American churchgoers towards mental health help seeking. The results of this study are only generalizable to African American Christian churchgoers in the mid-Atlantic region of the United States.

## Significance of Study

I expected that the results of this study would fill a gap in the literature and provide information to counselors about the attitudes and values possessed by African Americans of various Christian denominations regarding the use of professional mental health services. My study is unique because I addressed an under-researched area regarding the attitudes of African American Christians about mental health service utilization and the possible influence of religious commitment and beliefs on their decisions (see Plunkett, 2014). I hope the insights gained from this study will aid mental health professionals by informing them of the relationship between religious views and beliefs about the utilization of mental health services among African American churchgoers. African Americans may experience higher levels of distress, more severe mental health symptoms, and poorer outcomes than White peers (Aten, Topping, Denney, & Bayne, 2010; Hays, 2015); however, African American utilize professional services less often than Whites (Aten et al., 2010; Hays, 2015). Payne (2008) asserted that African Americans religious beliefs and values influence their use of services for mental health concerns. Determining the impact of religious beliefs and commitment on the attitudes about utilization of professional mental health services by African American church

members may help to improve relationships between mental health professionals and the African American community (Hardy, 2012).

## Summary

In this study, I looked at the factors that may influence African American Christians' attitudes toward seeking help for mental health concerns. I examined the Black Church and its influence in the African American community. I also looked at some of the reasons that the church may have the power and influence that it has in the community. Further, I assessed the prevalence and severity of mental illness in the African American community and how church pastors may influence the beliefs and the help-seeking behaviors of the community.

The Black Church is a strong foundation in the African American community and has met the religious, social, and psychological needs of African Americans since its conception (Adksion et al., 2005). Pastors of the Black Churches have great influence in the African American communities (Shupe and Eliasson-Nannini, 2012) and may influence their parishioners' views about mental health and seeking help from outside of the church (Allen et al., 2009; Plunkett, 2014). Research has shown that African American clergy are more likely to believe that mental health issues have a spiritual cause than White pastors (Hedman, 2014; Payne, 2009). This belief may be one of many possible factors that influence whether pastors are willing to collaborate with mental health professionals or are completely against the use of medications and professional treatment for mental illness (Hedman, 2014; Payne, 2009).

Many African Americans continue to seek help from their pastor instead of seeking professional mental health services (Holt et al., 2013; Mattis et al., 2007; Rowland & Isaac-Savage, 2014). There are many possible reasons that African Americans seek informal support instead of professional help; however, this practice may sometimes hinder people from receiving medications or other needed treatments (Alvidrez, Snowden, & Kaiser, 2008; Brown et al., 2010; Hardy, 2012). Studies have shown that African Americans often have more severe symptoms associated with mental illness than Whites and, when professional help is sought, it is often through hospital emergency rooms (Dempsey et al., 2016; Snowden et al., 2009).

In Chapter 2, I reviewed the existing literature about the history of African Americans in American society, the rise of the Black Church and its influence in the African American community, the beliefs about mental illness and the help-seeking practices of African Americans. In Chapter 2 I also review the role that African American clergy have had in providing counseling and other support services to the community. I review several possible factors may influence the help-seeking behaviors of African American Christians.

# Chapter 2: Literature Review

While the prevalence of mental illness in African Americans is like that of Whites, African Americans often experience more severe symptoms of mental illness but seek professional treatment at lower rates and often turn to informal sources of help such as their church (Davey & Watson, 2008; Dempsey et al., 2016; Neighbors, Musick, & Williams, 1998). Professionals are more likely to misdiagnose African Americans and African Americans are less likely to be willing to take medication for mental illness (Baker & Bell, 1999; Garretson, 1993; Sohail et al., 2014). The purpose of this study is to obtain a better understanding of the help-seeking behaviors of African American churchgoers. A greater understanding of these behaviors may assist counselors in better meeting the needs of their African American clients.

## Overview

One of the most powerful and enduring institutions in the United States, and possibly the most important in the African American community, is the church (Barnes, 2005; Douglas & Hopson, 2001; Gadzekpo, 1997). Shupe and Eliasson-Nannin (2012) asserted that at times, the beliefs and views espoused by the leaders of the church have been more influential than family in preserving the cultural values of the African American community. Religious practices and beliefs have been interwoven in the lives of African Americans since the times of slavery (Smith, 1999; Walton, 2011). During and after slavery, slaves and former slaves would congregate and sing spiritual songs, sometimes to pass hidden messages and other times as a source of hope and courage

(Smith, 1999). Like the early Black Church, the songs were often used as a form of social activism (Kelley, 2008; Nielson, 2011).

The leaders of the African American church, most often called The Black Church in the literature, continued the tradition of social activism and change, and have been a source of strength and protection for the community (Barnes, 2005; Krause & Hayward, 2012). There are many variations in the definition of the Black Church; however, the consensus is that the Black Church is any number of churches that were founded primarily on the beliefs of the Baptist, Methodist, and Pentecostal churches, share their history, spiritual practices, culture, and identity within the African American community, are led by an African American pastor or leader, and have predominantly African American congregations (Adksion-Bradley et al., 2005; Douglas & Hopson, 2001; Plunkett, 2014). Racial tensions, prejudice, and discrimination in American culture led African Americans to find solace and support in the church, which has often been like a social service agency (Krause & Hayward, 2012). Hays (2015) asserted that the Black church also became a source of comfort and support to African Americans and their families in the face of the hostility and oppression that they experienced from American society. Instead of seeking help from counselors or other mental health professionals, African American churchgoers most often seek support from their pastor for concerns that many other people would seek professional help for, such as marital and family problems, financial stressors, grief, and psychological needs (Adksion-Bradley et al., 2005; Mattis et al., 2007).

While the prevalence of mental health disorders among African Americans and Whites is similar, African Americans have poorer outcomes and are less likely to seek professional help (Hays, 2015; Neighbors et al., 1998). Spates (2019) asserted that suicide rates in the African American community are rising, particularly among children, teens, and young adult men. In fact, over the past several years, suicide rates among White children aged 5 to 11 have decreased, but rates have doubled among African American children in the same age group, leading to higher rates of suicide than their White peers for the first time in history (Brewer & Williams, 2019; Spates, 2019). Although suicide rates continue to increase, Spates (2019) noted that suicide is still taboo and often considered a forbidden topic in African American communities and is rarely discussed, making it more difficult to address needs and implement prevention strategies. As with many other forms of mental illness, African Americans often seek support from informal sources and their church leaders when faced with suicide (Spates, 2019).

Hardy (2012) posited that there are multiple factors that may contribute to the underutilization of professional mental health services by African Americans. Barriers that may impact or influence a person's decision to seek professional mental health services include sociodemographic factors, socioeconomic factors, fear, stigma, and beliefs about mental illness (Avent, Cashwell, & Brown-Jeffy, 2015; Barksdale & Molock, 2008). Following is a review of the literature outlining the concepts that provide a framework for this study and which contribute to an understanding of the impact of religiosity, cultural mistrust, and mental health seeking attitudes among African American churchgoers. While researchers have investigated the concepts of religiosity,

cultural mistrust, and the utilization of professional mental health services by African Americans separately, few have explored them together or with conclusive results. There is even less literature as it pertains to the counseling profession, separate from other mental health professions.

Using Bronfenbrenner's ecological systems theory (EST; 1979), I used this quantitative study to investigate the factors and attitudes that contribute to the utilization of professional counseling services by African American churchgoers. I investigated whether the level of religiosity and commitment, church attendance, and previous service utilization impacted the religious help-seeking and mental health help-seeking attitudes among African American churchgoers. Several concepts provide a cultural and historical overview of African Americans and their relationships with the church and professional healthcare services.

## Literature Search Strategies

I conducted multiple searches and used the following databases to complete my literature search: Academic Search Complete, CINAHL Plus, Education Research Complete, ERIC, Google Scholar, MEDLINE, ProQuest, PsychARTICLES, PsychINFO, and SocINDEX. I primarily limited searches to articles published within the last 10 years. The following are key search words that I used for this study: *African Americans, African American slavery, American history, community activism, civil rights movement, connectedness, cultural mistrust, mental health, mental illness, religious coping, religious commitment, spiritual coping, the Black church, depression, help-seeking, religious help-seeking, mental health help-seeking, utilization of mental health services, professional*

*help-seeking, religion, religiosity, spiritual well-being,* and *pastoral roles.* Because of the paucity of current research, I used older findings when pertinent or to provide historical support for the current study. Most of the referenced research was from scholarly, peer-reviewed journals. Other research was published by reputable, mainstream sources.

## Theoretical Framework

First developed by Bronfenbrenner in 1979, researchers have used EST to gain a better understanding of how the interactions individuals have with their families, communities, and cultures influence their relationships with these same constructs (Neal & Neal, 2013; Onwuegbuzie, Collins, & Frels, 2013; Rosa & Tudge; 2013). Bronfenbrenner developed the theory based on the belief that individuals are the smallest of a network of systems that interact with and influence each other (Darling, 2007; Onwuegbuzie et al., 2013). The EST is also called a theory of development and focuses on how the family and community systems interact with and influence the development of the individual (Rosa & Tudge, 2013). Originally, the EST model consisted of four systems or levels: the microsystem, the mesosystem, the exosystem, and the macrosystem, all of which impact the development of the individual in different ways (Christensen, 2016; Onwuegbuzie et al., 2013); however, Bush and Bush (2013) noted that Bronfenbrenner later expanded it to include a fifth system: the chronosystem. EST is often depicted as nested circles (see Figure 1), with each circle representing one of the systems and its relation to the other systems (i.e., the individual is part of each of the

other systems, but the other systems are not part of the individual; Bush & Bush, 2013; Neal & Neal, 2013; Onwuegbuzie et al., 2013).

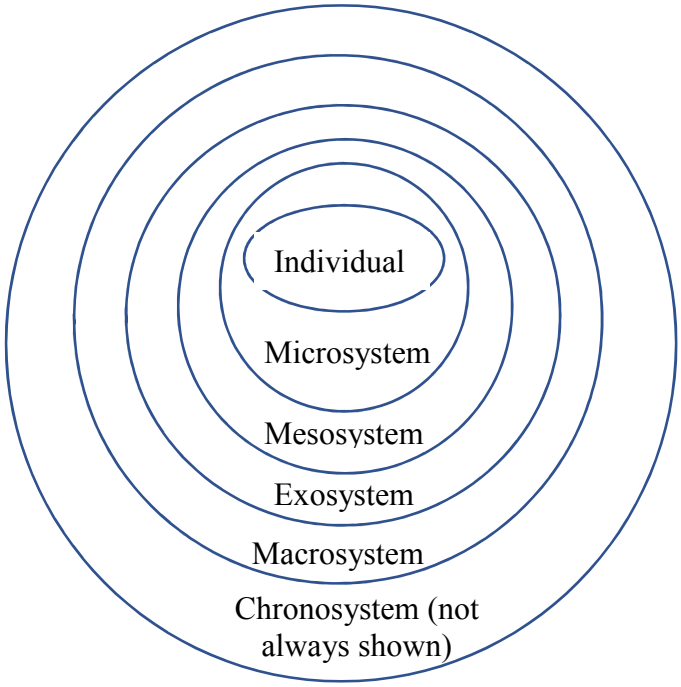


*Figure 1.*Visual representation of Bronfenbrenner's ecological systems model. Adapted from "God Bless the Child Who Got His Own: Toward a Comprehensive Theory for African-American Boys and Men," by L. V. Bush and E. C. Bush, 2013, *The Western Journal of Black Studies*, 37, p. 7. Copyright 2013 by the Washington State University Press.

Originally, researchers used EST to study the development of children in their environment; however, its use has been expanded to study adults and has been used in qualitative, quantitative, and mixed methods research (Onwuegbuzie, et al, 2013). EST illustrates the interconnectedness of the systems in which individuals live. The microsystem includes the places and things that most directly impact the individual such

as the family, school or work setting, and religious settings (Neal & Neal, 2013; Onwuegbuzie et al., 2013). Unlike the microsystem, the mesosystem does not include the places that impact the individual, but instead is the interaction between different aspects of the microsystem such as an interaction between the church and the family (Bush & Bush, 2013; Neal & Neal, 2013). The exosystem represents the community or settings that may influence the individual indirectly (Neal & Neal, 2013). Examples of the exosystem include a policy change that may impact the individual's school, work, or neighborhood setting, or something that directly impacts a family member (e.g., loss of employment or schedule change) thereby impacting the individual (Neal & Neal, 2013; Onwuegbuzie et al., 2013). Onwuegbuzie et al. (2013) describe the macrosystem as the cultural values and societal norms which influence an individual. The chronosystem represents the history of the culture and the changes to the culture that have occurred over time as well as the impact of normal life transitions within the cultural context (Bush & Bush, 2013; Paat, 2013).

Researchers have used EST to study various groups including, but not limited to, immigrants (Paat, 2013), African American males (Bush & Bush, 2013; Orrock & Clark, 2018; Smith & Patton, 2016), teenagers (Wicks & Warren, 2014), families of children with disabilities (Algood, Harris, & Hong, 2013), and youth who have been sexually victimized (Pittenger, Huit, & Hansen, 2016). Paat (2013) applied EST to immigrant children and reviewed the impact of each system level to the experience that immigrant children and their families may have while transitioning to America. Smith and Patton (2016) developed a phenomenological study which used EST to investigate the influence

of exposure to traumatic experiences in an urban community on African American males. Researchers conducted 37 interviews with young African American men between the ages of 18 and 24 who had lost a loved one to homicide (Smith & Patton, 2016). The study looked at the relationships between neighborhoods, health, and coping strategies (Smith & Patton, 2016). It provided information about some of the symptoms of trauma, the coping skills both adaptive and maladaptive that were used by the participants, and the possible influence that societal expectations play in the behavior and attitudes of young African American men in urban areas (Smith & Patton, 2016).

