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FAITH LEADER OPINIONS REGARDING MENTAL HEALTH AND COUNSELING ISSUES: RESULTS OF A QUALITATIVE STUDY

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Abstract

Faith leaders provide counseling for many types of problems. Faith leaders are often the first source of counseling support given to someone in need. Many faith leaders are willing to make referrals to mental health professionals who they know and trust when they are unable to solve the problems for their parishioners due either to time constraints or seriousness of the problem. Faith leaders have opinions about many of the issues that they encounter during counseling. This paper presents results of a qualitative study with faith leaders in rural and urban settings in northeast Texas. The faith leaders give their opinions about the issues they confront, and how they would like the issues to be addressed by mental health professionals. Mental health professionals could enhance the care given to clients through more

interdisciplinary work with faith leaders and developing sensitivity to the faith leader and client opinions.

Faith leaders have responsibility for the temporal and spiritual welfare of their congregations. A faith-based organization is one whose primary purpose is to address and meet the spiritual needs and welfare of its members. As used in this study, the term "faith leader" refers to the local leader or presiding authority of such an organization.

Those with serious problems often look first to their faith leaders for help. Most faith leaders do not have sufficient time to resolve some of the serious mental health problems brought to them. Likewise, some of the problems faith leaders face may demand knowledge beyond their expertise and training. Faith leaders have strong opinions about how issues should be addressed. In cases where referral is necessary, faith leaders indicated that they would prefer to make the referral to a mental health practitioner who they know and trust, and who preferably demonstrates spiritual sensitivity.

Mental health professionals, for the most part, do not see spiritual matters with the same degree of significance as the general population and, thus, do not always consider such matters in counseling. Bergin and Jensen (1990) found that 72% of the general population claimed religious faith as the most important influence in their lives, whereas only 29% of mental health professionals viewed religious matters as important for therapeutic work with clients. (Bergin & Jensen, 1990). Faith leaders would like for mental health practitioners to address issues with sensitivity toward the persons' spiritual and moral values. In order to view a person holistically, spiritual issues must be included as an integrative force that cannot be isolated from the person's physical state, feelings, thoughts, or relationships. (Hawkins, Siang-Yang, & Turk, 1999**).** .

Professionals must develop a working knowledge of the values of various faith groups so that they can exhibit understanding of these values in counseling. Professionals should understand the differences in the diverse points of view of various faith groups in order to exhibit sensitivity during counseling. Interdisciplinary cooperation can be fostered if mental health professionals reach out to the faith community and show respect for the opinions of the faith leaders who make referrals to them. There is great diversity of belief, which must be understood and respected when working with faith leaders and members of their group.

Purpose of the Study

One of the goals of this study was to learn what could be done to strengthen the relationship between the clergy and mental health professionals so both groups could provide more cohesive and effective help for clients. Another goal was to determine faith leaders' attitudes toward mental health professionals and to ascertain how they felt specific issues should be handled in counseling. The study sought to determine when faith leaders were willing to make referrals to outside professionals, to whom they made those referrals, and their expectations about the outcome of those referrals.

Data Collection/Sample

The research was a qualitative study, which allowed for in-depth information to be obtained from faith leaders. The researchers sought permission from the Internal Review Committee at Texas A&M University-Commerce to complete the research. The researchers guaranteed that no harm would come to the faith leaders who were surveyed and that the results would be written that would preserver confidentiality of both the faith leader and denomination.

Methodology

The researchers interviewed faith leaders from both rural and urban settings using a set of open-ended questions, which they asked all of the faith leaders. The researchers interviewed faith leaders from a variety of religions and congregation sizes to compare and contrast differences. Each interview lasted from one to three hours. Twenty-four faith leaders were interviewed -- 12 from rural settings and 12 from urban settings. A community was considered rural if it had 10,000 people or less. The interviews took place in the Dallas/Fort Worth metroplex and surrounding rural communities in northeast Texas.

