

# SOCIAL WORK & CHRISTIANITY

JOURNAL OF THE NORTH AMERICAN ASSOCIATION  
OF CHRISTIANS IN SOCIAL WORK

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A Christian Trans-Affirming Perspective on Changes to the Patient and Affordable Care Act

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Barriers to Exiting and Factors Contributing to the Cycle of Enter/Exit/Re-Entering Commercial Sex Work

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# SOCIAL WORK & CHRISTIANITY

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*Social Work & Christianity* (SWC) is a refereed journal published quarterly in March, June, September, and December by the North American Association of Christians in Social Work (NACSW) to support and encourage the growth of social workers in the ethical integration of Christian faith and professional practice. SWC welcomes articles, shorter contributions, book reviews, and letters which deal with issues related to the integration of faith and professional social work practice and other professional concerns which have relevance to Christianity.

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# A Christian Trans-Affirming Perspective on Changes to the Patient and Affordable Care Act: Theological and Practical Implications for Social Workers of Faith

*Veronica L. Timbers & Gaynor I. Yancey*

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*The definition of sex in Section 1557 of the Patient Protection and Affordable Care Act has been a topic of debate, resulting in changes to protections for transgender and gender diverse individuals. The authors invite Christian social workers to engage the intellectual side of policy development while attending to our professional and Biblical calls to care for clients who are negatively affected by policy changes. A brief discussion on gender definitions and an overview of the Christian, trans-affirming approach are included to demonstrate that there is more than one Christian perspective on gender. Current research on the experiences of transgender and gender diverse (TGD) individuals in healthcare offers important information for Christian social workers to reflect on regarding the equitable treatment of TGD individuals despite theologically different starting points. The paper will also assist the profession, at large, to understand the diversity of voices among faith-based social workers.*

**Keywords:** transgender, gender, policy, ethics

On August 18, 2020 a change to the language of Section 1557 of the 2016 Patient Protection and Affordable Care Act was implemented by executive order. The 2016 rule stated that a person could not be discriminated against “on the basis of sex” which was defined to include gender identity (Department of Health and Human Services [DHHS], 2020, p. 37161).

Gender identity was described as “an individual’s internal sense of gender, which may be male, female, neither, or a combination of male and female” (DHHS, 2020, p. 37161). The original interpretation allowed for explicit protections in healthcare for transgender and gender diverse (TGD) individuals and reflected the lived experiences and language preferences of this population. The change in August 2020 reinterpreted sex to be *biological sex* and excluded gender identity with the justification that *biological sex* is more clearly understood and less burdensome to the conscience of providers (DHHS, 2020). On January 20, 2021, the new administration issued an executive order reversing the August decision, stating that sex should be interpreted to include gender identity and sexual orientation (Biden, 2021). The new order pointed to the June 15, 2020 decision of the Supreme Court in *Bostock v. Clayton County* which ruled 6-3 that civil rights protections in Title VII included sexual orientation and gender identity (Legal Information Institute, 2020; Biden, 2021). The definition of sex and its application will continue to be a source of debate that will affect the civil rights of approximately 1.4 million transgender and gender non-binary adults in the US until there are formal legal protections in place (Flores et al., 2016). As such, TGD individuals remain vulnerable to losing safe and equitable access to healthcare. The Public Policy Research Institute (Jones et al., 2019) found evidence of a growing divide on policy related to the rights of TGD individuals, stating that “six in ten (62%) Americans say they have become more supportive toward transgender rights compared to their views five years ago,” but about 25% of Americans say “their views are more opposed compared to five years ago” (para. 1). These policy changes represents a larger disagreement in our culture about how gender is defined and who gets the power to define it, leaving the implications on the lives of TGD people mostly out of the conversation.

These changes are an example of how policy is heavily influenced by the way a population, need, program, or organization is defined. Definitions shape who is benefitted, who is harmed, who is forgotten, whose worldview is promoted, and whose is potentially omitted. Additionally, definitions are the starting point for debates about whether the policy is justifiable and equitable. These intellectual questions of rights, justice, and diversity are extremely important, but they often result in policymakers

and citizens distanced from the human effects of the policy, expending an undue amount of time in intellectualized conversations around conflicting philosophical and theological traditions. Since each person's philosophical and theological assumptions are very much constructed by their intersecting identities, cultural background, family system, personal experiences, and temperament, these assumptions are not quickly or easily changed by intellectual arguments. Consequently, while these debates continue (and should continue), it is important for social workers to give attention to the application of policy and to educate society about the implications for clients and communities. Social work is an *applied* science; therefore, the profession has to step into the philosophical and theological conceptualization of policy *and* promote equitable practices, even as the intellectual debates continue. The goal of this article is to demonstrate how social workers who identify as Christian can engage the intellectual side of policy development while also giving attention to our professional and Biblical call to be in human relationship, with each other and with our clients, for the well-being of all. Focusing on the changes to Section 1557 of the Patient Protection and Affordable Care Act, this paper will begin with a brief discussion on gender definitions and provide an overview of a Christian, trans-affirming approach to these definitions, bringing light to the fact that there is not one single Christian perspective on gender. It will then review current research on healthcare issues for the TGD individuals and conclude with suggestions for how social workers who identify as Christian can reflect on the ethical and equitable treatment of TGD individuals despite differences in intellectual starting points. This paper seeks to fill a gap in published and peer-reviewed dialogues about the diverse theological perspectives of gender. This article will allow social workers who identify as Christian to critically reflect on their own beliefs and practices specific to this topic while also assisting the profession, at large, to understand the diversity of voices among faith-based social workers.