Orrock and Clark (2018) also conducted a qualitative study, but their focus was on the underachievement of African American males in secondary education. They conducted research in two high schools, one urban and one rural in a state in the southeastern part of the United States. The study examined social, school, and family systems and their influence in the lives of 16-18-year-old African American males. Orrock and Clark reported that while their study is not to be generalized, it may be useful to explore the way systems are interconnected and the influence that different systems have on the lives of African American individuals.

Kelly et al. (2013) applied EST when exploring African American families and couples. Using a case study, they examined factors at different levels of the ecological systems model such as structural racism within American culture, racism in the schools and community, the impact of poverty and other socioeconomic disparities such as unemployment and considered how the factors impacted African American individuals and families (Kelly et al., 2013). Kelly et al. found that outside systems impacted the

family system and each individual in the system. Lindsey, Barksdale, Lambert, and Ialongo (2010) also used EST with an African American urban population. Using longitudinal, quantitative research, they surveyed 465 students, their parents, and their teachers about the use of school based mental health resources, community based mental health resources, and social networks (Lindsey et al., 2010). Lindsey et al. asserted that the amount and level of social support the children reported having may influence their willingness to use school based and community mental health resources. In this study, students with large social networks that they found helpful were more likely to seek additional support from outside mental health supports (Lindsey, Barksdale, et al., 2010). Wicks and Warren (2014) also used EST in a quantitative study which measured cultural influences on the consumerism practices of teenagers. The researchers surveyed 1,291 parent-child dyads. Eighty-five of the respondents were White, 8.5% were African American, and 8.2% were multiracial. The researchers sought to examine how the different parts of the microsystem, i.e. the family, the school, and the media, might influence the teenagers' consumer behaviors (Wicks & Warren, 2014). Wicks and Warren asserted that many of the teenagers had behaviors and practices that mirrored their parents' habits. They also explained how the influence of education, church attendance, and social systems may impact beliefs and behaviors.

I plan to utilize EST to gain a greater understanding of the help-seeking behaviors of African American churchgoers, their beliefs about mental health services, and how culture may influence their beliefs and behaviors. Because the Black church is considered one of the strongest influences in the lives of African Americans and in the

African American community (Barnes, 2005; Douglas & Hopson, 2001; Gadzekpo, 1997), this study focused on African Americans who reported at least monthly church attendance at a Black Church. The study conducted by Lindsey, Barksdale, et al. (2010) demonstrated that this theory could be used to assess behaviors and attitudes toward seeking different types of support. Based on the EST model, African Americans who are more committed to their church will be likely to have beliefs that have been impacted and shaped by the beliefs taught in church and will be more likely to seek help from their church than from community based mental health resources.

## African Americans in American Society

For more than 200 years, African Americans were legally enslaved in the United States. Although slavery began in the 17th century, the treatment of slaves became more brutal in the 18th century (Graff, 2014). During this period, slaves were separated from their families; sold to different areas; forced to give up their language and culture; abused physically, emotionally, and sexually; and forced to learn a form of Christianity which justified this treatment and their enslavement by White slave owners (Adksion-Bradley et al., 2005; Graff, 2014). In 1865, after the completion of the U. S. Civil War, all slaves were freed; however, race relations in the U.S. continue to be strained in 21st century, more than 150 years later (Lotto, 2016).

Beginning during colonialism and persisting after slavery was ended in 1865 was a set of laws and social controls that were put into place to separate, control, and oppress people of color, primarily Native Americans and African Americans (Bailey et al., 2017; Johnson & Lecci, 2019). Bailey et al. (2017) and Boyd (2018) contend that many of the

policies that were put into place allowed for what is referred to today as structural racism to impact African Americans in the United States. Structural racism refers to societal norms and practices which cultivate racial discrimination while reinforcing policies that bolster discriminatory or stereotypical beliefs thereby impacting the distribution of resources to minority groups (Bailey et al., 2017). Examples of structural racism include policies which target certain communities such as stop and frisk, racial profiling and violence in African American communities perpetrated by law enforcement officers, and lack of equitable healthcare in minority communities (Bailey et al., 2017 & Johnson & Lecci, 2019). Lack of access and inequitable policies in the healthcare system can negatively impact the mental health of African Americans (Bailey et al., 2017).

Racial discrimination and prejudice have been and continue to be a core part of American society (Graff, 2016; Morris & Robinson, 1996). The discriminatory practices have created societal and health inequities which influence the way African Americans seek help and receive treatment (Bailey et al., 2017). While the history of America includes discriminatory court rulings such as the Dred Scott decision in 1857 barring African Americans from U.S. citizenship (Graff, 2016); the rise of the Ku Klux Klan and the lynching of African Americans, and the burning of African American churches (Morris & Robinson, 1996); current events include the killing of unarmed African American men by police (Patterson & Swan; 2016), and most recently, the killing of a young, White woman who died when a 20 year old White man linked to White supremacist groups ran his car into a crowd of people protesting against racism and White supremacy (Meacham, 2017). These discriminatory practices and the violence

inflicted on African American communities can negatively impact the mental health of African Americans, even those not directly affected (Bor, Venkataramani, Williams, & Tsai, 2018).

During these events and others, the involvement of Black Church leaders has been a catalyst for change and activism in the African American community (Livingston et al., 2017). Livingston et al. (2017) posited that although the involvement of the church leaders in political matters had slowed, they have again emerged as the African American community has protested increased racialization in policing, systemic racism, and the resurgence of hate groups.

While religion is an important factor in the lives of many people, African Americans are more likely than any other group in the United States to report affiliation with a church and to report that they have no doubts about their beliefs about the existence of God (Guitierrez, Goodwin, Kirkinis, & Mattis, 2014). Guitierrez et al. (2014) asserted that African American children are also more likely to be involved in church activities than children of other cultures (Guitierrez et al., 2014). Guitierrez et al. (2014) conducted a secondary analysis on data gathered from African American adults in an urban setting. They found that families, particularly mothers, played an important role in influencing their members beliefs about religion and that the church continued to be a strong influence in the lives of African Americans (Guitierrez et al., 2014).

## The Black Church

The Black Church is not one denomination, or the name of one church. As mentioned previously, it is a group of churches with predominantly African American

congregations, a shared belief system, history, culture, and identity in the community (Adksion-Bradley et al., 2005; Douglas & Hopson, 2001). This study used the same definition. The Black Church began in response to the oppression and segregation African Americans often experienced in American Christian churches (Morris & Robinson, 1996).

In the early history of the African American experience in America, African Americans, if permitted, attended majority White churches (majority churches) in segregated sections away from the White members; however, many majority churches did not permit slaves or free Blacks to attend church or to convert to Christianity (Forret, 2012; Hardesty, 2014). Most of the early church denominations which were part of the majority church did not develop a consensus on the treatment of slaves; however, scriptures from the Bible such as Ephesians 6: 5-6 (**5** Servants, be obedient to them that are your masters according to the flesh, with fear and trembling, in singleness of your heart, as unto Christ; **6** Not with eyeservice, as menpleasers; but as the servants of Christ, doing the will of God from the heart; King James Version) were used as a justification for slavery (Flint-Hamilton, 2002-2003). The use of the Bible created contradictions between Christian teachings of love, the actions of slave owners, and the understanding of the scriptures used to explain the treatment of slaves (Flint-Hamilton, 2002-2003).

It has been noted that early attempts at introducing Christianity to slaves were not to include them, but to take away their culture, to justify slavery, to subdue their desires for freedom, and to teach slaves that submission to slave owners was normal (Shupe & Eliasson-Nannini, 2012). Although some members of the majority churches quietly

spoke out against the practice of slavery, others owned slaves or justified slavery by using the Bible (Oast, 2010; Selby, 2002; Walvin, 2008).

Additional forms of injustice included slave owners filing criminal charges against African Americans for adultery after their spouses had been sold, using the slaves as sexual property, or using slaves or the bodies of dead slaves for medical research (Flint-Hamilton, 2002 – 2003; Suite, 2007). Racial tensions and oppression of African Americans led to the rise of the "Black Church" and the Civil Rights Movement (Adksion-Bradley et al, 2005; Gadzekpo, 1997). The Black church became a way for African Americans to express their own views and values, to reconcile the Christian beliefs to their lives, and a foundation for the development of communities (Morris & Robinson, 1996). Morris and Robinson (1996) asserted that while the Black Church began as a segregated institution, its purpose was not segregation, but to ensure equality for African Americans.

Hardesty (2014) asserted that whether slaves were truly converted or not, they learned lessons about supporting their families and communities from the churches that they were permitted to attend. In the Black Church, slaves were able to make decisions, hold office, and give their own interpretations of Christianity allowing them to regain some of the power that was taken from them by the slave owners (Adksion-Bradley et al, 2005). The members of the Black Church developed a theology which empowered them, removed the hypocritical practices of the Christian slave owners, gave them an identity, and provided them with a way to legally unite and influence their communities; things which were often denied to them in other areas of their lives (Gadzekpo, 1997; Plunkett,

2014). W. E. B. DuBois described the Black Church as being a source of news and entertainment for the community, a meeting place, a place to build strong social ties, and an essential aspect of the African American culture (Zuckerman, 2000). This tradition continued, and the church expanded its services, providing various resources such as: economic support, counseling, and food while it also developed into an institution which promoted freedom and equality and community action (Gadzekpo 1997; Hays, 2015).

Speakes et al. (2011) asserted that the Black Church was formed as a place for African Americans to go to escape the dehumanizing experience that they faced in American society. The stories of slavery, endurance, and eventual freedom in the Old Testament resonated with African Americans and gave them a sense of hope that their circumstances would eventually change (Speakes et al., 2011). The pastors of the Black Churches were oft times seen as true shepherds or leaders who were sent to lead their congregants out of bondage and towards freedom; assuming the roles of prophets, worship leaders, and gatekeepers or mediators between the African American community and the majority society (Shupe & Eliasson-Nannini, 2012; Speakes et al., 2011). This view of pastors and their roles in the church made them powerful leaders and gave them great influence in the African American community (Shupe & Eliasson-Nannini, 2012; Speakes et al., 2011).

As Black churches became institutions that empowered African Americans, they were often attacked by racists and hate groups (Robinson, 2010; Banks, 2015). Attacks on Black churches have been ongoing, sometimes destroying churches; other times killing members (Banks, 2015). In the 1960's, people associated with hate groups

bombed several African American churches which resulted in the deaths of at least six people (Robinson, 2010). A new rash of church bombings took place in the 1990's (Robinson, 2010). Robinson (2010) asserted that the attacks on churches serve as a reminder to the African American community of the oppression and hatred that African Americans have endured since their arrival in America and which has been part of the American culture since its early beginnings. The most recent racially motivated attack on a church took place in June of 2015, when a 21-year-old White man walked into Emanuel African Methodist Episcopal (AME) Church in Charleston, South Carolina, and began shooting randomly during a Bible Study, killing nine African American members of the church (Alcindor, 2015; Webster & Leib, 2016). Through the attacks and assaults, the Black Church has survived and continues to be the foundation and a source of support in the African American community (Harris, & Ulmer, 2017).

Although the purpose of the church is to fulfill the spiritual needs of African Americans, Adksion et al. (2005) asserted that the pastors of the Black Church also tended to their social and psychological needs. Some of the tenets taught in Black Churches regarding coping and help-seeking may influence the behaviors of African American churchgoers, which may result in them choosing to request help from their pastor instead of a professional for their psychological needs such as substance abuse and addiction, depression, marital concerns, grief, family conflicts, and spiritual or religious crises (Avent & Cashwell, 2015; Mattis et al., 2007; Plunkett, 2014). These teachings may vary by denomination as denominations within the African American protestant

churches differ in their beliefs and teachings about race and mainstream American society (Green, 2010).

**Denominations**

The Pew Research Center (2015) defined protestant religions as any of several mainline Christian religions that reject the authority of the Catholic church. The historically Black Protestant churches include the religions of Baptist, Methodist, Pentecostal, Holiness, and Non-denominational (Pew Research Center, 2015). While the Black church incorporates several different Protestant religions, there is little research about the differences between denominations and most research about the Black church centers around the Baptist and Methodist faiths (Gay & Lynxwiler, 2010). Gay and Lynxwiler (2010) posit that the research encompasses these two religions as approximately 65% of the population of African American Christians identify as either Baptist or Methodist.

Frost and Edgell (2017) asserted that denominational affiliation is a greater influence on attitudes in the African American community than it is in the White community. Although researchers have conducted studies about the impact of denominational affiliation on African Americans, there is little that is conclusive about the influence on attitudes (Frost & Edgell, 2017. Researchers have noted that some denominations are more conservative than others which may influence the attitudes of African American Christians (Frost & Edgell, 2017; Gay & Lynxwiler, 2010).

## Beliefs and Stigmas

### Beliefs

African Americans are less likely than Whites to seek mental health treatment; however, it must be noted that African Americans, particularly older African Americans may mistrust the entire healthcare system (Hansen, Hodgson, & Gitlin, 2016). Hansen et al. (2016) conducted a qualitative study, using a semi-structured interview with 53 African Americans who ranged in age from 60 to 88. All participants were from an urban area in the Northeastern part of the United States and attended a senior center (Hansen et al., 2016). The researchers found that older African Americans often had negative encounters with their healthcare providers and felt that their needs were ignored or that they were stereotyped (Hansen et al., 2016). Researchers completed another qualitative study which used 14 African American clients who were seeking professional mental health treatment (Earl, Alegria, Mendieta, & Linhart, 2011). The majority of the participants in this study reported that their beliefs about seeking help were impacted by their encounters with mental health professionals and that those who had positive encounters with mental health professionals were more likely to have positive beliefs about seeking additional help (Earl et al., 2011).