Faith leaders came from the following denominations (with the rural leaders being identified after their denominations): Assembly of God (rural), Baptist (rural), Buddhist, Non-denominational Bible Church, Catholic (rural), Church of Christ (rural), Church of Jesus Christ of Latter-day Saints, Christian Church Non-denominational, Christian Science (rural), Episcopalian (rural), Greek Orthodox, Reform Jewish (rural), Lutheran Methodist (rural), Muslim, Pentecostal, Presbyterian (rural), and Seventh Day Adventist (rural). The faith leaders who were interviewed had served in their positions between three months and 41 years. Congregation sizes varied from 20 members to 3,000 members. The faith leaders' ages ranged from 28 to 71 years. The educational level for all of the faith leaders but one was a bachelor's degree, and most had master's degrees in theology. Several had doctor's degrees in psychology, counseling, and theology. All but one faith leader was male.

Confidentiality

In the interest of confidentiality, the researchers have not identified a faith leader's denomination in connection with specific quotes. The communities in which the interviews took place have not been specifically identified. Faith leaders' opinions also were not specifically

identified because, in some instances, they differed from the predominant beliefs of their faith. Similarly, some faith leaders did not want the opinions of their faith misconstrued. Each leader consented to the use of information from the interviews in presentations and publications as long as no specific identifying information was present.

Data Analysis

Data collected in the interviews were analyzed by research topic areas. The information collected from rural and urban areas was coded and evaluated separately and then conjointly. The significant commonalities and differences among the faith leader responses were noted. The survey questions aided the researchers in organizing the responses into organized data for analysis. In-depth review led to the following conclusions from the data collected from the faith leaders.

Faith Leader Insights on Specific Issues

An important aspect of the faith leader research was an exploration of rural faith leaders' concerns and values related to various topics often addressed by mental health professionals in the field of human services. The following is an overview of the qualitative material obtained from the interviews.

Marriage and family.

Marriage and family were central concerns of the faith leaders interviewed. One stated, "I have a tremendous burden in that area." Several stated that marriage and family principles seem to be the focus of negative attacks in our society today. Most see marriage as a life-long commitment that must be entered seriously with a goal of giving, not just receiving. One stated that the marriage relationship should be the "center of affections, but not the boundary of the

affections." Another emphasized that marriage should be empowering to both individuals involved. Spouses should be encouraged to work at the marriage relationship and not be too quick to "throw in the towel." One pastor said, "When you save a marriage, you save a family."

Several faith leaders discussed the importance of premarital counseling to the success of the marriage relationship. They indicated their concern that preparation for marriage is not just the responsibility of faith leaders but society in general and should be addressed through various venues. One faith leader suggested that every couple should be encouraged to explore expectations, examine the training and modeling they had for marriage, and share traditions and values. In addressing gender roles, spouses were encouraged to discuss these in a positive manner. One faith leader stated that gender roles are not a detriment to individuals but rather a positive support. The leader said that man's role as the head of the household was not seen as a privilege or an entitlement, but rather a responsibility to care for the family. The leader said the wife was given the role of supporting her husband in that endeavor.

Some faith leaders focus on individual healing and healing of the marriage when doing marriage counseling. One faith leader suggested that mental health professionals should follow the example of the medical profession and "first, do no harm." A faith leader offered the opinion that marriage counseling should be done by those who have demonstrated success in the area in their own lives. He stated, "It is difficult to be a good counselor if you can not save your own marriage."

Faith leaders saw divorce as "epidemic" and discussed the primary goal of generating hope in the marriage as well as encouraging commitment toward resolving problems. One faith leader felt it is just too easy to get a divorce and that mental health professionals should give more effort toward recovery of the relationship rather than justifying divorce so quickly.

Another suggested the need to clearly point out the short and long term consequences of divorce, especially for the children. One faith leader stated that divorce is a heart-breaking occurrence and "the biggest single pain causer in my ministry."

