A Faith W.A.L.K.

A White Paper Summarizing Research Findings for Dissertation

entitled

*A Faith Walk: Chronic Stress of African Americans and Health Interventions
in the Black Church*

by

Camille D. Johnson-Arthur, DHEd, MPH

Spring, 2023

Abstract

African Americans continue to participate in faith-based health education programs despite continued prevalence of high chronic disease rates that exacerbate the unique cultural pressures experienced by this population. There is little to no research available that discusses the relationship between African Americans' participation in faith-placed health education programs in the Black Church to address chronic disease and stress outcomes. The purpose of this qualitative, phenomenological study was to explore whether African Americans gravitate to faith-based health interventions in the Black Church and receive stress relief in exchange for better chronic disease health outcomes. Twelve African American adults who participated in the Faithful Families health education program elected to participate in this study of which nine from three different United States geographical regions provided insights. Individual interviews were conducted via Zoom for one-hour. The theoretical frameworks for this research included self-determination theory (Deci & Ryan,2008), hope theory (Snyder, 2020), and hope theology (Moltmann, 1967). NVivo interpretative phenomenological analysis software was used to analyze participant responses.   Three distinct themes emerged:

1. African Americans' experience unique social and cultural stressors that include concerns for loved ones and community members' health and wellbeing.
2. African Americans seek hope for their unique societal and cultural stressors which may or may not be offered in a (Black) Church.
3. More quality faith-placed health education programs like the Faithful Families are desired and needed to support African Americans mental, emotional, social, and cultural needs.

Recommendations for Black faith leaders and churches conclude this publication.

A Faith Walk

By Camille D. Johnson-Arthur

Come to Jesus. A Faith WALK (*n.*).

A familiar hymn is often sung in the Black church: *Come to Jesus.* The lyrics beckon the parishioner, or anyone within earshot, to come to the church and surrender their lives and issues to God. *Come to Jesus, come to Jesus, come to Jesus just now!* the hymnist encourages. The person who is suffering, tired, plighted, misunderstood, troubled by life's trials can come and find refuge, understanding, solace, help, healing, and hope at the church. Right?

Historically, the Black church has been a community staple where Black/African Americans have gravitated for physical, spiritual, and emotional support (Masci, 2018). Black/African Americans have historically shown higher church attendance than other racial groups (Pew Research Center, 2015), yet they have also experienced some of the highest prevalence of chronic conditions such as cardiovascular disease, hypertension, diabetes, and associated co-morbidities (Office of Disease Prevention and Health Promotion [ODPHP], 2016). While the Black church has been a trusted safe place for Black Americans to congregate and seek help of all types (George, 2017), the existence of faith-based and faith-placed health education initiatives has unfortunately not diminished the prevalence of chronic disease within this population (Egerter et al., 2011) and the Black church has not served as a safe place for releasing stress (George, 2017), an often-forgotten contributor of chronic illness. So, what is the mentally stressed Black American gaining from the Black church? If not healing, hope? Is the church fulfilling its promise of hope in lieu of adequately addressing physical, emotional, and mental needs? How much of a Faith Walk (*n.*) is required to Come to Jesus?

Meet People Where They Are. A Faith WALK (*v.*).

Pastors and faith leaders often recommend that the church should meet people where they are. This notable endeavor to Faith Walk (*v.*), essentially putting faith into action, is seemingly contradictory to inviting someone to come to Jesus or church. Meeting someone's physical needs such as hunger or shelter requires resources and care and is important to the church, yes. However, attempts to meet someone where they are mentally or emotionally is a more complex endeavor as heavy burdens are compounded and manifest as deeply rooted stressors.

A Faith Walk

By Camille D Johnson-Arthur

Consider these findings and perspectives on human stress:

- Individuals unable to have their psychological needs met are more likely to suffer in their human or basic needs (Uysal et al., 2010).

- The need and attempt for humans to have their sustenance and security needs met simultaneously pose undue stress regardless of one's culture or heritage (Tay & Diener, 2011).

- An individual's cultural and life experiences may affect the individual's stress level and ability to cope. The individual may be motivated to survive or thrive depending on other factors (needs) they have encountered or continue to encounter (Fioranelli et al., 2018).

- Black Americans have been forced to navigate societal inequalities with little to no power to combat the injustices that contribute to their daily stress and health risks (Watts, 2003).

- The inexorable effects of slavery, racial discrimination, and other injustices have led to deleterious effects on the collective physical, mental, and emotional wellbeing of Black Americans that result in higher incidences of chronic disease including cardiovascular disease, diabetes, hypertension, associated comorbidities, and poor health outcomes (Williams et al., 2019).

- Black/African Americans have experienced great uncertainty around safety and personal security, a basic psychological need motivated by external factors. The drive to meet their needs in a safe environment may explain Black Americans' higher church attendance compared to other races' attendance (Williams, 2015).