African Americans' negative beliefs about seeking help and preferences for informal care may, in part, be due to the fact that historically, cultural factors were ignored or misinterpreted resulting in the misdiagnosis of African Americans by mental health and health care professionals (Garretson, 1993; Hollar, 2001; Suite et al., 2007). Sewell and Ray (2015) contend that while research shows that African Americans are

less trusting of the healthcare system than are Whites, those who are associated with a Black Protestant church are more trusting than African Americans who are associated with other faiths. They posited that while African Americans who attend Black Protestant churches are not more likely than Whites to trust physicians, their trust levels are closer to those of their White peers than to those of African Americans of different faiths or beliefs (Sewell & Ray, 2015). Hankerson, Suite, et al. (2015) asserted that in addition to cultural factors, African American men may have negative beliefs about mental health professionals as African American men are more likely to be introduced to the mental health system involuntarily or due to their involvement with police.

While there is a history of unethical research of minorities outside of the African American race, experiments on African American slaves, studies such as the Tuskegee experiment in which African American men were studied to determine the long-term effects of untreated syphilis, the unauthorized sterilization of African American and other minority women until the 1970's and the 1990's study of African American children with long-term exposure to lead paint have led to mistrust of doctors, research, and the mental health and health care systems by the African American community (Leiter & Herman, 2015; Smolin, 2012; Suite et al., 2007). There have also been unethical practices in the field of mental health (Suite et al., 2007). Dr. Samuel Cartwright, an American physician in the 1800's invented a mental illness called drapetomania to explain the desire and urges of African American slaves to be free from their owners or to resist their masters through disobedience (Suite et al., 2007). Other issues such as pathologizing cultural differences has been shown in diagnoses such as Puerto Rican Syndrome, a disorder that

was considered to effect only Puerto Ricans, but had symptoms that were culturally sanctioned and understood (Suite et al, 2007). Bell and Tracey (2006) asserted that due to the negative aspects of the history and experience of African Americans in America, it is normal and psychologically healthy for them to have a moderate level of cultural mistrust while high or low levels of mistrust may be unhealthy.

Campbell and Long (2014) conducted a qualitative study with 17 African Americans with ages ranging between 21 and 57. The sample included 13 women and four men, all of whom reported experiencing some level of depression or symptoms of depression (Campbell & Long, 2014). Through their research, Campbell and Long showed that the cultural beliefs of African Americans such as: not sharing problems with outsiders, the understanding that prayer will take care of the problems, and the belief that depression is not part of the African American experience also impact their help-seeking behaviors and cause it to be less likely that they seek professional mental health care.

Although researchers assert that most research has shown that African Americans tend to have negative views about the utilization of professional mental health services; Ward and Besson (2012) noted that in a qualitative study of 17 African American men, information indicated that the men were open to receiving help and urged other African Americans who needed services to obtain it. This contradicts much of the other research that has been conducted in the African American community (Ward & Besson, 2012). Ward, Wiltshire, Detry and Brown (2013) used quantitative research to study the attitudes and beliefs of African Americans and found that while many African Americans are open

to seeking help, they are also concerned about stigma and are not comfortable with sharing mental health concerns (Ward, Wiltshire, et al., 2013).

Copeland and Snyder (2011) explored factors which impacted the help-seeking behaviors of African American mothers whose children were receiving treatment but refused treatment for themselves. This ethnographic study determined that the women did not trust that they would receive effective treatment, feared that they would be at risk of losing their children, and did not believe that the mental health providers could relate to them (Copeland & Snyder, 2011). A quantitative study of African American parents, Hispanic American parents, and European American parents compared their beliefs about the utilization of mental health services (Turner, Jensen-Doss, & Heffer, 2015). The researchers surveyed 238 participants who were parents of school-aged children in Texas, Louisiana, and Mississippi using the Parental Attitudes Toward Psychological Services Inventory (Turner et al., 2015). The study found that the attitudes of African American parents were more negative towards the utilization of services than those of the other parents (Turner et al., 2015).

Sewell and Ray (2015) asserted that help-seeking attitudes and trust of healthcare professionals can also be impacted by church affiliation as individuals who attend African American churches are more likely to have positive attitudes about professional help-seeking than other African Americans. They conducted a study that took place over a four-year period from 2002 to 2006 and had a sample size of 2, 209 participants (Sewell & Ray, 2015). All participants were African American or White (Sewell & Ray, 2015). Participants completed surveys which rated their experiences with and their trust of

physicians and identified their religious affiliation (Sewell & Ray, 2015). They compared the various religious affiliations and found that the African American protestants who attended predominantly African American churches were the most trusting of the healthcare professionals.

Williams and Cabrera-Nguyen (2016) reported that after a secondary analysis of research conducted on young, 18 to 29- year- old, African American adults, researchers indicated that the need for services was similar across gender. Women, however, were more likely to participate in services, and the research indicated that spiritual leaders or pastors had a large impact on the women's views and their willingness to obtain treatment (Williams & Cabrera-Nguyen, 2016). The sample for this study was a subset of the participants of a national study and the data was analyzed from previously collected data which was used in a cross-sectional design (Williams & Cabrera-Nguyen, 2016). Additionally, the researchers found that people who received support from their family, friends, or clergy were more likely to receive professional help, particularly if the informal supports recommended seeking additional help (Williams & Cabrera-Nguyen, 2016). While the researchers accounted for the importance of informal support on the likelihood of seeking help, they did not look at the relationship between spiritual beliefs and help-seeking behaviors. Like the previous study, other researchers also asserted that African Americans are more accepting of informal help and are often more receptive to assistance from their pastor than they are from a professional (Blanket al., 2002; Givens, Katz, Bellamy, & Holmes, 2007).

**Stigma**

Gaston, Earl, Nisanci, and Glomb (2016) explored the literature to determine the beliefs of various groups of African Americans to determine whether their beliefs about mental health impact their help-seeking behaviors. They examined other peer reviewed literature and asserted that there was a lack of consensus in the literature regarding the beliefs of African Americans and mental health help-seeking; however, the literature did show that there may be certain factors, such as discrimination, stigma, and racism which may skew the perceptions of the African American community (Gaston et al., 2016). A quantitative study which researchers used to investigate the impact of stigma on the mental health help-seeking behaviors of college students also found that stigma often negatively impacted behaviors and beliefs about seeking help for mental health concerns across cultures (Vogel, Wade, & Hackler, 2007). This study included 680 White, Asian, African American, and Hispanic college students, however the majority of the students included in the research were White (Vogel et al., 2007). Masuda, Anderson, and Edmonds (2012) also studied the effect of stigma on college students by conducting a quantitative study which contained 163 African American college students, ranging in age from 16 – 48, in a metropolitan area of Georgia. The results of this study also indicated that stigma was a mitigating factor in the use of mental health services (Masuda et al., 2012).

There are different types of stigma, some of which seem to be more influential on help-seeking behaviors than others do (Brown et al., 2010; Alvidrez, Snowden, & Patel, 2010). Generalized stigma about mental illness may not impact the use of mental health

services as much as stigma and beliefs about the mental health system and the personal impact of being diagnosed with a mental health disorder (Alvidrez, Snowden, & Patel, 2010.; Newhill & Harris, 2007). There is also public stigma, which encompasses the stereotypes and attitudes of the community (Brown et al., 2010). Internalized stigma refers to the stereotypes, attitudes, and beliefs of the individual (Brown et al., 2010)

Alvidrez (1999) asserted that African American women were more likely than Whites or Latinas to believe that mental illness may be caused by religious or supernatural factors which may correlate to less use of professional mental health services. In addition, African Americans may believe that mental illness is caused by their behavior or because they are weak, thereby blaming themselves and causing more negative beliefs or internal stigmas about mental illness and the need for help (Alvidrez, Snowden, & Kaiser, 2008; Brown et al., 2010).

After completing a quantitative research study, which compared African Americans and Whites over the age of 55, researchers asserted that stigma, particularly among older African Americans, may increase the likelihood of having a negative attitude about seeking professional help for mental health concerns (Conner, Koeske, & Brown, 2009). Researchers analyzed information gathered from surveys completed by 101 adults, between the ages of 55 and 90, living in Pittsburgh, Pennsylvania (Conner, Koeske, & Brown, 2009). 48 of the 101 participants identified as African American, 51 as White, 1 as American Indian, and 1 as Hispanic (Conner, Koeske, & Brown, 2009). Conner, Koeske, & Brown (2009) asserted that older African Americans experience

higher levels of both internalized stigma and public stigma which likely impacts their attitudes toward seeking mental health service.

In another quantitative study, Brown et al. (2010) asserted that African Americans who had higher levels of internalized stigma had more negative attitudes toward mental health help-seeking behaviors. In the study, researchers surveyed 449 participants, 229 White and 220 African Americans, to assess the effects of internalized and public stigma on their willingness to seek professional mental health treatment (Brown et al., 2010). Unlike some research, the researchers in this study found that the help-seeking behaviors of African Americans and Whites were similar; however African Americans continued to have more negative beliefs about mental health treatment than their White peers (Brown et al., 2010). Because African Americans may view themselves more negatively when suffering with a mental illness than people of other races, internalized stigma may have a greater influence on their beliefs about professional help-seeking (Brown et al., 2010).

Although some previously mentioned studies asserted that African American men are open to obtaining professional mental health services, Wahto and Swift (2016) asserted that a quantitative study assessing the impact of stigma on mental health help-seeking indicated that men tend to be more negative about mental health services than women. Alvidrez, Snowden, and Kaiser (2008) asserted that the belief that mental health issues may be caused by weaknesses can hinder positive help-seeking behaviors. Wendt and Shafer (2015) posited that men are socialized to be independent, self-reliant and strong, therefore seeking help may be perceived as a weakness causing men to avoid seeking help. Research comparing the help-seeking behaviors of African American men

to White and Latino men is inconclusive as some indicated that African American men's behaviors and beliefs are the same as other races and other research indicated that there are differences (Wahto & Swift; Ward & Besson, 2012). On a whole, it continues to appear that African Americans are less likely to seek professional help than other races (Hays, 2015).

## Help-Seeking Behaviors

African Americans are less likely to use professional mental health services, except for in times of crisis, than other groups; although the prevalence of mental illness is similar (Barksdale & Molock, 2009; Alvidrez, 1999). Hardy (2012) asserted that although African Americans tend to use informal or religious support instead of professional help, there are times when their choice may cause them to endure their symptoms for prolonged periods of time because they do not obtain needed medications or treatments. Snowden et al. (2009) posited that African Americans use the emergency room for mental health treatment at much higher rates than people from other groups; however, research has not clearly identified the reason. While there are hypotheses that their use of emergency rooms is due to a lack of access to outpatient services or their preference for informal help-seeking, these hypotheses have not been proven through research and their utilization of emergency rooms may indicate a disparity in mental healthcare between African Americans and Whites (Snowden et al., 2009).

A quantitative study, investigating the use of professional and informal help indicated that older African Americans are less likely than Whites to seek professional help and often do not seek informal help either (Woodward, Chatters, Taylor, Neighbors,

& Jackson, 2016). Older African Americans may fear that they will be stigmatized by their community if their confidentiality is not protected but may seek professional help if referred by their pastor (Wharton, Watkins, Mitchell, & Kales, 2018). Older adults tend to be more positive about seeking help but are less likely to believe that they need it, resulting in low rates of use (Mackenzie, Scott, Mather, & Sareen, 2008). Woodward et al. (2016) asserted that African Americans' experiences with discrimination may be a barrier to professional use and may make seeking informal help more comfortable than seeking professional help. Wharton et al. (2018) asserted that if older African Americans seek professional help, they need professionals who will incorporate their spiritual beliefs and practices into the supportive care that is being provided.

In general, women are more likely to seek professional help than are men, and Whites are more likely to seek professional help than are people from other ethnicities (Eisenberg, Hunt, & Speer, 2012). Wendt and Shafer (2016) asserted that overall, men are less likely to reveal their problems to someone else thereby they are less likely to seek help for their mental health concerns. Using qualitative research methods, Linsey and Marcell (2012), interviewed 27 African American men in a Northeastern part of the United States. The researchers found that in addition to African American men being less likely than African American women to seek help, they were also less likely to seek help than White and Latino men and women (Lindsey & Marcell, 2012). The researchers explored several themes including: taking care of oneself, interacting with potential sources of help, tipping points (seeking help after difficult life events or transitions), and marijuana use (Lindsey & Marcell, 2012). African American men reported multiple

barriers to help seeking such as mistrust of the system, perceived stigmas, and the use of negative coping mechanisms (Lindsey & Marcell, 2012).

As noted previously, African American women are more likely to seek support for mental illness than are men (Eisenberg et al., 2012). While much of the research has been inconclusive, Andrews, Stefurak, and Mehta (2011) asserted that numerous studies have indicated that African American women are more likely to use religious resources than they are to use professional mental health services; however, they are more likely to use both religious or professional support than are African American men (Taylor, Woodward, Chatters, Mattis, & Jackson, 2011). Andrews et al. (2012) surveyed a sample of 189 people, 152 women and 37 men, living in Alabama. 70 percent of the participants were African American, and all were between the ages of 16 and 81 (Andrews et al., 2012). All participants, recruited from a small university and two Alabama cities, completed a demographic questionnaire and three surveys: Multidimensional Locus of Control Scale – God Control Revision (MLCS-GCR), Religious Problem-Solving Scale (RPSS), and Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Andrews et al., 2012). Researchers asserted that the women who had negative attitudes toward seeking help from a professional also had negative attitudes toward seeking religious help (Andrews et al., 2012). While this study is similar to the proposed study, this study examined the locus of control, was conducted in a state in the southern region of the United States and did not require that participants attend church.

Dempsey et al. (2016) asserted that the history of African Americans in society is part of the reason that individuals seek help from the church; however, they also noted that there are other societal and cultural barriers which may play a part in the church being the primary source of help. Like other minorities, African Americans may lack access to quality mental health professionals causing them to seek other support or to obtain informal help (Allen et al., 2009). Williams, Beckmann-Mendez, and Turkheimer (2013) posited that another reason African Americans may feel safer with informal supports in their community is that some mental health disorders present differently in African Americans or other cultures than in Whites and can contribute to misdiagnoses if professionals are unfamiliar with cultural and social norms within minority groups. During a crisis, if professional help is sought, it may be through an emergency room or other service which is unable to provide appropriate long-term care (Chatters, Mattis, et al., 2011).