### **Defining Gender**

It is often taken for granted that the Christian definition for *gender* is a traditional perspective which maintains a strict male and female binary that is determined by one's reproductive organs at birth. A 2017 Pew Research study suggests otherwise, finding that although 63% of Christians believe gender is determined at birth, about one-third of Christians (35%) hold a different perspective of gender (Smith, 2017). Looking at specific traditions, White evangelicals were most likely to support this traditional belief (84%), while 44% of mainline Protestants believe gender can be different from sex assigned at birth (Smith, 2017). This suggests that there is not just one Christian definition of gender; consequently, it is important for social

workers to consider a spectrum of religious perspectives on this topic in order to better understand clients and colleagues in the field.

The definition of gender commonly accepted by transgender communities, allies, and a growing number of medical professionals is that gender is one's internal sense of gender, which is influenced by a complex combination of biological characteristics. In social work, Austin et al. (2016), under the work of the Committee of Sexual Orientation and Gender Identity, define gender as "a combination of bodily characteristics including chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics" (p. 24). Many trans-affirming Christians find theological and Biblical supports for this definition of gender. While this paper cannot cover the full breadth of theological trans-affirming perspectives, a few positions will be summarized to exhibit some of the intellectual starting points of trans-affirming Christians.

### **Theological Starting Points**

The best place to begin the exploration of a Christian trans-affirming stance is from the creation story. The opening of Genesis and the creation of Adam and Eve is the scripture to which most scholars refer to defend a strict gender binary view; however, a closer look at the text and original language brings forth arguments for God's creative action to include transgender and gender diverse experiences. In one view, Tanis<sup>1</sup> (2003) notes that the creation story shows God setting into motion not only strict opposites, such as day and night, but also dawn and dusk, folding day into night. He goes on saying,

The tides make it difficult to see where the division of land ends and sea begins, because the earth continues on under the sea and the sea rises up to cover the shore. Distinguishing plant from animal, as is the case with coral, is not always easy. In the story of Genesis, even while God was creating apparent opposites, God also created liminal spaces in which the elements of creation overlap and merge (Tanis, 2003, p. 58).

Through these liminal spaces, it can be argued that God creates and blesses the overlapping or merging of the gender binary beyond the traditional constructs.

Yet another important perspective of the creation account is found in the text of Genesis 1:26 (*New Revised Standard Version* [NRSV]) in which God says, "let us make humankind in our image, according to our likeness."

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<sup>1</sup> Tanis (2003) uses language in this work and in the title of this work that was acceptable at the time it was published but is now considered outdated; however, the theological perspective remains helpful.

Early theologians equated being made in the image of God (*imago dei*) as humanity being given rationality or self-will after the characteristics of Godself. Some modern theologians assert that being made in the image of God relates to humanity mirroring God's nature which can be seen as either being beyond gender (Ramshaw, 1995; van Klinken & Phiri, 2015) or as unifying feminine and masculine aspects of gender (Aldredge-Clanton, 1990; Barton, 2009; Gross, 1999, Tanis, 2003). In the perspective that God's nature is beyond gender perspective, Ramshaw (1995) points to the creation story and the Israelites' experience of God in Deuteronomy to affirm that God has no form and cannot be confined to human analogies related to gender. Van Klinken and Phiri (2015) provide several African theological perspectives that move God beyond gender including the concept that God is love or that God is community (which aligns with a Trinitarian perspective). These views prioritize a human experience that is a reflection of God, who transcends gender.

Another argument points to the original Hebrew roots connected to the names Adam and Eve which mean *red ground/red dirt* and *life/living* (Ferguson, 1996; Hiebert, 1996) respectively. From a trans-affirming interpretation, Adam and Eve should not be seen as male and female characters plucked from the modern world and dropped into Eden but, instead, seen as a wide representation of how humanity began from one of the most basic elements of nature for a life of co-creating with God. Tanis (2003) asserts that humanity's role in co-creation has always included attention to human development allowing space to modify our minds and bodies to match our spirits and the on-going revelation of the Holy Spirit. This perspective provides support for transgender and gender diverse people to make social and physical modifications to best reflect their created selves based on co-creation with God.

In the view that God comprises both feminine and masculine aspects of gender, Aldridge-Clanton (1990) says that though God is often referred to as "God the Father," the image of God revealed through the whole canon refers to God equally with feminine and masculine metaphors and language. She notes that scripture begins with the image of God giving birth to the universe (Aldridge-Clanton, 1990). Moreover, within this act of birthing, God is referred to as Elohim, which Aldridge-Clanton (1990) says is a plural name that merges the names of a female and male Semitic god, *Eloah* (female) and *El* (male). Gross (1999) looks to Rabbinic traditions to assert that there is an ancient Jewish tradition that interpreted the Genesis 1:27 (NRSV) statement, "So God created humankind in his image, in the image of God he created them; *male and female he created them*" (italics added), to mean that humanity was created as androgynous. In both these accounts, the human essence is seen as whole when it embodies both feminine and masculine aspects of gender. This view not only affirms TGD identities

but prioritizes them, deconstructing the binary created by historical and cultural power structures.