In spite of the concern over the impact of divorce, the faith leaders acknowledged that it is a reality and at times a necessity. They seemed open to the fact that some marriages can be saved and others cannot. One faith leader said, "Marriage is a contract. If non-functional, a choice to divorce can be made." Other faith leaders stated that only under circumstances such as unfaithfulness or abuse are there grounds for divorce. A woman faith leader was concerned about the disservice that some religious teaching may have done to some women who have been taught that they should keep the marriage together and that it is their fault if it is not going right. She felt that women should follow the Biblical teaching of love your neighbor as you love yourself. It is necessary to love and care for yourself before you can love someone else. The faith leaders stressed that while both spouses contribute to problems in a marriage, the "innocent party" should understand that if it is beyond their ability to change things. They should not feel guilty.

Domestic Violence

The faith leaders interviewed demonstrated solidarity in their opinions about domestic violence. Abuse was seen as a legal matter, and faith leaders indicated they would abide by the law and report any abuse or violence in the home. One faith leader said, "Get it taken care of fast!" They all supported the importance of removing the person from the dangerous situation immediately and breaking off unhealthy relationships. A faith leader expressed his view that "the abused are people being destroyed and marred for life." The faith leaders emphasized the need to provide practical support to the family and active participation such as funding shelters.

Rather than encouraging women to stay in an abusive situation, the faith leaders indicated their distress at the number of women who return to their abusing spouses in spite of advice to the contrary.

Discipline of Children

The discipline of children was another area explored in the study. Several faith leaders stressed the need for balanced, consistent discipline that avoids extremes. They indicated that parents should be proactive by providing guidance following the moral principles of their faith and that mental health professionals should respect those principles. One stated, "Parents should be neither authoritarian nor passive, but rather the final authority in the home." He continued by saying that children are not naturally good, but that selfishness needs to be trained out of them rather than beaten out of them. Another faith leader stressed the need to teach submission to authority, consequences of choices, and responsibility for one's actions. Many felt that there is an appropriate time for physical discipline but never for physical abuse.

One faith leader said that discipline should be done lovingly, caringly, and respectfully. It is the faith leader's opinion that violence begets violence. Hence, the leader is opposed to physical discipline. The faith leader indicated that a parent must look for alternative methods of discipline, such as positive reinforcement. There must be recognition that there is a time and place for different types of discipline with different types of children. Faith leaders indicated that professionals should empower the parents and recruit them as allies in solving problem issues with their children.

Human sexuality

The research revealed a wide range of values and beliefs about human sexuality. However, there was agreement in the area of premarital sex and adultery. Faith leaders indicated

their belief that sexual abstinence is the best alternative outside of marriage. It is what they encourage, counsel, and advise. They indicated distress at the reality that recreational sex has permeated our society and is at "epidemic" proportions. This concerns them greatly because of their view that there are physical, emotional, and spiritual aspects of sex. They stressed that sex outside of marriage focuses on the physical, not the spiritual. The faith leaders indicated that mental health professionals should counsel that there is no sex that doesn't have consequences. They expressed their concern that individuals should be taught the truth about sexual diseases such as herpes. One said, "Give them the facts!" They attempt to teach moral and ethical standards in their preaching and teaching and do not want to let society set the guidelines that lead to negative consequences for individuals, families, and our society. However, many deal with the reality that there is sexual activity outside of marriage by teaching that if an individual chooses to be sexually active, they should also be sexually responsible by using birth control and protection.

Adultery was another area of concern for faith leaders. Again, they stated that the focus of adultery was on the physical body, not the fullness of the emotional and spiritual nature of the individual. They stated that sex was designed by God to be a total experience. It was meant to be a spiritual connection, and using it improperly also creates separation from God. Faith leaders described the standards given by God to guide and prevent hurt. They agree that there are many serious ramifications to adultery, and it inevitably results in pain. One faith leader stated, "It is my main area of concern." It is a breach of a contract that impacts children and many other aspects of family life. Another said, "It causes the destruction of two families and usually ends up in divorce."