A quantitative study completed by Hardy (2014) indicated that African American Christians prefer spiritual or religious resources for most problems, however there are some problems for which they may prefer professional help, such as sexuality, contemplation of suicide, and contemplation of abortion. Hardy developed an instrument, the Attitudes Toward Religious Help-Seeking Scale (ATRHSS), to examine the help-seeking preferences of African Americans. The scale included issues such as physical and emotional abuse, abortion, sexuality, marriage concerns, drugs and alcohol, depression, and anger management (Hardy, 2014). The survey also distinguished preferred help-seeking by licensed clinical social workers, psychologists and

psychiatrists, licensed counselors, and pastoral counselors (Hardy, 2014). As mentioned previously, the preferences for help-seeking among the participants surveyed differed depending upon the issue that they were seeking help for (Hardy, 2014). Mattis et al (2007) conducted a qualitative analysis on narrative responses from a larger research project and, like Hardy, found that while pastors are often a preferred source of support, there are issues that African Americans are uncomfortable presenting to them. Shame and guilt may be barriers to seeking help and may impact the willingness to seek help from clergy, as guilt and shame may be included in the interventions that are used by pastors (Mattis et al., 2007).

Various researchers have reported that while the prevalence of mental health issues is similar between African Americans and Whites, African Americans are less likely to seek help from professionals (Hays, 2015; Neighbors et al., 1998). Instead, they seem to be more comfortable seeking informal support found in their communities or churches (Hays, 2015; Schnittker, Freese, & Powell, 2000). Research showed that the church may be a more desired source for help because it is a more accepted source of support in the community and there is a greater level or trust about services received (Avent, Cashwell, & Brown-Jeffy; Hays, 2015). African Americans who sought help with the church often reported more satisfaction with their services and were more likely to refer other people to the church than those who went to a professional (Anthony, Johnson, & Schafer, 2015). Hankerson, Svob, and Jones (2018) contend that developing programs which focus on mental health in conjunction with the leaders of the Black church may enable professionals to provide more culturally competent services to

members of the African American community. Hays (2015) posited that while informal help is preferred by African Americans, further study is needed to determine whether the church is capable of providing appropriate mental health services.

## African American Pastors and Mental Health

In addition to its roles as a religious organization, the Black church is also considered a primary source of psychological help and support in the African American community, with the pastor acting as a counselor for those seeking help (Mattis et al., 2007). The church has acted as the social service agency in many African American communities (Chatters, Taylor, Lincoln, & Schroepfer, 2002). Due to various barriers and social stigmas, instead of professional help, African Americans have viewed the church as a safe place to go to seek help, causing many pastors to act as both spiritual advisors and mental health counselors (Allen et al., 2010). Some pastors reported that church members seek help from them daily regarding mental health concerns (Avent, Cashwell, & Brown-Jeffy, 2015). While training varies between churches and denomination, African American pastors may be considered safe professionals, regardless of their education and experience (Avent, Cashwell, & Brown-Jeffy, 2015).

Pastors of all faiths may be a preferred resource when church members are dealing with emotional crises, however in the African American community, the church is often a preferred resource for the community for mental health, physical health and other needs often met by professionals (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013; Woodward et al., 2016). African Americans pastors' views on mental health and professional counseling services may influence the help-seeking behaviors of

their members (Avent, Cashwell, & Brown-Jeffy, 2015; VanderWaal et al., 2012). Research indicated that certain denominations in the Black Church, such as Pentecostal, may be more likely to use ministerial support (Chatters, Mattis, et al., 2011). The more conservative faiths may rely more heavily on the belief that prayer and a strong faith in God is what is needed to cope with symptoms of mental illness, therefore these pastors may have more influence (Chatters, Mattis, et al. 2011; Hardy, 2012; Hays, 2015).

Although most pastors provide some counseling services, African American pastors of Black churches report spending more time counseling people than White pastors do, with some African American pastors reporting that they spend as much as 80 percent of their time in counseling sessions (Anthony et al., 2015; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Avent, Cashwell, and Brown-Jeffy (2015) asserted that African American pastors may believe that mental health issues such as depression and anxiety are spiritual concerns. In a qualitative study of African American pastors, Avent, Cashwell, and Brown-Jeffy (2015) also reported that the pastors believed that spiritual coping mechanisms may be more effective than others; however, the pastors acknowledged that some people use maladaptive forms of spiritual coping. Anthony et al. (2015) asserted that African American pastors often use theologically based means of intervention but may not have the knowledge or experience to effectively help someone with serious mental illness.

## Summary

Throughout the history of African Americans in the United States, African Americans have experienced various forms of racial inequality including slavery and

discrimination, prejudice, and oppression (Morris & Robinson, 1996). Religion has been a way for African Americans to unify and gain strength and the Black Church has continued to be influential in the African American community (Morris & Robinson, 1996; Shupe & Eliasson-Nannim, 2012). While the purpose of the Black Church is to meet the spiritual needs of its members, it has also been a source of support for the social and psychological needs found in the African American community (Adksion et al., 2005).

Although the prevalence of mental health concerns is similar between African Americans and Whites, research indicates that African Americans are more likely to seek help from a pastor than they are to seek professional help for mental health concerns (Hays, 2015; Mattis et al. 2007; Neighbors et al., 1998). Lack of access to mental health professionals, cultural barriers, stigma and mistrust of the healthcare system due to the history of unethical practices against African Americans are possible considerations when looking at the help-seeking behaviors of African Americans (Allen et al., 2010; Dempsey et al., 2016; Leiter, Herman, 2015; Smolin, 2012). In addition, African Americans may be more likely to believe that mental illness is caused by religious or supernatural reasons causing them to seek religious instead of professional support (Alvidrez, 1999). While some research has indicated that African Americans who go to the church for help are more satisfied than those who seek professional help (Anthony et al., 2015), other research indicates that using informal support when professional help is needed may prolong symptoms (Hardy, 2012). In addition, informal support may increase the use of maladaptive coping patterns and may also encourage people to have negative attitudes

toward professional help-seeking (Chatters, 2000; Hardy, 2012). Campbell and Littleton (2018) contended that incorporating religiosity and spirituality into professional treatment can facilitate mental health indicating that professionals who can work with church leaders may be helpful in promoting mental health in African Americans.

Research indicates that the views that church leaders have regarding professional mental health services may impact the help seeking practices of their members (Avent, Cashwell, & Brown-Jeffy, 2015; VanderWaal et al., 2012). When studied, African American pastors often noted spiritual reasons for mental illness and most believed that spiritual coping methods worked in treating mental illness (Avent, Cashwell, & Brown-Jeffy, 2015). Pastors with stronger, more conservative views regarding professional help-seeking may influence their members more as they may be less likely to refer their members for outside help (Chatters, Mattis, et al, 2011.; Hardy, 2012; Hays, 2015).

Because the Black Church and its leadership is considered one of the strongest institutions in the African American community, its influence should be considered when looking at the help-seeking behaviors of African Americans (Avent, Cashwell, & Brown-Jeffy, 2015; Hardy, 2012; Morris & Robinson, 1996; Rowland & Isaac-Savage, 2014). EST is used to study the influences of the various systems that an individual is a part of on the individual (Darling, 2007; Onwuegbuzie et al., 2013). This study used EST to gain a greater understanding of the influence of the church and the influence of religious beliefs on the help-seeking behaviors of African Americans who attend a Black Church on a regular basis.

Chapter 3 explains the research design, the methods used, and the instrumentation that was used to conduct the study. It identifies the independent and dependent variables and notes other studies in which the variables were shown to influence the attitudes of African Americans. Chapter 3 also reviews the information about the population used, the ways participants are chosen and the threats to the validity of the study.

# Chapter 3: Research Method

## Introduction

Although the prevalence of mental illness among African Americans is like that of Whites, African Americans are less likely to utilize professional mental health services and their untreated mental illness is often more severe than that of people of other races (Cooket al., 2014; Dempsey et al., 2016; Villatoro & Aneshensel, 2014). African Americans may have lower rates of depression but may experience more severe symptoms than other races (Campbell & Long, 2014). Instead of professional services, African Americans may seek informal methods of help, often from their pastors (Dempsey et al., 2016). The preference for informal help may lead to a lack of appropriate treatment or the use of emergency rooms when the symptoms become unmanageable (Snowden et al., 2009).

Culture (Campbell & Long, 2014), religious beliefs (Gutierrez et al., 2014), pastors (Dempsey et al., 2016; Farris, 2006), and family beliefs (Villatoro & Aneshensel, 2014) are all possible influences in the lives of African Americans and may impact their choices about seeking professional mental health services. Other factors such as stigma (Masuda et al., 2012) and cultural mistrust (Earl et al., 2011) have also been found to influence help-seeking behaviors. This quantitative study was designed to investigate the possible correlation between religious practices, religious beliefs, demographics, and attitudes towards help-seeking among African Americans who are involved in their church.

## Research Design and Rationale

I used quantitative methodology used for this research and analyzed the data using hierarchical multiple linear regression. Researchers use multiple regression analysis when investigating the relationship between more than one independent variable and one dependent variable (Salkind, 2011). The design was a nonexperimental, cross-section survey study designed to look at the possible correlation between the attitudes of African Americans about professional help seeking and their demographics, religious commitment, and attitudes toward religious help seeking. The research question was: After controlling for the independent variables: religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches?

The dependent variables were the African American churchgoers' attitudes towards seeking help. Dependent variables are those which may change or be influenced by the independent variables (Martin & Bridgmon, 2012; Salkind, 2011). The independent variables, or those which impacted or influenced the dependent variables (Martin & Bridgmon, 2012; Salkind, 2011), were: church denomination, utilization of professional mental health services, and religious commitment.

Researchers often use surveys to gain information about the population or societal problems (Groves, et al. 2009). Bennett et al. (2011) asserted that survey research is essential when attempting to gain information about attitudes and opinions; however, if

done incorrectly, surveys may be vulnerable to reliability and validity errors. Sharing limitations, sampling methods, population and response rates may help to decrease errors in the research (Bennett et al., 2011). Although there are possible limitations, survey research is still used for the census and to study things such as crime victimization, educational programs, and substance abuse and health (Groves et al., 2009). Researchers use surveys to gather information from a sample of the population to generalize information for the larger population (Bennett et al., 2011; Groves et al., 2009).

Researchers use cross-sectional designs to survey a random sample of a segment of the population and often use them in descriptive studies to illustrate the relationship patterns between the independent and dependent variables being studied (Frankfort-Nachmias & Nachmias, 2008). This study was a cross-sectional design that surveyed a random sample of African Americans who attend predominantly African American protestant churches. Frankfort-Nachmias and Nachmias (2008) asserted that researchers can use cross-sectional designs to assess attitudes and can allow research in more natural settings. The surveys were self-administered. According to Creswell (2009), surveys may be less expensive and require less time than other forms of data collection. Although cheaper, self-administered studies may have more errors because respondents may unintentionally skip questions, misunderstand the directions, or misinterpret what is being asked (Groves et al., 2009). It is suggested that all surveys be clear and easy to follow to decrease the chance of mistakes (Groves et al., 2009). To help mitigate the disadvantages involved with self-administered studies, the surveys and questionnaires I used were spaced and sequenced in ways to decrease participant error.

# Methodology

## Population

The U.S. Census Bureau (2016) reported that as of 2010, African Americans made up 12.3% (38,929,319) of the population. The U.S. Census Bureau (2017) estimated that as of 2017, African Americans made up approximately 13.3% (42,975,959) of the population in the United States. I completed this research study in a state in the mid-Atlantic region of the United States. In 2010, the African American population in the mid-Atlantic region was 3,537,696 (U. S. Census Bureau, 2017). It was estimated that as of 2017, the African American population in the mid-Atlantic region had increased to 3,708,765, or 23.5% of the total (U. S. Census Bureau, 2017).

The Pew Research Center (2015) completed a religious landscape study and found that the historically Black Protestant churches consisted of approximately 6.5% of the U.S. population. In the study, researchers determined that approximately 12% of the adult residents in Virginia, 16% of the adult residents in Maryland, and 23% of the adult residents in the District of Columbia reported that they were members of a historically Black Protestant church (Pew Research Center, 2015). The majority of the people who reported being members of a Black church were members of a Baptist Church, approximately 9% (Pew Research Center, 2015). Other religions that were represented included Methodist, Pentecostal, Holiness, and nondenominational (Pew Research Center, 2015). The target population was African American Christians who attend a predominantly Black Protestant church in the mid-Atlantic region of the United States.

## Sampling and Sampling Procedures

The population in this study was comprised African Americans, aged 18 or over, who attended an African American or Black Church. As I noted in Chapter 1, the definition of the Black Church is a group of churches with predominantly African American congregations, which were founded on Protestant faiths and have shared beliefs, shared histories, similar spiritual practices, a shared culture, and are identified in the community as being a Black Church (Adksion-Bradley et al., 2005; Douglas & Hopson, 2001; Plunkett, 2014). Several Protestant denominations were represented including Baptist, Methodist, Pentecostal, Holiness, and non-denominational. Because of the research question, all participants self-identified as African American on a demographic survey. Participants were recruited through churches found in the yellow pages and randomly selected from a list. All of the churches were located in a suburban region of the mid-Atlantic region of the United States.

## Inclusion Criteria

The participants in the study were 18 years of age or older African Americans who reported that they attend a Protestant Black Church. All the participants identified themselves as one of the Protestant Christian faiths. Participants for the study were of either gender and could have any level of education. Participants were also from any social class and were not excluded based on knowledge of or experience with mental health or mental health services. All participants included in the study attended predominantly African American churches in the mid-Atlantic region at least one time per month.

## Exclusion Criteria

Because the purpose of this study was to investigate the relationship between African American churchgoers who attend Black churches and their attitudes toward professional help-seeking, all participants were African American churchgoers. African Americans who did not attend church, who attended Catholic churches, who attended predominantly White churches, or practice a religion other than Christianity were excluded from this research, as were all other races.