Although this section provides only a brief review of modern theological perspectives, it is important to consider that some theologians and Christians are reading scripture with a perspective that allows for diversity of sexuality and gender experiences. It is important for Christian service providers to consider the theological and intellectual perspectives held by many transgender and gender diverse Christians and affirming Christian allies in order to provide competent services to these groups. It is also important for social workers who identify as Christian and are wrestling with their own beliefs on these topics to be referred to resources for their own study and critical self-reflection. Finally, despite agreement or disagreement with the views presented here, professional ethics requires that all social workers consider the implications of policies for their current and potential clients. The next section provides a brief overview of research on healthcare disparities experienced by TGD individuals before suggesting how Christian social workers can advocate for more equitable practices with this population even amid theological differences.

### **Current Healthcare Considerations for Transgender and Gender Diverse Clients**

In the 2015 U.S. National Transgender Survey, James et al. (2016) found that 62% of trans respondents who saw a healthcare provider in the last year had at least one positive experience with a healthcare provider. On the other hand, approximately one-third (33%) of the respondents reported at least one negative experience describing situations of “verbal harassment, refusal of treatment, or having to teach the health care provider about transgender people to receive appropriate care” (p. 93). Fear of these types of negative experiences also kept 23% of respondents from seeking medical care even when it was needed (James et al., 2016). Similarly, in mental health treatment, TGD individuals have reported concern, and even fear, about seeking treatment because of overt discrimination and implicit bias in counseling relationships (Goldberg et al., 2019; McCullough et al., 2017; Smith et al., 2012). This research, completed with subjects prior to the PPACA, is concerning because James et al (2016) found that forty percent (40%) of respondents to the 2015 U.S. Transgender Survey had attempted suicide at some point in their life compared to 4.6% in the U.S. population. In California, Herman and colleagues (2019) of the Williams Institute found that TGD individuals were six times more likely than their peers to attempt suicide. Healthcare protections are needed at various levels and entry points of treatment as a basic right for this population to thrive.

Additionally, a qualitative study that was first presented in 2015 prior to

the passing of the PPACA provides examples of discrimination transgender people experienced while accessing emergency room care (Samuels et al., 2018). Samuels and colleagues (2018) held four focus groups with 32 trans-identifying participants. The participants reflected on emergency room visits within the previous five years. Their responses were grouped into four themes: system structures, care competency, discrimination and trauma, and avoidance of emergency care (Samuels et al., 2018). System structures issues included breaches in privacy, described as public and repeated questioning about gender identity, potentially outing them to their community (Samuels et al., 2018). Care competency was described as providers not having knowledge and, at times, not even knowing the meaning of transgender (Samuels et al., 2018). The confusion of healthcare providers resulted in feelings of frustration and embarrassment as patients were asked unnecessary questions, and even had to define transgender identity to providers (Samuels et al., 2018). The theme of discrimination and trauma included misuse of name and pronouns, hearing their identity made fun of by staff in hallways and at workstations, and having unnecessary questions posed about the patient's physical transition that were not specific to the reasons the patient came for acute care (Samuels et al., 2018). Avoidance of emergency care related to worry about the above issues, as well as general concerns of wait times and cost, were noted. Preference for care, even acute care by TGD individuals, was to be seen by a primary care provider with whom a relationship of trust had been built. Other discriminatory experiences this population faces in healthcare settings included: refusal of standard medical treatment, such as routine Pap smears and mammograms for trans men, denial of providers and insurance companies to change the person's name and gender in the medical record, and denial of coverage for all or some of the gender affirmation hormone therapy or surgery (James et al., 2016).

The 2021 change in the interpretation of sex in Section 1557 of the 2016 Patient Protection and Affordable Care Act adds protections back that were rescinded in the August 2020 executive order. The 2020 order did not protect TGD individuals from overt discrimination and the on-going trauma experienced by transgender individuals noted above. As TGD people struggle for assurance of timely and safe access to routine prevention services, open-ended disease maintenance, and acute care, social workers must consider their professional commitment to advocate for the dignity and worth of all people (NASW, 2017). This ethical value asserts that clients are to be treated "in a caring and respectful fashion" with attention to diversity and client self-determination (NASW, 2017, 1.02). Social workers who identify as Christian can take up this ethic in advocacy, pairing it with the Biblical belief that all people are perfectly and wonderfully knit together by God (Psalm 139, NRSV). Despite starting points, the research

shows a need for special protections of basic rights and moral treatment in healthcare for TGD individuals.

In addition to making access to routine healthcare needs more difficult, the repeal of protections that were passed in August's final rule of Section 1557 threatened to impact access to gender-affirming hormones and surgeries for transgender and gender diverse people. WPATH, the World Professional Association for Transgender Health, asserts that medical research supports the use of medical interventions to reduce distress in individuals who experience gender dysphoria (clinically significant distress related to differences in gender identity and their sex assigned at birth) (Coleman et al., 2012). Though distress related to gender dysphoria is heavily influenced by current gender binary norms and not universally experienced by TGD people, access to gender-affirming medical support remains important. The Williams Institute found that access to gender-affirming medical care was associated with fewer symptoms of suicidality (Herman et al., 2019).

For social workers, it is important to consider how we care for the dignity and worth of clients, both when they arrive to our offices but also before. Social workers who identify as Christian and maintain a trans-affirming theological perspective can easily support expansive protections for both routine healthcare and gender-affirming interventions. Social workers who identify as Christian with a traditional view of gender should be able to support equitable and respectful access to care based on professional ethics and sacred respect for life. Through critical reflection, it is important for social workers who identify as Christian and hold a traditional view also consider if their personal definition of gender should dictate macro level restrictions of access to gender-affirming medical interventions for those who do not hold their same beliefs. Making sure trans people have access to tools that will help them thrive means ensuring basic protections of life. Additionally, access to basic protections will build a culture in which TGD people feel safe enough to reflect God in ways specific to their lived experiences, perhaps expanding our understanding of God, despite our starting points.