The topic of abortion revealed faith leaders' adherence both to rigid standards and compassionate intervention. With few exceptions, the faith leaders indicated that abortion as a birth control method or family planning is wrong. They stated that it has physical, mental, and spiritual consequences. Some strongly stated that the fetus is an innocent life that must be protected. Others stressed that in certain circumstances, such as rape, incest, or danger to the mother, abortion could be considered and may even be appropriate. All suggested that women be advised to explore all the options, especially the alternative of adoption. Some faith leaders felt that while abortion was not advisable in most situations, it should be a matter of choice for the pregnant woman. Others felt that it should be illegal except under extreme circumstances. All emphasized compassion and forgiveness for the women facing this decision.

The issue of homosexuality was the area of greatest division among the faith leaders interviewed. One faith leader said, "You've opened up a can of worms!" The responses varied from "homosexuality is a sin and a disgrace" to "it is a biological, not a mental health issue." Some felt that homosexuality is a choice, while others indicated chemical and biological causes for homosexuality. For those who saw homosexuality as wrong and a sin, the advice most given was to recognize the individual as a child of God -- accept the person, not their life style. In addressing the legalization of gay marriage, one faith leader stated, "A moral base for society has been thrown out the window." Another commented, "Society doesn't know the difference between what is legal and what is scriptural." A suggestion was given by another that the issue could be resolved by having all legal unions performed by a legal entity such as a justice of the peace. Those who wanted a spiritual marriage commitment could then do so through their church. Each church could then determine what marriages they would allow within their faith

group. Whatever the faith leaders' opinion concerning homosexuality, they all indicated that love and compassion should be shown toward the individual.

Death and grief

Several faith leaders indicated that the areas of terminal illness, death, and grief are included in training for ministry and service. They deal with these issues constantly and expressed a desire to work with other professionals on an interdisciplinary team to assist during these times. Several stated that in these areas, they are the professionals to whom mental health professionals should refer individuals for guidance and support. They feel that an individual's faith may provide hope and courage to confront difficult situations. Faith leaders indicated that during these times, families and individuals need someone who will stay committed to them through the process. Life cycle events are an important part of most religious communities. One faith leader stated, "There is no greater intimacy between human beings than the process of transitioning between this life and the next."

For many mental health professionals, this is uncharted territory, and they have difficulty knowing how to approach the individual during this time. Faith leaders encourage helping the individual to have balance through appreciating and striving to maintain life, but also accepting the inevitability of death. They stated that it is important to remain positive and attempt to answer questions they might have. Understanding and respecting customs and traditions during this time are important both for the individual and his or her family. Many encourage the use of hospice services. It is also important to deal carefully with religious concepts such as, "If I only had enough faith I would be healed." At other times, the faith leaders indicated, the terminally ill person may be ready to accept death, but others make him or her feel guilty for not continuing to fight death. They stated that families often focus on themselves rather than on the person who is

dying. Noting that the helping professional must communicate love and concern to all involved in the process, faith leaders state that this is an area where the individual's religious leader may offer hope and help of a different kind than that available from mental health professionals.

Suicide

Suicide was seen by most of the faith leaders as a sinful, selfish act that hurts those who most love an individual and that also shows disrespect for the sanctity of life. In contrast to the negative views of this choice, the faith leaders showed a depth of understanding of the mental health issues and spiritual aspects involved. One commented, "People die of depression as well as cancer." There was recognition that biological, mental, and spiritual aspects are contributors to an individual's lack of hope. One pastor stated that he wished mental health professionals would realize that most faith leaders were knowledgeable about these factors. Treatment for those experiencing suicidal ideations should address the biological, mental, and spiritual. Faith leaders indicated that they would immediately refer to mental health professionals for help in such a situation and would like to be included in the treatment plan. In working with an individual who is suicidal, faith leaders indicated they would assist in finding alternatives that provide hope, help the individual see the negative affects of such a choice, look at the root cause, and focus on the individual's relationship with God. They would hope that other helping professionals would do the same. While suicide was seen as sin, most faith leaders said they did not see it as eternally separating an individual from God.