## Power Analysis

I conducted the power analysis and calculated the sample size using the G*Power Calculator, version 3.1.9.2. Faul, Erdfelder, Lang, and Buchner (2007) posited that the G*Power calculator is an appropriate tool to use for power analyses and to determine sample size. This study involved multiple linear regression. Using the *a priori* power analysis, I calculated the sample size ($N = 89$), with a medium effect size of $f^2 = 0.15$, alpha of .05, and a power of .95. Bosco et al. (2015) posited that effect size may differ based on the context of the research. They went on to say that work needs to be done to standardize the effect size; however, medium effect sizes currently being used in behavioral research as it relates to attitudes range from .10 to .32 (Bosco et al., 2015).

## Procedure

I recruited participants for this study by searching for African American or Black churches in the online yellow pages. After downloading the list of churches, the list was randomized using an Excel formula. After the randomization, I contacted every 10$^{th}$ church on the list. I attempted to contact the pastors or administrators for 43 of the

churches and asked permission to distribute surveys among their congregation. I worked with the pastor to determine which days or services were used to distribute surveys. If the pastors choose not to allow me to distribute surveys at their church, the next church on the list was picked from the list to replace it. I was given permission to distribute the surveys at six of the 43 churches that I contacted.

Participants were able to choose between completing an online survey or a paper and pencil version. Both versions of each assessment were available to ensure that lack of access to a computer, mistrust of technology, or inability to use a computer were not factors in choosing whether to participate. The survey packet included a consent form, a demographic questionnaire, and three surveys: The Attitudes Toward Religious Help-Seeking Scale, the Inventory of Attitudes Toward Seeking Mental Health Services, and the Religious Commitment Inventory – 10. A locked box was left at each church for participants to place their packets in without concern that anyone would see their responses or know about their participation.

Each potential participant was given a consent letter explaining the purpose of the research, notifying them that their participation was completely voluntary, and asking for their participation. Participants gave consent by returning the completed surveys. To protect the confidentiality and anonymity of the participants, no signatures were required. Only fully completed survey packets were used as part of the study. Incomplete or incorrect surveys were discarded.

## Instrumentation

There were four instruments used for this study, a demographic questionnaire, a survey about religious help-seeking, a survey about professional help-seeking, and a religious commitment survey. Most of the instruments took only a few minutes and all four took most participants a total of 15 – 20 minutes to complete.

### Demographics Questionnaire

A 15-item demographic questionnaire was given to each participant to identify age, gender, race, education level, socio-economic status, employment status, religious affiliation, and experience with counseling. This questionnaire was created for this study and expanded on the demographic questionnaire used in the Attitudes Toward Religious Help-Seeking Scale (Hardy, 2012). The demographic questions were expanded after reviewing recommendations for further research. Permission was obtained from Dr. Hardy to expand the demographic section of the scale.

### The Attitudes Toward Religious Help-Seeking Scale (ATRHSS)

The ATRHSS was developed in 2011 by Hardy to gain a greater understanding into the attitudes of African Americans regarding their help-seeking practices, specifically, their religious help seeking practices (Hardy, 2015). Researchers have used other inventories to examine people's help-seeking practices, however Hardy designed this instrument specifically to examine the help-seeking practices of African Americans (Hardy, 2012). Initially, Hardy created the inventory to be used as part of a dissertation; however, she has completed additional research using the instrument and it has been shown to be reliable (Hardy, 2015). Hardy reported that the initial administration

indicated an internal reliability of 0.72. After a second administration with a different set of participants, three questions were removed which led to an internal consistency of 0.73 (Hardy, 2015). Hardy reported that a factor analysis was completed, and the instrument was shown to be valid for two factors with scores of .76 for significance of faith and .77 for pastoral disapproval (Hardy, 2015).

The ATRHSS has three sections. The first section, Religious Help-Seeking, has 15 questions, four of which require reverse scoring, and is a 4-point likert scaled measure with choices from strongly disagree (1) to strongly agree (4) (Hardy, 2015). Higher scores on this section of the instrument indicate that the respondent prefers religious help-seeking (Hardy, 2015). The second section, Professional Preference, is a checklist and asks participants to check which type of professional, mental health professional or pastor, they prefer for several different situations (Hardy, 2014). The last section is a demographic questionnaire (Hardy, 2015). Dr. Hardy made some suggestions and gave permission for the demographic section to be expanded. The original demographic section was replaced by the demographic questionnaire mentioned previously. Written permission to use this instrument was obtained from Dr. Hardy.

**The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)**

The IASMHS was developed in 2004 by Mackenzie, Knox, Gekoski, and MaCaulay as an adaptation of and an extension of the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPHS). The ATSPPHS was developed in 1970 by Fischer and Turner to help gain greater understanding about the factors which may relate to positive or negative attitudes toward seeking professional help for

psychological concerns (Fischer & Turner, 1970). The IASMHS was developed to address concerns about several aspects of the ATSPPHS including outdated language, lack of reliability with its subscales, and the use of a four-point likert scale instead of one with at least one neutral choice (Mackenzie, Knox, et al.., 2004).

The IASMHS is a 24 question, 5- point, likert scaled inventory with responses which range from disagree (0) to agree (4). Fifteen of the items require reverse coding. The IASMHS yields total scores ranging from 0 to 96, with subscale scores ranging from 0 to 32 (Mackenzie, Knox et al., 2004). It has three subscales: psychological openness, help-seeking propensity, and indifference to stigma (Mackenzie, Knox, et al.., 2004). Higher scores indicate that the respondent has a more positive attitude toward seeking professional help. Mackenzie, Knox, et al. reported that the inventory has good internal reliability (.87). The subscales also showed good internal consistency with scores of .82 for psychological openness, .76 for help-seeking propensity, and .79 for indifference to stigma (Mackenzie, Knox, et al.., 2004). Mackenzie, Knox, et al. also reported that the test-retest scores also showed reliability with the total score of .85 and subscale scores of .86 for psychological openness, .64 for help-seeking propensity, and .91 for indifference to stigma after two administrations of the survey that were separated by three weeks. Researchers found the IASMHS to be valid for three factors, psychological openness, help-seeking propensity, and indifference to stigma (Hyland et al., 2015; Mackenzie, Knox, et al., 2004).

Like the ATSPPHS, the IASMHS was first used with students (Mackenzie, Knox, et al.., 2004), but has since been used in studies investigating mental health help-seeking

attitudes of African Americans (Ward, Wiltshire, et al., 2013; Watson & Hunter, 2015), older Chinese immigrants (Tieu & Konnert, 2014), Alaskan Natives (Freitas-Murrell & Swift, 2015), trauma survivors (Kantor, Knefel, & Lueger-Schuster; 2017), and police officers (Hyland et al., 2015). Munson, Floersch, and Townsend (2010) used the IASMHS to explore the correlation between the attitude toward seeking help for mental health and adherence to medication and therapy protocols among adolescents. Their findings indicated that negative attitudes about seeking help had a negative impact on adherence behaviors (Munson et al., 2010). Wahto and Swift (2016) used the IASMHS in a study about the help-seeking attitudes of men and possible barriers to seeking help. Ward, Wiltshire, et al. (2013) used the IASMHS in a study which explored the attitudes of African American men and women, their preferred coping behaviors, and their perceptions of stigma toward mental illness. No permission was required to use this instrument (Mackenzie, Knox, et al., 2004).

**Religious Commitment Inventory (RCI – 10)**

The RCI-10 was based on and adapted from several longer scales, but most closely related to the Religious Commitment Inventory -17 (Worthington et al., 2003). It is a 10 question, 5-point likert scaled inventory with responses ranging from not at all true of me (1) to totally true of me (5). Scores range from 10 meaning a low religious commitment to 50 meaning that respondents are highly committed to religion. Two subtests are imbedded and can be used to assess intrapersonal religious commitment and interpersonal religious commitment (Worthington et al., 2003). Worthington et al. (2003) developed and tested the inventory and asserted, after conducting six studies on several

different groups including college students, married Christians, and various religious groups, that the test had good internal consistency. Worthington et al. reported that the RCI-17 inventory did not have as much psychometric support as the RCI-10.

Originally, the RCI-10 was tested for reliability and validity using 155 college psychology students and had an internal consistency score of .92 on the full-scale test and a score of .87 for the test-retest reliability after three weeks (Worthington et al., 2003). Worthington et al. used Pearson correlation coefficients to test construct validity, discriminant validity, and criterion-related validity and reported that the inventory is valid (Worthington, 2003). Worthington et al. also conducted several additional studies with students to test the validity and reliability of the test. Additionally, they conducted two additional studies using participants from churches and Christian counseling agencies from several different areas in the United States (Worthington et al., 2001). All studies had similar results.

Other researchers have used the RCI-10 in more recent studies with similar results (Abbott, Harris, & Mollen, 2016; Foo, Alwi, Ismail, Ibrahim, & Osman, 2014). Abbott et al. (2016) used the RCI-10 to investigate the relationship between religious commitment and the sexual self-esteem of 207 undergraduate, female students. They reported internal consistency of .94 (Abbott et al., 2016). Foo et al. (2014) used the RCI-10 in a study investigating religious commitment, attitudes toward suicide, and suicidal behaviors of college students. This study had an internal consistency score of .95 (Foo et al., 2014).

## Operationalization of Variables

There were several variables included in this study which may impact the attitudes that African American Christians have toward seeking professional help for mental health concerns. The independent variables were religious commitment, denominational affiliation, and history of utilization of mental health services. The attitude toward seeking religious help was also considered an independent variable but was assessed as a factor only after controlling for the other independent variables. The dependent variable was the attitude towards seeking professional mental health services. Religious beliefs and commitment and attitudes toward seeking religious and professional help were measured using likert scales. Denominational affiliation and utilization of mental health services were assessed using a demographic survey.

## Research Question

The research question was: After controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches as assessed by a demographic questionnaire, a religious commitment scale, and two questionnaires assessing their attitude towards the utilization of mental health services: one assessing attitudes toward seeking professional help and the other assessing attitudes toward seeking religious support. The general hypothesis was that there was a relationship between attitudes toward religious help-seeking and attitudes toward profession help-

seeking among African American Christian church attendees. The research question, null hypothesis, and alternative hypothesis follow:

RQ1: After controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches?

$H_0$1: There is no statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches after controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization.

$H_a$1: There is a statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches after controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization.

## Data Analysis

The study investigated whether there was a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers. In order to determine whether there was a relationship, other variables were also assessed. Martin and Bridgmon (2012) asserted

that multiple linear regression is a way to determine a correlation between multiple independent variables and one dependent variable. Stepwise multiple regression allows the researcher to look at relationships between some variables while controlling for others (Bryant-Davis, Ullman, Tsong, Tillman, & Smith, 2010; Davis, Ancis, & Ashby, 2015). The regression analysis was completed using IBM SPSS version 25. This study sought to control for the variables: religious commitment, denominational affiliation, and previous mental health service utilization while investigating the relationship between attitudes about religious help-seeking and attitudes about professional help-seeking.

## Threats to Validity

Although efforts were made to minimize the threats to validity, Frankfort-Nachmias and Nachmias (2008) posited that threats to validity are somewhat inherent in behavioral research because of the nature of what is being studied. One threat to validity was the sample and the population being included in the study. Although randomization of all churches in the region was attempted, some of the churches may have been missed inadvertently because they were not in the yellow pages or that were used to gather phone numbers. The population may not have been representative of the more rural areas of the region as most of the churches in the study were in suburban areas.

Another threat to validity was that there may have been influences on the dependent variable that were not recognized in the study. Frankfort-Nachmias and Nachmias (2008) asserted that because there are multiple influences on the participants of a study, outside influences may also have an impact on respondents' answers. Known factors such as gender and age were included in the demographic questionnaire.

## Ethical Procedures

Creswell (2009) asserted that researchers must be aware of possible ethical issues and take steps to protect the participants and avoid ethical violations. Ethical issues may arise in various steps of the process including the development of the study, during the data collection process, and when reporting the results (Creswell, 2009). One of the concerns that often arises is the need for confidentiality during the research process (Creswell, 2009). To maintain confidentiality among the participants of the study, names were not used. Although participants were affiliated with a church, participants were not asked to identify the name of their church, only the denomination. I provided participants with an informed consent letter which asked that they give their consent by completing the survey. The consent form did not require a signature to ensure that anonymity could be maintained. Participants were provided with my contact information.

Participating churches were selected randomly from a list of churches I obtained using the online yellow pages and Facebook. The participating churches were considered community partners; however, their identities were not included as part of the study to protect confidentiality. I omitted any church in which I had an affiliation from the list to ensure that the respondents had no outside relationship with me. Participants maintained their anonymity within the church as they placed all paper and pencil responses in a sealed envelope prior to placing them in a locked box that only I had access to. Participants who chose to complete an online survey were given access to the online questionnaires instead of the paper and pencil versions. Upon completion of the study, all responses will remain in a locked box for a period of five years. Any electronic

information will be saved to a flash drive and maintained for a period of five years. After five years, all records will be shredded or deleted.

## Summary

Using a cross-sectional quantitative design, this study investigated the relationship between African American Christians attitudes about religious help-seeking and professional help-seeking. The goal of the study was to determine whether there is a relationship between religious help-seeking attitudes and attitudes toward professional help-seeking. The study also investigated the possible influence of religious commitment, denominational affiliation, and the previous use of mental health services on help-seeking attitudes. This chapter reviewed the methods and procedures that were used, the sampling techniques, and the population that participated in the study. Data was analyzed using IBM SPSS version 25. Results of the data analysis will be explained in Chapter 4.