### **Conclusion and Implications**

Theological differences in starting points often influence who advocates for or against various policy stances. As noted in the introduction, these starting points are often so rooted in our personal experiences and worldview that they do not often change quickly, easily, or, even, at all; yet, a great deal of damage can be done by continuing to focus only on the intellectual debate at the cost of time and energy desperately needed for justice at the client and community level. Thus, how should social

workers, with differences in their Christian definition of gender, address the various interpretations of sex in Section 1557 of Patient Protection and Affordable Care Act?

Social workers who identify as Christian can take comfort in God's assurance that there is permission to wrestle with God and with their own theological assumptions. The Bible gives examples of such wrestling. Jacob wrestles with God to bless him even amid Jacob's complicated history of deceit of family and honor of God. David wrestles with himself and God; first over his role in challenging the standing King Solomon and then over his own sin with Bathsheba. Jesus wrestles with God in the Garden of Gethsemane asking for wisdom as he nears his crucifixion. Paul and Peter wrestle with social norms and seek wisdom from God's law *and* God's nature to address acts of injustice and exclusion in their day. As a result, Peter loosens his grip on his long-held Jewish tradition around food laws that separated Greek and Jewish people. Paul urges Philemon to accept Onesimus, a former slave, as his brother, rejecting the common social beliefs of the day about who qualified for dignity, protection, and inclusion in family and community relationship. Jesus called people to love God with all their heart, soul, strength, and mind (Luke 10:27; Matt 23:37; Mark 12:30). This call to love God with all of one's psyche allows Christians to wrestle with, and hold tension between, their faith, their experiences, their social learning, and the liminal spaces of life where there are differences of starting points.

Considering our professional ethics, the call for integrity and service requires that all social workers scrutinize their own starting points in order to grow in professional development, reduce explicit and implicit bias, and "elevate service to others above self-interest" (National Association of Social Work [NASW], 2017, 1.01). In relation to social and political action, the *Code of Ethics* states that, "Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully" (NASW, 2017, 6.04). These ethical principles provide important directives about how social workers are to engage in the construction of knowledge through intellectual dialogue and research while giving primacy to just and equitable application at the community level.

These conversations are difficult and inevitably raise defenses; however, it is important to acknowledge the breadth and depth of Christian thinking on gender identity. As professionals and colleagues, Christians have models available to them for listening, learning, and discerning together even when our starting and end points might be different. While the definition of gender will continue to be debated among Christians, there are real-life considerations to policy affecting the TGD community.

Specifically, regarding healthcare and the changes to Section 1557 of the Patient and Affordable Care Act, Christians must understand the impact of such policies on the length and quality of life for transgender and gender diverse people. For all social workers, religious or not, one's stance on any policy must be critically conscious of the repercussions there are for clients and communities. Social workers have committed to serve all clients professionally and equally; therefore, it is important to take internal inventory of one's biases and assumptions to best assert or bracket out personal convictions from policy formation and implementation. This perspective embraces the applied nature of the profession and may help social workers who are Christian bridge political and social debates in the profession and in their faith communities. ❖

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# Ministers' Perceptions of Mental Health Services in Faith-Based Communities

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*The purpose of this study was to explore faith-based leaders' perceptions regarding provision of mental health services among their congregants and within the African American community. Previous research suggests that formal mental health services are less utilized by African Americans, however church leaders have historically provided congregants with informalized faith-based mental health services (Allen, Davey & Davey, 2010). An analysis of de-identified data on a sample of 246 African American ministry leaders was conducted. Findings suggested that most congregant leaders were able to recognize when individuals desired or were in need of a higher level of mental health services, rather than the usual services they are typically offered through prayer and counseling. A lower percentage of faith-based leaders had knowledge of mental health disorders and wanted to collaborate with others to increase health and wellness amongst congregants. The findings also suggest that faith-based pastors and leaders are more inclined to refer congregants to mental health professionals when the presenting crisis is beyond their scope of expertise and education.*

**Keywords:** ministers, clergy, mental health, African Americans

**T**HE PURPOSE OF THIS STUDY WAS TO EXPLORE FAITH-BASED leaders' perceptions regarding provision of mental health services among their congregants and within the African American community. Previous research suggests that formal mental health services are less utilized by African Americans, however church leaders have

historically provided congregants with informalized faith-based mental health services (Allen, Davey & Davey, 2010). An analysis of de-identified data on a sample of 246 African American ministry leaders was conducted. Findings suggested that most congregant leaders were able to recognize when individuals desired or were in need of a higher level of mental health services, rather than the usual services they are typically offered through prayer and counseling. A lower percentage of faith-based leaders had knowledge of mental health disorders and wanted to collaborate with others to increase health and wellness amongst congregants. The findings also suggest that faith-based pastors and leaders are more inclined to refer congregants to mental health professionals when the presenting crisis is beyond their scope of expertise and education.