Grief

Faith leaders indicated that they might do a better job at helping individuals with grief than many mental health professionals. They indicated that it is important to look at the individual holistically while recognizing that grief is a process that is expressed in many forms.

It is generally caused by a loss, such as unemployment, divorce, death, or a move. Faith leaders felt that people must be taught how to deal with grief and recognize that it often takes time to heal. People must be given the understanding that grieving is natural and that eventually they will move on to the next stages of life. Faith leaders expressed their desires to assist in such times. Several stated that prayer and the scriptures from the individual's faith might be of tremendous comfort during such times. Faith leaders felt that they might be the most appropriate professionals to assist an individual during the initial stages of grief. One said, "I would love for a counselor to ask, 'Do you have a church? Have you talked to your pastor?'" They also recognized that unresolved or "old grief" may require intervention from a mental health professional who can explore the cause and cure for areas that continue to prevent healing.

Mental and emotional health

Faith leaders indicated that they deal on a regular basis with individuals experiencing depression and anxiety. They recognized the biological factors involved, the need for medical intervention, and the possible use of medications such as anti-depressants. One interviewee's faith, however, referred members to an individual within the faith who prays for healing. Most would immediately refer an individual to a mental health counselor but would also like to act as a support base to such counseling. Faith leaders indicated that depression and anxiety should be fought with all the tools available, including the spiritual. Counseling should focus on unresolved issues and teaching practical coping mechanisms. An uplifting, positive atmosphere should be created and negativity avoided. The person should not focus on placing blame on others, but take ownership for his or her part in their situation.

Anger

Faith leaders discussed anger issues in relation to mental health as well. One faith leader indicated that anger was something he believed people make a choice about and then gave the example that one might be yelling out their spouse but if a policeman knocked on the door they would immediately be polite, showing that being angry was a choice. They said that anger might be perceived as a normal human reaction that can be expressed appropriately or inappropriately. Several of the faith leaders deal with anger management issues on a regular basis with members of their faith community and stressed the need for self-control. They appreciate the fact that at times an individual needs to explore the root causes that may require the input of a counselor and mentor who can teach methods and alternatives to dealing with anger. Faith leaders indicated that if anger with God was a major issue, the individual's faith leader should be consulted and included in treatment.

Hope

Faith leaders unanimously agreed that they are very good at restoring hope. One commented: "Hope is the business I am in." One faith leader stated, "One of the best, if not the best, foundations of hope is faith in God. Counselors should not just look for physical and mental bases for hope, but the spiritual as well." Faith leaders felt that spirituality provides a different kind of hope that can be applied in any situation. Hope was seen as the first step to healing and the primary motivation for action and change. Faith leaders would like mental health practitioners to collaborate with them about restoring hope to someone who is a member of their faith group and is receiving counseling.

Guilt and forgiveness.

The final area covered in the study dealt with guilt and forgiveness, which faith leaders saw as a "heart matter." Guilt was seen as an indicator that some area of an individual's life is not right. One faith leader said of guilt, "Like pain, it can show when you are doing something wrong." One faith leader said that personal guilt is often the result of personal choices for which one must accept responsibility and that true resolution for guilt and pain is found in forgiveness. One faith leader counsels people through the following five steps: 1) recognition of error; 2) feeling of sorrow for error; 3) desire for atonement; 4) confession of doing wrong (sin); and, 5) acceptance of forgiveness. Another faith leader stated that guilt must be handled with caution since it is sometimes inappropriate and may be used by some people as a way to manipulate.

Forgiveness was seen as critical for healing, both for the person offended and the offender. One faith leader said that true resolution for guilt and for the pain of being hurt is found in forgiveness, which was described as "release from judgment." It is important in the eyes of one faith leader not to hold onto hurt, which can then become a bitterness that colors an individual's life and relationships. This is another area in which faith leaders indicated they felt they had much to offer. They constantly teach and lead people to experience forgiveness in their lives. Faith leaders would like mental health professionals to refer to them and collaborate with them in assisting clients overcome guilt and learn to apply forgiveness to others.