Johnson-Arthur (2022) conducted a study with past participants of Faithful Families, a faith-placed health education program that has gained popularity with Black Americans and churches alike since 2007 and was developed through a partnership between the North Carolina University Office of Extension and the North Carolina Department of Public Health. Johnson-Arthur (2022) asked study participants to tell their Faithful Families story so she could explore why Black Americans continue to gravitate to health education programs in the Black church yet still suffer disproportionately from chronic conditions. Johnson-Arthur's (2022) specific purpose was to explore whether stress is a mediator of faith-placed health education programs designed to address chronic disease outcomes for Black Americans in the absence, management, or improvement of chronic disease exacerbated by chronic stress.

A Faith Walk

By Camille D. Johnson-Arthur

The results illuminated key opportunities for the Black church and its leadership to adequately address the unique, multifaceted stressors experienced by Black Americans.

Calling All Black Church Leaders to Faith WALK!

<u>W</u>ake Up and <u>W</u>elcome. Black Americans are forced to navigate stressors unique to the Black experience due to cultural and historical factors (DeGruy, n.d.; Jackson Nakazawa, 2015; Johnson-Arthur, 2022; Murphy, 2014; O'Donovan et al., 2012; Williams, 2015). As such, many suffering from chronic physical *and* emotional conditions comprise the Black church. Study findings derived from past participants of the Faithful Families program revealed that, while the Black church may be one of several possible settings that can provide a vehicle for hope, health education, and support, Black Americans in need of stress relief no longer default to attending church (Johnson-Arthur, 2022). Pastors and faith leaders of Black churches need to **wake up** to the fact that quality health education programs that honor cultural beliefs of Black Americans can happen in any setting. Hopeful messaging and insights are germane to program quality and perceived value of lesson content versus the location where programs are hosted (Johnson-Arthur, 2022). **W**elcoming opportunities to collaborate with quality faith-based/-placed health education programs such as Faithful Families that can assist in ministering to parishioners' needs holistically is vital.

<u>A</u>sk, <u>A</u>cknowledge, <u>A</u>ccept. People, Black people, churchgoers, and non-churchgoers alike are suffering. Findings from a study of past participants of the Faithful Families Program elucidated that Black Americans experience unique social and cultural stressors that include concerns for loved ones' and community members' health and wellbeing (Johnson-Arthur, 2022). When asked to tell their stories, all study respondents expressed feeling mentally stressed daily in trying to improve their personal health behaviors and manage daily strains prior to participating in Faithful Families (Johnson-Arthur, 2022). As a result of participating in the program, participants expressed feeling more hopeful and supported because their mental or psychological needs were addressed with consideration of their spiritual needs, and in turn, their stress levels were reduced, which helped them to better manage daily stressors (Johnson-Arthur, 2022).

Pastors and faith leaders of Black churches with a sincere interest in meeting people where they are should **ask** about the psychological wellbeing of their parishioners and **acknowledge** their own

By Camille D. Johnson-Arthur

expertise, or lack thereof, in effectively addressing stress as an emotional or mental health issue. Teaching on the difference between spiritual counseling and psychological counseling can provide enlightenment, hope, and help in ensuring that those with psychological issues are properly advised. **Acknowledge** that good intentions are just that, intentions. However, no substitute exists for the training and expertise needed to help an individual who is experiencing chronic mental and/or emotional stress. **Accept** the challenge to be vulnerable on behalf of your faith community. Long neglected mental and emotional health needs can be effectively addressed by inviting a quality faith-based/-placed health education program such as Faithful Families to complement your spiritual teachings, enhance your ministry, and address the plague of psychological stress within the Black American community. Ignoring this opportunity exacerbates the disproportionate chronic disease prevalence for Black Americans.

Lean in, **L**isten, and **L**earn. The Black church has historically served as a haven for the disenfranchised to congregate, worship, find fellowship, reduce social isolation, and release emotional stress without requiring attendees to explicitly articulate their life issues (George, 2017). The Black church has served as a haven because Black Americans have turned to the Black church when forced to navigate societal inequalities with little to no power to combat the injustices that contribute to their daily stress and health risks (Watts, 2003). Nevertheless, disproportionate suffering from chronic disease continues due to a cadre of stress-inducing reasons (Centers for Disease Control, 2019; Egerter et al., 2011). Church members should be able to express themselves in a safe environment and start their healing process. Black church leaders should **lean in**, **listen**, and **learn** about the emotional and mental needs of their congregation and be a trusted resource for the Black community.

Keep the faith of your parishioners and community in focus. It's all about you, and it's not about you. Research findings indicated that Black young adult and middle-aged traditional churchgoers who find a nurturing faith-placed health education program in any setting desire to receive hopeful messages (Johnson-Arthur. 2022). Social cohesion, as overwhelmingly expressed by past Faithful Families participants, is a desired engagement component for Black Americans who participate in church programs and should be differentiated from congregational fellowship

A Faith Walk

By Camille D Johnson-Arthur

time (Johnson-Arthur, 2022). Black churches and leadership endeavoring to convey messages of hope and reduce attrition should employ opportunities for personal faith-building based on the needs and desires of their congregation and community.