Minister's perceptions regarding mental health concerns in the African American community are dependent on educational background, knowledge, experience, and available community resources. This research sought to examine clergy and congregant leaders' perceptions and attitudes regarding mental health services and emotional well-being in African American faith-based communities. As professionals who embrace a multicultural perspective in social work, religion and spirituality arguably stand out as cultural and personal factors that are a salient part of framing one's experiences, beliefs, values, and behavior (Rose, Westefeld, & Ansley, 2001). Despite the growing understanding of the importance of spirituality and religion, most mental health providers have little training in religious and spiritual issues (Loboprabhu & Lomax, 2010). Historically, African Americans have turned to their faith-based leaders and the church to address social injustice, economic hardships, health disparities, and life's complexities (Bent-Goodley & Fowler, 2006). This often includes seeking guidance and intervention from their pastors or ministry leaders before exploring mental health services (Wang, Horne, Levitt & Klesges, 2009). For example, many churches have established counseling centers, which attempt to integrate theology and mental health services; however, faith-based leadership has often lacked formal education and relied heavily on traditional beliefs, biblical teachings, and scriptures. Therefore, faith-based organizations often excluded collaborating with mental health professionals due to lack of knowledge and understanding.

According to the U.S. Health and Human Services Office of Minority Health (2016), African Americans are more likely to display feelings of hopelessness, devaluation, and inadequacy when compared to their white counterparts. Findings indicated that only 34% of African Americans were likely to take an antidepressant if prescribed by a physician (National Institute on Mental Health, 2011). Historically, African Americans have had feelings of distrust and lack of faith towards mental health professionals. Faith-based leaders can change the culture within the African American

community by engaging and collaborating with secular mental health service providers to increase quality services and debunk the stigma of mental illness.

### **Literature Review**

Mental illness and behavioral health issues have a substantial impact on individuals, families, and communities, but societal views, misconceptions, fears, and stigmas are barriers to receiving support and services (Hays & Aranda, 2015). According to the Center for Behavioral Health Statistics and Quality (2015), within the past year, approximately 43 million American adults had a diagnosable mental health disorder. Based on data from 2010, health economists estimate that mental disorders cost approximately \$2.5 trillion globally and are projected to increase to \$6 trillion by 2030 (Bloom et al., 2011). Half of all mental illnesses occur by the age of 14, and early childhood exposure to trauma is likely to increase a gamut of mental health concerns during adolescence and early adulthood (Kessler, Berglund, Demier, Jin, Merikangas, & Walters, 2005).

African Americans are at a greater risk for experiencing mental illness than their white counterparts. Also, they are less likely to seek services due to cultural barriers, stigmas, and discrimination (Hays & Aranda, 2015). There are numerous mental health providers and resources located within communities of color to provide support and treatment for individuals who have mental health issues. Although faith-based leaders typically provide biblical rather than evidence-based counseling, many are hesitant to refer their congregants to secular mental health providers due to concerns regarding diversity and cultural awareness regarding the African American community (Dempsey, Butler & Gaither, 2016). Also, faith-based leaders may be reluctant to refer congregants to seek mental health services outside the church due to their own experiences of racial discrimination (Bilkins, Allen, Davey, & Davey, 2016). According to the Pew Research Center (2009), "African Americans are markedly more religious on a variety of measures than the U.S. population as a whole, including level of affiliation with a religion, attendance at religious services, frequency of prayer and religion's importance in life" (para 1). Therefore, when attempting to address the mental health needs of African Americans, faith-based organizations are preferred to service their congregants as well as the needs within the community (Chatters, Taylor, Toler-Woodward & Nicklett, 2015; Hays, 2015; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). With the increasing disparities in mental health services among African Americans, community collaborations between faith-based organizations and secular resources are critical in creating a safe space to address mental health issues (Hays, 2015).

Matthews, Corrigan, Smith and Aranda (2006) conducted seven focus groups to examine cultural barriers such as attitudes, stigma, and behaviors among 70 participants. Study findings revealed that to increase access to mental health services, it is important to reduce the stigma surrounding seeking mental health treatment. Mattis (2002) conducted a focus group of 13 participants to explore which factors contributed to churchgoers seeking ministerial support. The findings suggest that faith-based organizations, particularly leaders, influence how congregants address mental health issues. Taylor et al. (2000) extrapolated findings from a national survey of American life between 2001 and 2003 to reveal similar results. These results indicated that African Americans seek out informal ministerial support to deal with life problems. Other studies examined interventions for trauma-related symptoms for severe mental illness and faith-based educational curriculum to address perceptions of attitudes and stigmas (Bowland, Edmond, & Fallot, 2012).

Overall, the literature highlights the need to understand more about perceptions of leaders in African American churches concerning mental health treatment and their role in increasing mental health literacy and access for their communities. Pastors can have an influence on whether or not their congregants seek mental health services (Mattis, 2002). Therefore, it is imperative to examine the perceptions of mental health services among these leaders. Church leaders can be active in developing an effective mental health service model that may create additional pathways of opportunity to address mental health and well-being, reduce negative attitudes and behaviors, and provide individuals the ability to maintain ultimate quality of life and productivity in today's ever-changing society.