Implications for Practice

The research showed faith leaders' respect for and self-perceived need for referral sources and more experienced intervention in many of the situations they encounter with members of their faith group. Faith leaders want to know about available services but often have

limited knowledge of the services offered and the requirements for receiving such services. They are frequently the first one contacted by individuals in crisis or need.

Mental health professionals must make concerted efforts to communicate with faith leaders regarding available services and the proper procedures to follow in referring clients. Many rural religious groups are lead by local lay leaders with occasional visits from supervising clergy. Because of their lack of training and experience, it may be important for mental health professionals to contact these individuals. Another problem for rural faith leaders is they often do not live in the community for which they are responsible. They may not have the opportunity to develop knowledge about the resources offered and relationships with the helping professionals who provide services locally. Social service professionals must make a concerted effort to reach out to faith leaders who are new to the community or who do not reside in the area.

The study found that faith leaders wanted to develop resources and referral sources. The majority of those interviewed indicated their desire to have a personal relationship or knowledge of the individual professional before referring to him or her for counseling services. A relationship of trust was critical in developing confidence in mental health and social service professionals. Once that relationship was developed, the faith leader would refer specifically to that individual or agency. Often, a rural faith leader would refer to professionals or to an agency that he or she trusted even though that required the client to travel some distance to an urban area. This might be in spite of available local services if the faith leader had no personal knowledge of services or no relationship built with the local professionals.

The implications for practice indicate that mental health professionals must find ways to personally contact and develop trust through ongoing professional relationships with faith

leaders in their community. Attendance at ministerial conferences and interfaith gathering would be one means of building confidence. Professionals should consider offering seminars on mental health and social problems that specifically target faith leader participation. Follow-up and interdisciplinary cooperation when a faith leader has made a referral is also critical in building confidence. The core of cooperation between faith leaders and these professionals is an exchange of knowledge and mutual trust. As these are developed, they should result in greater efficiency and better services for those in need.

Conclusion

The research on faith leaders' views on specific issues often dealt with in counseling situations showed that there is unity of thought about some subjects but a wide variance of beliefs which range from liberal to conservative on other issues. Professionals must recognize that there will be differences in faith leaders' theological points of view that require the professional to learn about that faith group's view on specific topics. There is great diversity of belief, which must be understood and respected when working with faith leaders and members of their group.

Faith leaders indicated a certain frustration with what they felt were stereotyped perceptions by mental health and social service professionals of faith leaders and spirituality. They demonstrated current knowledge concerning areas such as the biological factors contributing to depression and use of anti-depressants. They also showed a "no tolerance" attitude toward abuse and domestic violence. However, they are aware that many professionals assume that they would discourage the use of medications by making depression a faith issue and feel that many of them would counsel women to submit to an abusive husband. Mental health

professionals need to review their personal stereotypes concerning faith leaders and understand that increased knowledge has brought much change in these areas in recent years.

The faith leaders stated the desire that professionals respect beliefs and spirituality of clients, especially in counseling situations. They indicated concern that counselor bias and humanistic, liberal viewpoints would influence the counseling and intervention process. They also hoped that counselors would respect client moral values and the client's right to self-determination. Some felt it was important that the counselor demonstrate views similar to those of the client's faith in critical areas, but most faith leaders indicated that the counselor might have different moral values and beliefs if they respect their clients' spirituality.

The faith leaders also view themselves as specialists in areas such as grief and forgiveness. Faith leaders indicated their desire to work cooperatively with mental health and social service professionals. They desire a relationship of mutual respect and would expect that referrals should be made to them as well in an interdisciplinary team approach. Mental health professionals should reevaluate their approach to spirituality as an aspect of diversity and monitor their practice along ethical guidelines in the area of self-determination. They should openly address the concerns of faith leaders and clients in this area and appropriately refer to faith leaders when spiritual counsel might contribute to self-understanding and overall well-being. Professionals must view the person in a holistic manner and focus on the development of productive interdisciplinary relationships with faith leaders.

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