# Chapter 4: Results

## Introduction

Research completed on African Americans has indicated that religious beliefs and participation in church activities are protective factors in the promotion of mental health in the African American community (Hays, 2015; Langley & Kahnweiler, 2003; McBride, 2013). Previous research has had mixed results regarding the preferences and use of professional psychological help among African American Christian churchgoers (Hardy, 2012; Hays, 2015). The purpose of this study was to add to the literature and provide additional information about the attitudes and factors that influence African Americans who are connected to a religious community to either embrace or refrain from the use of professional mental health services. I investigated the influence of religious denomination, religious commitment, and utilization of counseling services to identify whether any correlation between attitudes toward religious help seeking and attitudes toward professional psychological help seeking exists. The study was a nonexperimental, cross-sectional, survey design that I conducted over a period of 3 months.

The research question was: After controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches? The hypothesis for this investigation was: There is a statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American

Protestant Christian churchgoers who attend predominantly African American churches after controlling for the independent variables: religious commitment, denominational affiliation, and previous mental health service utilization. In this chapter, I will discuss the data collection process, offer an analysis and interpretation of the data, and provide a summary of the findings as they relate to the research question and the hypothesis.

## Data Collection

As I reported in Chapter 3, the first part of the data collection phase consisted of using the online yellow pages and Facebook to find African American churches in a state in the Mid-Atlantic region of the United States. After downloading the list of churches, I used Excel to randomize the list. I contacted every 10$^{th}$ church on the list by phone, and left messages when possible, requesting to have permission to distribute surveys among their congregation. After contacting 44 of the churches on the list, six of the pastors agreed to allow me to disseminate the surveys at their church. The Walden University Institutional Review Board (IRB) granted conditional approval in November of 2018, which allowed the distribution of the surveys by the church administrators. The approval number was: 11-20-18-0383414. After obtaining letters of cooperation from the other three churches and sending them to the IRB, I was granted full approval to conduct the research in December of 2018. The distribution and collection of survey responses was completed between the months of December of 2018 and January of 2019.

The IRB approved the dissemination of both paper copy and online versions of survey. The use of both paper copy and online versions of the survey can be useful in reaching different populations and can provide a larger representation of the population

being studied (Hex, Leeuw, & Zijlmans, 2015). The use of more than one mode of collection is becoming more popular, and research indicates that there is little difference in response between groups if the design of the surveys is consistent (Hox et al., 2015; Liu & Wronski, 2018; Thompson, Oliver, & Beck, 2015). I kept the order and design of all survey documents consistent in both the online and paper copy versions to reduce or eliminate design errors. The online survey required a password to participate, which prevented participation by uninvited individuals and was the only difference between the paper and online versions. All surveys were completed anonymously, and no identifying information was obtained.

Three of the churches requested that I come to the church at an agreed upon time and distribute the surveys. Participants were given the option of completing either the online or the paper copy version of the survey. A locked lockbox was left at each church, and participants were provided with envelopes to seal and place in the lock boxes upon completion. Participants had 2 weeks in which to complete the paper surveys. The other three churches agreed to have their counseling ministry, or a church administrator disseminate the surveys. The contact person at each of these churches was provided with a locked lockbox, paper copies with sealable envelopes, and online survey information. Participants at these churches were also given 2 weeks to complete the paper surveys. The lockboxes that were left with the administrators were locked when they were dropped off and no key was made available to the administrators. The online version of the survey was available to all potential participants until January of 2019.

**Description of the Sample**

The study sample ($N = 104$) consisted of African Americans between the ages of 18 and 84 years old who attend predominantly African American Protestant churches in the Mid-Atlantic region of the United States. As I noted in Chapter 3, the minimum sample size for this study was 89 people. The sample size of 89 was determined by using the *a priori* analysis with a medium effect size of $f^2$=0.15, alpha of .05, and a power of .95.

As shown in Table 1, the following denominations were represented: African-Methodist Episcopal (AME; 3.7%), non-denominational (64.8 %), Baptist (21.3%), Pentecostal (4.6 %), United Methodist (2.8 %), and other (2.8%). The average age of the participants was 47 years old. The participants had the option of completing the survey online or by completing a paper copy of the questionnaire. 56 people (53.8%) completed the survey online and 48 people (46.2%) completed paper surveys. Four online surveys were not used because of missing information. Three paper surveys were not used because they were incomplete. The majority of the respondents were women (83). The bulk of the respondents were educated, with 58.6% having a bachelor's degree or better (See Table 2). Approximately one quarter of the respondents (26.9 %) had utilized any form of counseling in the past.

Table 1

*Denominations*

| | | Frequency | Percent |
|---|---|---|---|
| Valid | AME | 4 | 3.8 |
| | Non-denominational | 67 | 64.4 |
| | Baptist | 22 | 21.2 |
| | Pentecostal | 5 | 4.8 |
| | United Methodist | 3 | 2.9 |
| | Other | 3 | 2.9 |
| | Total | 104 | 100.0 |

Table 2

*Education*

| | | Frequency | Percent |
|---|---|---|---|
| Valid | High school diploma | 12 | 11.5 |
| | Some college | 21 | 20.2 |
| | Associate degree | 10 | 9.6 |
| | Bachelor's degree | 21 | 20.2 |
| | Master's degree | 28 | 26.9 |
| | Professional/doctorate degree | 12 | 11.5 |
| | Total | 104 | 100.0 |

## Results of Study

### Univariate Normality

Five variables, religious denomination, utilization of counseling services, religious commitment, attitudes toward religious help-seeking, and attitudes toward mental health help-seeking were considered in this study. The sum of the items on the RCI-10, the ATRHSS, and the IASMHS were used as three of the variables. Normality can be

determined by using skew and kurtosis to determine whether the data being analyzed is within suggested limits of a normal distribution (Doric, Nikolic-Doric, Jevremovic, & Malisic, 2009; Martin & Bridgmon, 2012). Skew measures the degree to which the data is more positive or negative and kurtosis measures how the scores are clustered (Martin & Bridgmon, 2012; Wright & Herrington, 2011). Doric et al. (2009) asserted that data are considered to fall within normal ranges if its skew falls between -1 and +1 and kurtosis falls between -3 and +3. The three variables that I tested for normality were the RCI-10, the ATRHSS, and the IASMHS. All fell within normal limits (See Table 3).

Table 3

*Skewness and Kurtosis*

| | Skewness | | Kurtosis | |
|---|---|---|---|---|
| | Statistic | Std. error | Statistic | Std. error |
| RCI10 | -.951 | .237 | .823 | .469 |
| ATRHSS 1 | -.135 | .237 | -.376 | .469 |
| IASMHS | -.697 | .237 | -.182 | .469 |

**Statistical Analysis**

I conducted a two-tailed Pearson correlation to determine the degree to which religious denomination, utilization of counseling, religious commitment, the attitude toward religious help seeking and the attitude toward professional help seeking were related. Researchers use correlation analysis to determine whether there is a relationship between variables (Heiman, 2011; Martin & Bridgmon, 2012). The scores revealed that there was a statistically significant positive relationship between religious commitment and the attitude toward religious help seeking. A positive correlation indicates that as

one aspect of the study increases, the other factor also increases (Heiman, 2011). In this case, individuals who were more religiously committed were also more likely to have positive attitudes towards religious help seeking. This finding supports earlier research showing that African Americans are more likely to seek informal support from a church than they are to seek professional services (Brewer & Williams, 2019: Hardy, 2012).

Positive and negative correlations show a relationship; however, they do not indicate causality or influence (Heiman, 2011). This correlation shows that there is a positive relationship between the two variables; however, it does not indicate that a person's religious commitment causes their help-seeking behavior, nor does it indicate that their help-seeking behavior causes their religious commitment. This positive correlation also indicates that as religious commitment increases, a person's attitude towards religious help-seeking is more positive.

While there were no other statistically significant scores, the results did reveal a slight negative correlation between prior utilization of counseling and attitudes toward help seeking. Additionally, there was a negative correlation between the attitude toward religious help seeking and the attitude toward professional help seeking. A negative correlation indicates that as one factor increases, the other factor decreases (Heiman, 2011).

Table 4

*Correlations*

| | | Religious denomination | Utilization of counseling | RCI10 | ATRHSS | IASMHS |
|---|---|---|---|---|---|---|
| Religious Denomination | Pearson correlation | 1 | -.065 | -.031 | .017 | .088 |
| | Sig. (2-tailed) | | .514 | .755 | .863 | .375 |
| | *N* | 104 | 104 | 104 | 104 | 104 |
| Utilization of Counseling | Pearson correlation | -.065 | 1 | .003 | -.071 | -.129 |
| | Sig. (2-tailed) | .514 | | .973 | .473 | .192 |
| | *N* | 104 | 104 | 104 | 104 | 104 |
| RCI10 | Pearson correlation | -.031 | .003 | 1 | .416** | .115 |
| | Sig. (2-tailed) | .755 | .973 | | .000 | .245 |
| | *N* | 104 | 104 | 104 | 104 | 104 |
| ATRHSS | Pearson correlation | .017 | -.071 | .416** | 1 | -.135 |
| | Sig. (2-tailed) | .863 | .473 | .000 | | .172 |
| | *N* | 104 | 104 | 104 | 104 | 104 |
| IASMHS | Pearson correlation | .088 | -.129 | .115 | -.135 | 1 |
| | Sig. (2-tailed) | .375 | .192 | .245 | .172 | |
| | *N* | 104 | 104 | 104 | 104 | 104 |

*Note*. ** Correlation is significant at the 0.01 level (2-tailed).

After conducting the correlation analysis, I tested for multicollinearity. Multicollinearity exists when variables are too closely related to each other and test the same thing which may improperly influence the analysis and interpretation of the results (Martin and Bridgmon, 2012). Using SPSS, I assessed the collinearity and did not find any multicollinearity between the variables in this study. Additionally, I used stepwise linear regression to analyze the data and to test the hypothesis.

When using linear regression, it is assumed that there is a linear relationship between the variables, that there is little skew or kurtosis in the collected data, and that

there is no multicollinearity (Heiman, 2011). A fourth assumption of linear regression is homoscedasticity, or the assumption that the variance of the values being tested is the same for each one (Heimann, 2011). Homoscedasticity can be seen on a scatterplot. Linear regression is used to summarize and show the direction of the relationship between the variables (Heiman, 2011). The data I collected for this research met all of the assumptions; therefore, linear regression was an appropriate analysis to use to study the relationships. The regression analysis controlled for the effects of religious denomination, utilization of counseling services, and religious commitment prior to assessing for the relationship between attitudes toward religious help seeking and attitudes toward professional help seeking.

**Results for the Hypothesis**

There was one hypothesis tested for this study. It was hypothesized that after controlling for religious denomination, prior utilization of counseling, and religious commitment, there would be a significant relationship between attitudes toward seeking religious help and attitudes toward seeking professional psychological help. Table 5 shows the results of the regression analysis which indicate that there is a significant relationship between attitudes toward religious help-seeking and attitudes toward professional psychological help-seeking. When significance is between .00 and .05, the data is statistically significant (Heiman, 2011). In Model 1, there is no significant relationship between the independent variables: utilization of counseling, religious denomination, and religious commitment (RCI 10) and the dependent variable: attitude toward seeking professional psychological help (IASMHS). In Model 2, the independent

variable: attitude toward religious help-seeking (ATRHSS) was added to the regression. When the ATRHSS variable was added to the analysis, the data showed a moderate significant relationship (.028) between attitudes toward religious help-seeking and the attitudes towards professional help-seeking; therefore, the hypothesis was supported.

Table 5

*Coefficients and Significance*

| Model | | Unstandardized Coefficients | | Standardized Coefficients | | |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | T | Sig. |
| 1 | (Constant) | 61.050 | 10.872 | | 5.615 | .000 |
| | Utilization of Counseling | -3.931 | 3.121 | -.124 | -1.260 | .211 |
| | Religious Denomination | 1.125 | 1.326 | .084 | .849 | .398 |
| | RCI 10 | .254 | .212 | .118 | 1.202 | .232 |
| 2 | (Constant) | 88.868 | 16.418 | | 5.413 | .000 |
| | Utilization of Counseling | -4.463 | 3.070 | -.141 | -1.454 | .149 |
| | Religious Denomination | 1.206 | 1.301 | .090 | .928 | .356 |
| | RCI 10 | .467 | .228 | .217 | 2.045 | .044 |
| | ATRHSS | -.919 | .413 | -.237 | -2.228 | .028 |

a. Dependent Variable: IASMHS

The relationship between the IASMHS and the ATRHSS was negative which indicates that individuals whose attitude toward religious help-seeking was positive had more negative attitudes toward professional help-seeking and people who had negative attitudes toward religious help-seeking had more positive attitudes toward professional help-seeking. Prior research indicated that African Americans tend to prefer to seek

informal or religious help (Brewer & Williams, 2019; Hardy, 2012). This study supports the current research by indicating that African Americans who have positive attitudes toward seeking professional help may be less likely to seek professional help.

## Summary

After conducting an analysis of the responses, the data supported the hypothesis that there is a significant relationship between religious help-seeking attitudes and attitudes toward seeking professional psychological help after controlling for the variables: religious denomination, prior utilization of counseling services, and religious commitment. The data indicates that the relationship is negatively correlated, meaning that individuals whose attitude toward religious help-seeking was the most positive were slightly less likely to have positive attitudes toward seeking professional psychological help. As their attitude about seeking religious help became more positive, their attitude about seeking professional psychological help became . This study was not designed to determine causality; however, it did support current literature by indicating a significant relationship between the variables. Chapter 5 will review the implications and conclusions of the findings. It will also provide recommendations regarding how the information may be used by the counseling profession to promote relationships between counselors and the African American church, the limitations of the study, and suggestions for additional areas of research.

# Chapter 5: Discussion, Conclusion, Recommendations

## Introduction

While the prevalence of mental illness in the African American community is like that found in other communities, the process of seeking and receiving help often differs (Davey & Watson, 2008; Dempsey et al., 2016). African Americans are more likely to seek help from their pastors, family, or friends and are less likely to seek professional help than their White peers (Davey & Watson, 2008; Dempsey et al., 2016; Neighbors et al., 1998). Additionally, when African Americans obtain professional help for mental health symptoms, it is often due to a crisis or forced through the court system (Hansen et al., 2016; Lindsey & Marcell, 2012; Snowden et al., 2009). Researchers have investigated the help-seeking attitudes of African Americans and found mixed results relating to their attitudes toward professional help (Lindsey & Marcell, 2012; Wendt & Shafer, 2016; Woodward et al., 2016).