### **Clergy Attitudes and Perceptions Concerning Mental Health**

Interestingly, Lafuze, Perkins, and Avirappattu (2002) conducted a study with a sample of 1,031 pastors and ministry leaders about the attitudes and perceptions concerning mental health. Although ethnicity was not reported in this study, findings revealed that clergy had some knowledge of mental illness as well as the importance of interventions, including medication. Stanford and Philpott (2011) conducted a study with older Baptist clergy examining the pathology of mental illness. Although 90% of the study's sample was White, findings revealed that congregant leaders did not take into account religious or social factors contributing to mental illness. Lastly, Bledsoe et al. (2013) conducted a mixed methods study of 74 participants who completed surveys and semi-structured interviews to understand what services are offered to church congregants and their perceptions of mental illness. Caucasians made up 81% of the sample. This study revealed that church leaders provide services to congregants who

experience mental health issues; however, they would like to obtain more education and training to effectively respond to their congregant needs. Based on these findings, much research is needed to understand African American pastors' and church leaders' attitudes and perceptions concerning mental health within their congregations and communities of color.

Because pastors and ministry leaders are often held in high regard among their congregants and within the community, it is critical to gain perspective on their intentions, attitudes, and observations concerning mental health. Bilkins, et. al. (2016) studied 112 Black faith-based leaders concerning their attitudes about referring congregants to seek mental health services outside the church. The findings also revealed faith-based leaders were more prone to using internal resources within the church as opposed to using formalized services.

## **Method**

### **Design**

This study is a presentation of baseline descriptive statistics of program evaluation data. The program being evaluated was the African American Faith-Based Mental Health Education and Awareness Initiative. Data for these analyses were part of a de-identified administrative program evaluation dataset collected in the Spring of 2015 by the program grantee. Survey items were adapted from Leigh Blalock and Rachel E. Dew, "A Pilot Survey of Clergy Regarding Mental Health Care for Children" (2012). This survey was created by Blalock and Dew without scale validation. Duke University's pre-survey for leadership scale and the attitudes toward seeking professional psychological help scale (adapted from Blalock and Dew's Survey of Clergy Regarding Mental Health Care) (2012) were used to collect the baseline data. The survey was administered by the grantee during a national conference for pastors and lay leaders; however, the majority of the sample resided in the south-central region of the United States in Texas. Pastors were asked to complete the survey during the national leadership conference by representatives of one of the participating churches. Participants completed the survey while visiting an information booth at the conference. This study did not require an Institutional Review Board (IRB) protocol as this analysis was part of the grantee's overall internal program evaluation.

### **Sample**

This sample consisted of 246 participants, 65 males and 181 females, with 73% being 50 years and older. African Americans made up 95% of the group. Over half of the sample (61.3%) has a bachelor's, master's, or doctoral degree. See Table 1 for the demographic makeup of the sample.

**Table 1: Demographic Characteristics**

	<b>N</b>	<b>%</b>
<b>Gender</b>		
Female	181	73.6%
Male	65	26.4%
<b>Ethnicity</b>		
Black	232	94.3%
White	5	2.0%
Hispanic	2	.8%
<b>Age Group</b>		
26-29	2	.8%
30-39	10	4.1%
40-49	50	20.6%
50-59	99	40.7%
60 and older	82	33.7%
<b>Education Status</b>		
High School	14	5.7%
Vocation/Technical School	11	4.5%
Some College	69	28.0%
Associate Degree	34	13.8%
Bachelor's Degree	76	30.9%
Master's Degree	35	14.2%
Doctorate Degree	6	2.4%

Note. Not all sum to 100% due to some missing data.

## Measures

As mentioned above, baseline descriptive statistics of program evaluation data were done on a de-identified administrative dataset recording survey data collected during a regular national ministerial conference. Although Blalock and Dews' (2012) Likert-scale survey was intended to "improve understanding of views of mental health care for children among clergy in the Southern United States" (p. 2), we adapted the survey by removing "children" from the title and adding questions related to gender, ethnicity, age, and education status. This survey was created by Blalock and Dew without scale validation and can be found in the appendix section.

Gender was coded as a dichotomous variable: male = 1 and female = 2; and ethnicity, age, and education status were coded as nominal variables: Black/African American = 1, White/Caucasian = 2, Hispanic = 3, Asian/Pacific Islander = 4, Other = 5; 18-25 = 1, 26-29 = 2, 30-39 = 3, 40-49 = 4, 50-59

= 5, 60 or older = 6; and grammar school = 1, high school or equivalent = 2, vocation/technical school = 3, some college = 4, associate degree = 5, bachelor's degree = 6, master's degree = 7, doctoral degree = 8.

The survey included questions related to: “perceptions of the need for mental health services among members; perceptions that clergy can influence their members with regard to seeking mental health care; to what degree clergy support the referral of members to mental health services; clergy perceptions of their own knowledge base regarding child mental health; opinions regarding collaboration; and barriers to collaboration with mental health professionals” (Blalock & Dew, 2012, p. 2). The response options were 1) strongly agree, 2) agree, 3) disagree, 4) strongly disagree.

**Results**

Based on our findings, 100 percent (n=244) of pastors and clergy agree that there is a need for mental health services for members in their congregation. Also, 52.24% (n=128) disagree that they would prefer to counsel their members rather than refer them to a mental health professional. Additionally, the majority, 94.72% (n=233) agreed that they would refer a person to a psychiatrist if needed. See Table 2.

**Table 2: Perceptions of Need of Mental Health Services in Their Congregation**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
There is need for mental health (MH) services for members in my congregation.	(24.18) 59	(75.82) 185	(0.0) 0	(0.0) 0
I would prefer to counsel my members rather than refer them to MH professionals.	(17.55) 43	(30.20) 74	(41.22) 101	(11.02) 27
I would refer a person to a psychiatrist if I felt he/she needed it.	(61.79) 152	(32.93) 81	(4.07) 10	(1.22) 3

Note. Not all sum to 100% due to some missing data.