Pastors:

1. Pray and solicit a trusted church health and wellness leader who can assist in showing your congregation that you care about their emotional and mental wellbeing.
2. Explain that a difference between spiritual counseling and psychological counseling exists and that you care about both.
3. Encourage your church community to participate in a confidential stress survey that your church administers.

Health and Wellness Leader:

1. Pray and consult with the pastor to enlist a few trusted parishioners as your health committee partners.
2. Work together to anonymously administer a stress survey such as the [Perceived Stress Survey](#) at the direction of your pastor ensuring ample notice, time, and access for anyone who wishes to participate. Avoid pressure; only encourage.
3. Pray while researching a quality program such as Faithful Families to ensure health education is an available resource for your church community within a reasonable timeframe after the stress survey is administered (1-2 months is suggested).
4. Confer with your selected health education program partner (Faithful Families) in reviewing and sharing survey results with your church community.

The Black church is being called to a Faith Walk (*n.*) to meet people where they are mentally, emotionally, *and* spiritually. Black church leaders–**Keep** the faith. Heed the needs of the Black community. Come to Jesus just now!

A Faith Walk

By Camille D. Johnson-Arthur

REFERENCES

Centers for Disease Control and Prevention. (2019). *Health, United States spotlight* [PDF].
Retrieved from
https://www.cdc.gov/nchs/hus/spotlight/HeartDiseaseSpotlight_2019_0404.pdf

DeGruy, J. (n.d.). *Post traumatic slave syndrome: America's legacy of enduring injury and healing.* https://www.joydegruy.com/post-traumatic-slave-syndrome

Egerter, S., Braveman, P., & Barclay, C. (2011). *Stress and health.* Robert Wood Johnson Foundation. Retrieved from https://www.rwjf.org/en/library/research/2011/03/how-social-factors-shape-health.html

Fioranelli, M., Bottaccioli, A. G., Bottaccioli, F., Bianchi, M., Rovesti, M., & Roccia, M. G. (2018). Stress and inflammation in coronary artery disease: A review psychoneuroendocrineimmunology-based. *Frontiers in Immunology, 9*, 1–15. https://doi.org/10.3389/fimmu.2018.02031

George, K. (2017, April 21). The role of the Black church in the African American community. *Bronze: Celebrating Women of Color*. Retrieved from https://www.bronzemagonline.com/the-role-of-the-black-church-in-the-african-american-community/

Jackson Nakazawa, D. (2015). *Childhood disrupted: How your biography becomes your biology, and how you can heal.* Atria Books.

Johnson-Arthur, C. (2022). A faith walk: Chronic stress of Black Americans and health interventions in the Black Church. [Published doctoral research paper, A. T. Still University].

Masci, D. (2018). *5 facts about the religious lives of African Americans*. Pew Research Center. Retrieved from https://www.pewresearch.org/fact-tank/2018/02/07/5-facts-about-the-religious-lives-of-african-americans/

Murphy, T. (2014). Native children have the same rate of PTSD as combat veterans. *Mother Jones.* https://www.motherjones.com/politics/2014/11/native-children-have-same-rate-ptsd-combat-veterans/

A Faith Walk

By Camille D Johnson-Arthur

O'Donovan, A., Tomiyama, J., Jue Lin, J., Puterman, E., Adler, N., Kemeny, M., Wolkowitz, O., Blackburn, E., & Epel., E. (2012). Stress appraisals and cellular aging: A key role for anticipatory threat in the relationship between psychological stress and telomere length. *Brain, Behavior, and Immunity, 26*, (4), 537–579. https://doi.org/10.1016/j.bbi.2012.01.007

Office of Disease Prevention and Health Promotion. (2016). Heart disease and stroke. In *Healthy People 2020*. https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke

Pew Research Center. (2015, November 3). *U. S. public becoming less religious* [PDF]. Pew Research Center. Retrieved from https://www.pewforum.org/2015/11/03/u-s-public-becoming-less-religious/

Tay, L., & Diener, E. (2011). Needs and subjective well-being around the world. *Journal of Personality and Social Psychology, 101*(2), 354–365. https://doi.org/10.1037/a0023779

Uysal, A., Lin, H., & Knee, C. (2010). The role of need satisfaction in self-concealment and wellbeing. *Personality and Social Psychology Bulletin, 36*(2),187–199. https://doi.org10.1177/0146167209354518

Watts, R. (2003). Race consciousness and the health of African Americans. *The Online Journal of Issues in Nursing, 8*(1), 4.

Williams, M. T. (2015, September 6). *The link between racism and PTSD* [Blog post]. Psychology Today. Retrieved from https://www.psychologytoday.com/us/blog/culturally-speaking/201509/the-link-between- racism-and-ptsd

Williams, D., Lawrence, J., & Davis, B. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health.* Retrieved from https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-040218-043750

Perceived Stress Survey

Faithful Families