As I have noted in the previous chapters, there is a gap in the literature related to the attitudes of African American churchgoers towards utilizing professional mental health services. Much of the literature that exists is based on the attitudes of African American clergy, but less is from the perspective of the church attendees (Adksion-Bradley et al., 2005; Avent & Cashwell, 2015). I addressed this gap by collecting information using both a paper copy and an online version of a survey and using the collected data to conduct a hierarchical multiple regression analysis. The purpose of this quantitative study was to examine the attitudes of African American Christian churchgoers towards professional and religious help seeking and to add information from

its findings to the literature. The research question was: After controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches? The data supported the hypothesis that there would be a significant relationship between religious and professional help-seeking attitudes after controlling for religious commitment, denominational affiliation, and previous utilization of mental health services.

In order to investigate the relationship between religious and professional help-seeking attitudes, I also looked at the independent variables denominational affiliation, previous utilization of mental health services, and religious commitment. I used a demographic survey and a religious commitment inventory (RCI-10) to collect data for these variables. I used two additional surveys (ATRHSS and IASMHS) to gather data for the attitudes towards help seeking. To understand the results of this study, an explanation of the relationship between the variables may be useful.

## Interpretation of Findings

I designed this study to determine whether there is a significant relationship between religious and professional help-seeking attitudes among African American Christian church attendees after controlling for the independent variables religious denomination, previous utilization of counseling services, and religious commitment.

Each of the variables chosen was based on its possible influence on help-seeking attitudes.

**Variables**

**Religious denominations.** Several Protestant religions including AME, Baptist, Pentecostal, United Methodist, and non-denominational were represented in this study. Green (2000) asserted that the denominations represented in the Black Church have traditionally differed in their views and practices with varied foundational beliefs, some of which taught isolationism while others embraced mainstream society. Although history teaches that there are differences between the denominations, Gay and Lynxwiler (2010) asserted that there is little research that assesses whether there are denominational differences that impact the attitudes of their parishioners. Green posited that the differences between denominations may not be as pronounced as they once were and may be less important than at previous times. Previous research is inconclusive about the influence of denomination on attitudes.

**Utilization of counseling services.** The utilization of services usually has a positive influence on people's attitudes towards using services again; however, because the initial contact with African Americans is often coerced or results in a negative or adverse experience with healthcare professionals, African Americans often have unfavorable attitudes toward professional help-seeking (Earl et al., 2011; Hansen et al., 2016). Bell and Tracey (2006) posited that a moderate level of mistrust for the professional healthcare system is considered healthy for African Americans, given the history.

African Americans have had a complex and difficult relationship with professional health systems in the United States (Leiter & Herman, 2015). Since the 1800's, they have been used in cruel and unethical medical research, which has resulted in mistrust of the healthcare system by African Americans (Leiter & Herman, 2015; Suite et al., 2007). Other research has shown that healthcare professionals have often misdiagnosed African Americans because they do not understand or they ignore cultural factors (Garretson, 1993; Hollar, 2001; Suite et al., 2007). Additionally, African Americans are often forced to use professional mental health services by the legal system or due to an emergency or crisis; however, research also has indicated that when African Americans choose to seek help, they are more comfortable with informal sources (Hansen et al., 2016; Hardy, 2012). Although African Americans are usually more comfortable with informal supports, Williams and Cabrera-Nguyen (2016) asserted that if individuals from their informal support group recommend the use of professional support, African Americans are open to seeking professional help.

**Religious commitment**. Research has shown that religious commitment is related to positive mental health outcomes in African Americans (Ajibade, Hook, Utsey, Davis, & Van Tongeren, 2016; Reed & Neville, 2014). Studies have shown that African Americans who report high levels of involvement in their religion also report greater overall satisfaction with life (Reed & Neville, 2014). In addition to greater overall satisfaction, Sewell and Ray (2015) reported that African Americans who attend a Black Protestant church are more trusting of healthcare professionals than African Americans who attend other churches or who are not affiliated with a church.

**Help-seeking attitudes.** Traditionally, African Americans prefer to seek help from informal sources such as family, friends, and clergy (Dempsey, 2016; Hardy, 2012). While there may be several reasons why African Americans are more comfortable seeking informal help, studies have shown that they may use church resources because of their spiritual beliefs, their belief that mental illness is due to a weakness or lack of faith, or they may be influenced by their pastors' attitude towards mental health services (Alvidrez, Snowden, & Kaiser, 2008; Avent, Cashwell, & Brown-Jeffy, 2015). Several researchers have investigated African Americans attitudes toward seeking help and have found that, like women in other races, African American women are more likely than men to be open towards seeking all forms of help, but still prefer religious or informal supports (Wendt & Shafer, 2016).

## Findings

I designed this study to answer the following question: After controlling for the independent variables religious commitment, denominational affiliation, and previous mental health service utilization, is there a significant relationship between religious help-seeking attitudes and professional help-seeking attitudes among African American Protestant Christian churchgoers who attend predominantly African American churches? The hypothesis stated that there would be a statistically significant relationship between religious help-seeking attitudes and professional help-seeking attitudes of African American Protestant Christian churchgoers who attend a predominantly African American church. The data I collected for this study supported the hypothesis and did show a significant relationship between attitudes toward religious help seeking and

attitudes toward professional help seeking. Data analysis showed that the relationship between attitudes toward religious help seeking and attitudes toward professional help seeking was negatively correlated. This information indicated that people who expressed more positive attitudes toward religious help seeking had less positive attitudes towards professional mental health help seeking. This finding aligns with current research, as studies have shown that African Americans affiliated with a church are more likely to prefer seeking help from their pastors (Hardy, 2012).

To assess the data and test the hypothesis, I conducted several analyses. The first looked at the correlations between the variables and to check the assumptions to determine if a linear regression analysis was appropriate for the data. There was a significant positive correlation between religious commitment and attitudes toward religious help-seeking. While it was not significant, there was also a positive correlation between religious commitment and attitudes toward professional help-seeking. These findings were consistent with current literature.

There was also a relationship between utilization of counseling and attitudes toward help-seeking. While it was not significant, there was a slight negative correlation between utilization of counseling and attitudes toward help-seeking. The negative correlation was greater between the utilization of counseling and professional help-seeking than it was between the utilization of counseling and religious help-seeking. The slightly negative correlation between previous utilization of counseling services and religious help-seeking was inconsistent with most of the current literature. African Americans are often stereotyped or misdiagnosed by professionals in the medical

profession which may be related to the negative correlation between utilization of services and professional help-seeking in the African American community (Leiter & Herman, 2015). Another area of consideration is related to the fact that the first experience with services is often during a crisis or forced by legal authorities (Hansen et al., 2016; Lindsey & Marcell, 2012). Because it was not a significant relationship, it is understood that it may have been chance and could have changed with a larger sample.

I also tested for multicollinearity between the variables to ensure that the variables were not too closely related to each other. Two variables, religious commitment and attitudes toward religious help-seeking, showed a significant positive relationship. When tested for multicollinearity, no factors were shown to be troublesome or too closely related; therefore, I analyzed all chosen variables as planned.

After examining the correlation between the variables, I investigated whether there was a significant relationship between attitudes toward religious help-seeking and attitudes toward professional help-seeking. This last analysis was a hierarchical linear regression in which I controlled for the variables religious commitment, denominational affiliation, and prior utilization of counseling services. By controlling for these variables, I was able to assess whether there was a significant relationship between attitudes towards religious help seeking and attitudes towards professional help seeking. The linear regression showed a significant negative relationship between attitudes toward religious help seeking and attitudes toward professional help seeking, which proved that the hypothesis was correct. This relationship did not prove causality, but instead indicated that the people who were most likely to seek religious help were less likely to

seek professional help. It is unknown why this was the case. This information supported the hypothesis as well as added to the literature about the help-seeking attitudes of African American Protestant Christians.

**Theoretical Framework**

Bronfenbrenner developed EST, the theoretical framework used in this study. Researchers can use EST to examine individuals and their behaviors or attitudes in the context of their families, communities, and other social systems (Lindsey, Barksdale, et al., 2010; Neal & Neal, 2013). In EST, there is a belief that some parts of the system such as the family or the church may have more influence on individuals than other parts such as community resources or the workplace (Christensen, 2016; Neal & Neal, 2013). Based on the EST model, people who are more committed to their religion would be influenced more by their church and would seek help from the church instead of from a community resource.

The population for this study included people who attended a predominantly African American Protestant church. There was a range of ages, education levels, and economic levels represented. Overall, regardless of the other factors, the individuals who indicated the highest levels of religious commitment also indicated that they had more positive attitudes toward religious help-seeking. The results of the correlation showed that there was a significant positive correlation between religious commitment and attitudes toward religious help-seeking. There was not a significant relationship between religious commitment and attitudes toward professional help-seeking. My study supports

the assertion by Lindsey, Barksdale et al. (2010) that researchers can use EST to examine attitudes toward seeking different types of help.

## Limitations of the Study

When interpreting the results of this study, there were several limitations that had to be considered. One limitation of the study was its narrow scope, as the only participants were African Americans Christians who attend predominantly African American protestant churches. The location of the study was also a limitation as all the participating churches were located in suburban areas. Due to the location and the selection of participants, this study is not generalizable to African American Christians in rural or urban communities. It is also not generalizable to anyone of a different race or anyone outside of a protestant Christian faith. Readers can only generalize the results of this study to African Americans who attend a predominantly African- American protestant church in a suburban area.

Another limitation of the study was that participants completed a self-administered survey. Groves et al. (2009) asserted that respondents on self-administered surveys may misinterpret or inadvertently skip questions. Although participants may be more willing to answer sensitive questions on an anonymous self-administered survey (Groves et al., 2009), Creswell (2009) noted that the location in which participants respond to the surveys may influence their responses causing them to answer based on stereotypical biases which may cause the responses to be biased or skewed. Because I disseminated the surveys in a church setting and the survey questioned religious beliefs and commitment, the responses may reflect a positive religious bias.

A third limitation of the study includes the selection process. I contacted leaders from over forty churches from a randomized list for permission to disseminate the surveys, but only six pastors agreed to allow me to distribute surveys at their church. The pastors who refused to allow me to conduct the study at their church may have different philosophies or beliefs than the leaders who agreed to participate. The pastors who gave permission may have more positive views of counselors or be more open to discussing mental health concerns than the other pastors. This may lead to skewed results as the participants may be more open to mental health services than the congregants of the churches whose pastors were not willing to allow me to disseminate the surveys.

An additional limitation was the time frame in which the data collection took place. There were two complications with the time frame. The first was that an African American association in one of the communities was presenting mental health information to many of the local churches whose members were affiliated with the association. One of the pastors contacted expressed concern that his members may misunderstand the purpose of their participation in the research if it took place during the same time period as they were involved or participating in a mental health forum. The other complication with the time frame was that data collection took place around the winter holidays which may have impacted the response rate of potential participants.

## Recommendations

### Recommendations for Further Research

The prevalence of mental illness in the African American community is like that of Whites, however African Americans are more likely to seek informal support instead

of professional help to cope with their symptoms (Charara et al., 2016; Hardy, 2012). Historically, African Americans have used their church to meet their counseling or mental health needs (Mattis et al., 2007). This study investigated the preferences for help-seeking among African Americans who attend predominantly African American Protestant Christian churches. The results of this study indicated that individuals who were religiously committed were more likely to have positive attitudes about religious help-seeking, however further research is recommended.

One recommendation is to use a more diverse population. This study had a broad range of ages, education levels, and socio-economic levels, however most of the participants live in suburban areas. It may be useful to investigate whether there would be a difference in results in rural or urban areas or in areas that are less racially diverse. Additionally, a larger sample may lead to more conclusive results. Although the respondents were representative of several denominations, a larger sample may provide a broader and more balanced representation from the mainstream protestant denominations.

An additional recommendation is to collect data in a different way. It may be beneficial to try to disseminate surveys at a large conference or through a mailing list. One of the limitations of this study was that I was only able to disseminate the survey in churches where the pastor was open to allowing a survey about mental health to be distributed. The data and results may have been different if individuals who attend churches with pastors who are more conservative about mental health had been part of the data collection. Additionally, further research can be done to address the negative

correlation between religious and professional help-seeking attitudes if one continues to exist with a larger and more diverse population.

Additional research can be done to assess the competence of the participants' pastors. Further research may include a qualitative component to identify the pastor's level of education and their training as it pertains to mental health and counseling. It may be helpful to identify whether there is a difference in attitudes or behaviors of church attendees who attend a church with a pastor who is trained to address mental health concerns and those who attend churches with pastors who have no formal training.

Members of several of the churches that were included in this study questioned how to answer some of the questions on the questionnaires as they stated that were related to their pastor. Further research may be done to identify how a familial relationship to the pastor impacts the help-seeking attitudes and behaviors of the church members.

Another area of consideration addresses prior utilization of counseling. In this study, participants were asked whether they had participated in previous counseling and if so, they were asked whether it was from a professional or from someone from the church. Participants were not asked whether counseling was successful or what type of counseling took place first if both types of counseling had been used. Additionally, participants who sought professional counseling were not asked about the race of their professional counselor. Hayes, Owen, and Bieschke (2015) asserted that the race of the treatment provider may impact the symptoms and outcomes of African American and other racial minority clients. The question of race may influence their attitudes toward

professional help-seeking and may also influence their attitudes about prior utilization of counseling.

Research indicates that the religious practices and beliefs of African Americans may influence their attitudes toward seeking help (Hardy, 2012). Further research may seek to identify differences in the attitudes of religiously committed African Americans to African Americans who are not affiliated with a church. Other comparisons may be done to identify differences between the attitudes of African American Christians and African Americans of other faiths. Additionally, researchers can examine the differences between African Americans who attend a predominantly African American Protestant Christian church and those who attend a mixed race or predominantly White Protestant Christian church.