More than three fourths (81.0%, n=197) agree that they have influence on whether their church members seek mental health services and nearly 94% (93.83%, n=228) agree to supporting psychiatric medication if recommended by a medical doctor. Nearly 99% (98.78%, n=242) of all pastors and clergy strongly support their members seeking talk therapy and family therapy (98.77%, n=241) from mental health professionals. Lastly, almost 60% agreed (58.44%, n=142) that their members seek their counsel before obtaining treatment elsewhere. See Table 3.

**Table 3: Perceptions of Influence**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
I have a lot of influence on whether my members seek MH services	(25.10) 61	(55.97) 136	(16.05) 39	(2.88) 7
I support treatment with psychiatric medication if recommended by an MD	(48.15) 117	(45.68) 111	(5.35) 13	(.82) 2
I support a member seeking "talk therapy" from an MH professional	(60.00) 147	(38.78) 95	(.82) 2	(.41) 1
I support a member seeking family therapy or counseling	(72.95) 178	(25.82) 63	(1.23) 3	(0.0) 0
My members ask me before they seek MH treatment elsewhere.	(12.76) 31	(45.68) 111	(35.39) 86	(6.17) 15

Note: Not all sum to 100% due to some missing data.

Approximately 73% (n=174) of all pastors and clergy feel knowledgeable of mental health disorders and 79.58% (n=191) feel confident in their ability to know if someone needs mental health services. Almost 90 percent (87.60%, n=212) know where to refer someone for mental health services. More than three-fourths of clergy and pastors indicate they know about ADHD (95.5%, n=192); depression (89.57%, n=206); bipolar disorder

(81.48%, n=193); schizophrenia (77.12%, n=182); substance abuse (88.33%, n=212), and PTSD (72.37%, n=165). See Table 4.

**Table 4: Perception of Knowledge Base**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
I feel knowledgeable about MH disorders	(18.41) 44	(54.39) 130	(25.94) 62	(.42) 3
I feel confident in my ability to know if a person needs MH services	(20) 48	(59.58) 143	(18.75) 45	(1.67) 4
I know where to refer someone if he/she needs MH services	(35.95) 87	(51.65) 125	(11.98) 29	(.41) 1
<b>I know about:</b>				
ADHD	(29.21) 59	(65.84) 133	(19.31) 39	(.50) 1
Depression	(30.00) 69	(59.57) 137	(10) 23	(.43) 1
Bipolar Disorder	(29.24) 69	(52.24) 124	(16.95) 40	(1.27) 3
Schizophrenia	(27.12) 64	(50) 118	(22.46) 53	(.42) 1
Substance abuse	(29.58) 71	(58.75) 141	(11.67) 28	(0.0) 0
PTSD	(24.12) 55	(48.25) 110	(25.88) 59	(1.75) 4

Note: Not all sum to 100% due to some missing data.

Over half of pastors and clergy value collaborative relationships with mental health professionals (53.50%, n=235). Almost 90 percent (88.94%, n=209) agree that mental health professionals value their role as a spiritual leader, and 97 % (n=228) prefer to refer their members to a counselor who is sensitive to spiritual needs. Also, 93.25% (n=221) would like to educate mental health professionals on the unique spiritual beliefs, values, and needs of their members. Lastly, 86.44% (n=204) have had good experiences with mental health professionals and 21.03% (n=49) have had bad experiences with mental health professionals. See Table 5.

**Table 5: Perception of collaboration with mental health professionals**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
It is valuable to collaborate with MH professionals	(20.99) 156	(2532.51) 79	(2.06) 5	(1.23) 3
MH professionals value my role as a spiritual leader in caring for individuals with mental health needs	(41.28) 97	(47.66) 112	(10.63) 25	(.43) 1
I prefer to send my members to a counselor who is sensitive to spiritual needs	(65.11) 153	(31.91) 75	(2.98) 7	(0.0) 0
I would like to educate MH professionals on the unique spiritual beliefs, values, and needs of my members	(51.90) 123	(41.35) 98	(6.75) 16	(0.0) 0
I have had a good experience with MH professionals	(36.44) 86	(50.00) 118	(12.29) 29	(1.27) 3
I have had a bad experience with MH professionals	(7.73) 18	(13.30) 31	(58.80) 137	(20.17) 47

Note: Not all sum to 100% due to some missing data.

More than half 83.06% (n=196) of pastors and clergy acknowledge that their community encounters barriers to adequate mental health services. Most identified the following as barriers: no insurance (91.88%, n=215); lack of mental health professional in the community (79.91%, n=187); unclear of where to refer those in need (66.81%, n=159); unclear how to determine if a person needs MH services (60.25%, n=144); mental health professional does not understand the spiritual needs of people (55.27%, n=131); and 57.1% (n=116) disagreed that their members do not want to see MH professionals. See Table 6.

**Table 6: Perception of Barriers**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
There are many barriers for those who need adequate mental health services in my community	(35.60) 84	(47.46) 112	(16.10) 38	(.85) 2
<b>The following are large barriers:</b>				
No insurance	(50.43) 118	(41.45) 97	(7.26) 17	(.85) 2
Not enough MH professionals in my community	(40.17) 94	(39.74) 93	(40.60) 95	(.85) 2
Unclear where to refer those in need	(28.99) 69	(37.82) 90	(30.67) 73	(2.52) 6
Unclear how to determine if a person needs MH services	(22.59) 54	(37.66) 90	(37.66) 90	(2.09) 5
MH professional does not understand the spiritual needs of people	(17.72) 42	(37.55) 89	(40.08) 95	(4.64) 11
My members do not want to see MH professionals	(9.36) 19	(33.50) 68	(52.17) 106	(4.93) 10

Note. Not all sum to 100% due to some missing data.