**Recommendations for Practice**

The results of this study supported current research and demonstrated that African Americans with high levels of religious commitment have more positive attitudes toward religious help-seeking than professional help-seeking. The results did not show however, that attitudes toward professional help seeking were negative. Building relationships between the counseling profession and leaders in the church may be helpful in removing some of the barriers. Building relationships with the church leaders may open communication and give church leaders resources and avenues to provide referrals to trusted professionals in their communities.

Research indicates that religion and spiritual practices are healthy coping mechanisms and protective factors as they relate to mental health (Johnson et al., 2016;

Reed & Neville, 2014). Counselors may try to collaborate with church leaders to gain a greater understanding of how to incorporate religion and spiritual beliefs into their work with clients. This collaboration may also provide pastors with a space to gain knowledge about mental health and the need for professional counseling services.

## Implications

The Pew Research Center's Religious Landscape Survey (2014) reported that approximately 80% of African Americans consider themselves Christians with more than half of the African American population reporting that they attend a historically Black Protestant church. The results of this study align with the current research that indicates that religion continues to be a great influence in the lives of the majority of African Americans. While participation in religious activities can be a protective factor for mental health (Hays, 2015; Langley & Kahnweiler, 2003; McBride, 2013), Hardy (2012) asserted that the delay in seeking professional help while using informal services may be harmful as it can hinder a person's ability to obtain proper medication and treatment. If counselors can work together with pastors to support the community, the severity of the symptoms of mental illness within the African American community may decrease as individuals may obtain needed resources more quickly.

### Positive Social Change

Pastors continue to be influential in the lives of African Americans. Working with pastors to collaborate about services needed for their members and surrounding neighborhoods may encourage trust in the professional community and mitigate some of the negative stereotypes about mental health that are prevalent in the African American

community. Providing education and resources to pastors may encourage additional collaboration and help build trusted networks of professionals who can provide necessary treatment and referrals for their members. While this study's design limited its ability to generalize its results, the results did align with current research and provide grounds for opening a dialogue between professional mental health providers and the African American religious community.

## Conclusion

Historically, the church has been the main and most influential support system in the African American community (Adksion-Bradley et al., 2005; Hays, 2015; Krause & Hayward, 2012). While the prevalence of mental illness in the African American community is like the rates of mental illness in the White community, African Americans are less likely to seek professional help and instead turn to informal support and services, often from their church (Dempsey et al., 2016; Le Cook et al., 2014). Researchers have found religious coping skills to be helpful with people who are experiencing symptoms of mental illness (Johnson et al., 2016); however, symptoms of mental illness can become worse if appropriate treatment is not obtained. The purpose of this study was to add to the literature about the influence of religion on the attitudes towards help-seeking of African American Protestant Christians who attend predominantly Black churches. Instead of focusing on the views of clergy, the focus of this study was to assess the attitudes of people who attend the church.

I designed this quantitative study to investigate the relationship between religious help-seeking and professional help-seeking for mental health. The study reviewed the

correlation between religious denomination, prior utilization of counseling, religious commitment and attitudes toward help-seeking. After controlling for the independent variables religious denomination, prior utilization of counseling, and religious commitment, the data indicated that there is a significant relationship between attitudes toward religious help-seeking and attitudes toward professional help-seeking. The data showed that people who had the most positive attitudes toward religious help-seeking had less favorable attitudes toward professional help-seeking.

The results of this study align with the research that indicates that members of the Black church are still more likely to seek informal help from their pastor for mental health concerns than they are to seek professional help. It is important for the counseling profession to find ways to collaborate with the pastors and leaders in the Black church to ensure that African Americans have access to education, resources, and appropriate treatment when necessary.

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Appendix A: Demographic Questionnaire

## Demographic Questionnaire
**DO NOT WRITE YOUR NAME ON THIS PAPER**

1. Gender (Please check one)
   - € Male
   - € Female

2. Age _____

3. Race/Ethnicity (Please check one)
   - € Black or African – American
   - € Other (please specify) _____

4. Do you have health insurance?
   - € Yes
   - € No

5. Highest Level of Education Completed (Please check one)
   - € Less than 12th grade
   - € High School Diploma or GED
   - € Some College
   - € Associates Degree
   - € Bachelor's Degree
   - € Master's Degree
   - € Professional/Doctorate Degree

6. Marital Status (Please check one)
   - € Single
   - € Married
   - € Separated
   - € Divorced
   - € Widowed

7. Approximate Annual Household Income (Please check one)
   - € Under $30,000
   - € $30,000 - $49,999
   - € $50,000 - $69,999
   - € $70,000 - $89,999
   - € $90,000 - $109,999
   - € $110,000 - $129,999
   - € $130,000 - $149,999
   - € $150,000 or more

8. Employment Status (Please check one)
   - € Unemployed
   - € Employed part-time
   - € Employed full-time
   - € Student

9. Which religious denomination are you affiliated with? (Please check one)
   - € African Methodist Episcopal (AME)
   - € Baptist
   - € Church of God in Christ (COGIC)
   - € Pentecostal
   - € Non-Denominational
   - € Other (Please specify) _____

10. During the past year, how frequently have you attended church services (average)?
    - € Less than once per month
    - € Once per month
    - € Twice per month
    - € Three times per month
    - € Weekly
    - € More than once per week

11. Are you a member of your church?
    - € Yes € No

    If yes, how many years have you been a member? _____

12. What is your pastor's gender?
    - € Male € Female

13. Has anyone in your immediate family ever participated in counseling?

€ Yes € No

14. Have you ever participated in counseling?

€ Yes € No

15. From whom did you receive counseling? (Check all that apply)

€ I have never participated in counseling
€ Clergy/Pastor
€ Licensed Professional Counselor
€ Social Worker
€ Psychologist
€ Unsure
€ Other (please specify) - _____

Appendix B: Attitudes Toward Religious Help-Seeking Scale (ATRHSS)

Hardy, 2012

Attitudes Toward Religious Help-Seeking Scale (ATRHSS)

Section One: Religious Help-Seeking

Please indicate your level of agreement or disagreement with each of the statements below.

| Statement | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| My pastor would be the first person I reached out to for help with a serious personal problem | | | | |
| I would not use pastoral counseling because I do not trust that my issues would remain confidential | | | | |
| I have considered pastoral counseling for a serious personal problem before. | | | | |
| I would not use pastoral counseling because I do not think he/she is trained to handle certain issues. | | | | |
| I would not use pastoral counseling if I could be guaranteed that my information would remain confidential. | | | | |
| I would not feel comfortable if my pastoral counselor was significantly younger than me. | | | | |
| I would prefer pastoral counseling for a serious personal problem rather than a therapist | | | | |
| Some issues are too personal to discuss in pastoral counseling | | | | |
| I would not use pastoral counseling because the pastor is so close to God that I would feel judged/condemned. | | | | |
| I would not feel comfortable if my pastoral counselor was significantly older than me. | | | | |
| A primary reason I would use pastoral counseling is because my pastor is African American | | | | |

| | | | | |
|---|---|---|---|---|
| I would use pastoral counseling if it were anonymous (like a crisis hotline). | | | | |
| A primary reason I would use pastoral counseling is because the pastor would understand how my faith/religion impacts my issues. | | | | |
| I would not use pastoral counseling because he/she might think I don't trust God to handle my problems. | | | | |
| I would not use pastoral counseling because he/she may think I'm weak. | | | | |

Section Two: Professional Preference
In this section, please identify who you would seek out FIRST if you were dealing with any of the issues listed below.

Key:
LCSW: Licensed Clinical Social Worker
Psych – Psychologist/Psychiatrist
LPC – Licensed Professional Counselor
PC – Pastoral Counselor

| Problems/Issues | LCSW | Psych | LPC | PC |
|---|---|---|---|---|
| Finances | | | | |
| Child's behavior | | | | |
| Sexuality/homosexuality | | | | |
| Emotionally-abusive relationship | | | | |
| Physically-abusive relationship | | | | |
| Contemplating abortion | | | | |
| After having an abortion | | | | |
| General marital difficulties | | | | |
| Contemplating divorce | | | | |
| After getting a divorce | | | | |
| Grieving the loss of a loved one | | | | |
| Contemplating suicide | | | | |
| Issues related to mental health | | | | |
| Contemplating infidelity | | | | |
| After infidelity | | | | |

# Appendix C: Permission to use Instrument

## Permission for Use of the ATRHSS

Permission to utilize the Attitudes Toward Religious Help-Seeking Scale (hereafter, ATRHSS) is granted to researchers and practitioners on an individual basis under the following conditions:

1. The instrument is to be used in its original form without modification. Any modifications made to the instrument may impact the findings which is considered a researcher issue, not a measurement issue.

2. If modifications are made to the instrument, any published material and/or conference presentations/proceedings must clearly indicate that modifications were made and what the modifications were.

3. Reference to the instrument must contain a citation to the author and the article regarding the psychometrics of the instrument:

   Hardy, K. (2015). Capturing the spirit: Validation of the Attitudes Toward Religious Help-Seeking Scale (ATRHSS) for African-American Christians, *Social Work & Christianity, 42*(3), 385-395.

4. The instrument can only be utilized by the researcher or practitioner requesting permission and must not be shared with others unless as necessary to facilitate the project for which permission was sought (i.e. sharing with a dissertation committee).

If necessary, conditions described above may be altered either by refinement of, addition to, or removal of the existing conditions at the discretion of the instrument author only. Any such changes will be made in writing and considered valid immediately with or without the written consent of the researcher or practitioner granted permission to use the instrument.

## ACKNOWLEDGEMENT

I, Kristi Madison, acknowledge receipt of the Permission for Use of the ATRHSS and agree to abide by the conditions stated therein. I further acknowledge that intention or unintentional violation of those conditions may result in the removal of permission to use the ATRHSS. Continued use of the ATRHSS after the removal of permission may result in legal proceedings.

Kristi Madison
Signature

2/18/18
Date

Appendix D: Inventory of Attitudes toward Seeking Mental Health Services

## Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)

Mackenzie et al., 2004

The term professional refers to individuals who have been trained to deal with mental health problems (e.g. psychologists, psychiatrists, social workers, licensed counselors).

The term psychological problems refers to reasons one might visit a profession (mental health concerns, emotional problems, mental troubles, and personal difficulties.

For each item, indicate whether you disagree (0), somewhat disagree (1), are undecided (2), somewhat agree (3), or agree (4).

| Statement | Disagree 0 | Somewhat Disagree 1 | Undecided 2 | Somewhat Agree 3 | Agree 4 |
|---|---|---|---|---|---|
| 1. There are certain problems which should not be discussed outside of one's immediate family. | | | | | |
| 2. I would have a very good idea of what to do and who to talk to if I decided to seek professional help for psychological problems | | | | | |
| 3. I would not want my significant other (spouse, partner, etc.) to know if I were suffering from psychological problems. | | | | | |
| 4. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns. | | | | | |
| 5. If good friends asked my advice about a psychological problem, I might recommend that they see a professional. | | | | | |
| 6. Having been mentally ill carries with it a burden of shame. | | | | | |
| 7. It is probably best not to know everything about oneself. | | | | | |
| 8. If I were experiencing a serious psychological problem at this point in my life, I would be confident that I could find relief in psychotherapy. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 9. People should work out their own problems; getting professional help should be a last resort. | | | | | |
| 10. If I were to experience psychological problems, I could get professional help if I wanted to. | | | | | |
| 11. Important people in my life would think less of me if they were to find out that I was experiencing psychological problems. | | | | | |
| 12. Psychological problems, like many things, tend to work out by themselves. | | | | | |
| | Disagree 0 | Somewhat Disagree 1 | Undecided 2 | Somewhat Agree 3 | Agree 4 |
| 13. It would be relatively easy for me to find the time to see a professional for psychological problems. | | | | | |
| 14. There are experiences in my life that I would not discuss with anyone. | | | | | |
| 15. I would want to get professional help if I were worried or upset for a long period of time. | | | | | |
| 16. I would be uncomfortable seeking professional help for psychological problems because people in my social or business circles might find out about it. | | | | | |
| 17. Having been diagnosed with a mental disorder is a blot on a person's life. | | | | | |
| 18. There is something admirable in the attitude of people who are willing to cope with their conflicts and fears *without* resorting to professional help. | | | | | |
| 19. If I believed I were having a mental breakdown, my first inclination would be to get professional attention. | | | | | |
| 20. I would feel uneasy going to a professional because of what some people would think. | | | | | |
| 21. People with strong characters can get over psychological problems by themselves and would have little need for professional help. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 22. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family. | | | | | |
| 23. Had I received treatment for psychological problems, I would not feel that it ought to be "covered up". | | | | | |
| 24. I would be embarrassed if my neighbor saw me going into the office of a professional who deals with psychological problem. | | | | | |

* This inventory does not require permission from the authors.

Appendix E: Religious Commitment Inventory – 10

Worthington et al., 2003

## Religious Commitment Inventory – 10

| Items | Not at all true of me 1 | Somewhat true of me 2 | Moderately true of me 3 | Mostly true of me 4 | Totally true of me 5 |
|---|---|---|---|---|---|
| 5. My religious beliefs lie behind my whole approach to life. | | | | | |
| 3. I spend time trying to grow in understanding of my faith. | | | | | |
| 8. It is important to me to spend periods of time in private religious thought and reflection. | | | | | |
| 7. Religious beliefs influence all my dealings in life. | | | | | |
| 4. Religion is especially important to me because it answers many questions about the meaning of life. | | | | | |
| 1. I often read books and magazines about my faith. | | | | | |
| 9. I enjoy working in the activities of my religious organization. | | | | | |
| 6. I enjoy spending time with others of my religious affiliation. | | | | | |
| 10. I keep well informed about my local religious group and have some influence in its decisions. | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 2. I make financial contributions to my religious organization. | | | | | |

* This survey is open source and may be used without permission from the authors.