In terms of resources, 56.71% (n=131) disagreed that there were plenty of wellness programs, however 55.17% (n=128) agreed there were a sufficient number of support groups in their religious institutions. Almost three-fourths agreed that there are adequate services for counseling onsite (74.67%, n=168). The majority of respondents (95.51%, n=213) had a nurse coordinator on site and expressed the desire to collaborate with others to increase wellness and support programs (98.24%, n=224). Also, 96.95%, (n=222) would like to collaborate with others to increase the youth group's programs. See Table 7.

**Table 7: Resources at Religious Institutions**

	<b>Strongly Agree (%) n</b>	<b>Agree (%) n</b>	<b>Disagree (%) n</b>	<b>Strongly Disagree (%) n</b>
We have enough health and wellness programs at my institution	(11.26) 26	(32.03) 74	(50.65) 117	(6.06) 14
We have plenty of support groups	(13.36) 31	(41.81) 97	(41.81) 97	(3.02) 7
We have adequate services for counseling on site	(24) 54	(50.67) 114	(23.11) 52	(2.22) 5
We have a nurse or health coordinator on site	(41.70) 93	(53.81) 120	(4.04) 9	(.49) 1
I want to collaborate with others to increase the health and wellness program	(52.40) 120	(46.29) 106	(.87) 2	(.44) 1
I want to collaborate with others to increase the health and wellness support program	(54.82) 125	(43.42) 99	(1.32) 3	(.44) 1
I want to collaborate with others to increase the youth group's programs	(54.59) 125	(42.36) 97	(2.62) 6	(.44) 1

Note. Not all sum to 100% due to some missing data.

## Discussion

Although previous literature supports the notion of there being a chasm between pastoral leaders and secular providers of mental health services, our findings revealed the opposite. Typically, faith-based leaders are hesitant to refer their congregants to secular mental health providers (Dempsey, Butler & Gaither, 2016); however, more than half of our sample preferred to refer their congregants to mental health professionals rather counsel their own members. Also, the literature indicates that faith-based leaders may be reluctant to refer congregants to seek mental health services outside the church due to their own experiences of racial discrimination (Bilkins, Allen, Davey, & Davey, 2016). However, 86.44% of our sample revealed that they have had good experiences with mental health professionals.

While the majority of clergy and leaders in this African American sample believed that they had sufficient counseling services on-site in their churches, they were aware of barriers to behavioral health care access in

the external community. This finding is consistent with literature on the African American faith community's historical emphasis on self-sufficiency in recognition of their members' disparate access to mainstream social institutions due to institutional racism (Chatters, Taylor, Toler-Woodward & Nicklett, 2015; Taylor, Ellison, Chatters, Levin, & Lincoln, 2000). Similarly, clergy expected both to provide counseling to congregants and to refer them to mental health specialists for therapy and to prescribers for psychotropic medication, but cited lack of providers in the community and difficulty in locating referral points. Lack of community resources is likely to reinforce the perception of both clergy and congregants that their greatest (or only) access to behavioral health services is within their own church (Hays & Aranda, 2015).

The sampled clergy reported high mental health literacy across a range of mental disorders, but perceived difficulty in determining if a congregant needed to be referred to a mental health provider. An implication for practice may be to train leadership in evidence-based screening instruments, followed by systematic implementation of universal behavioral health screening by the on-site nurse (Hoge, Morris, Laraia, Pomerantz, & Farley, 2014). This model could be helpful to leadership by providing clearer indicators of health status and thresholds for referral. Adoption of an integrated behavioral health approach with the clergy, church nurse, and church counseling center acting as the triage team could also prove useful in addressing the referral decision-making.

### **Limitations and Conclusions**

The administrative data set used in this study as part of an internal program evaluation consisted of a convenience sample that was surveyed anonymously at a ministerial conference. The scale that was used to collect the data is not validated. Therefore, the study is limited in rigor by an imprecise response rate and sampling frame. Additionally, the sample consisted of 73.6% female and 26.4% male ministers, while nationally, men typically make up the majority of the samples. (Hartford Institute, n.d.). Further, future studies might investigate whether there are differences in ministers' perceptions of mental health based on gender. The preponderance of female ministers over males in this sample may make the results more evidentiary of how African American female ministers relate to the matter of mental health in their congregations. The blend of partnering agencies for this study demonstrates the value of collaboration between social work researchers, community agencies, and faith-based organizations. For example, the authors of the study are all Christians. One works in the counseling center of an African American mega church and the others are university-based social work scholars. Their partnership made it possible

to carry out this research. While faith-based establishments have long been active in providing services to their constituents and the communities in which they are located, research on effective ways to partner with and enhance the services they provide is very limited. Better understanding of church leadership perceptions in this area will fill a gap in the research literature and provide outcomes that will go towards developing an effective model that may create additional pathways of opportunity for faith-based organizations, community groups and university partnerships. Leaders in faith-based communities serve as gatekeepers and can continue to make important inroads that lead to better transmission of information, education, access to services and reducing stigma associated with mental health. ❖

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**APPENDIX****Pre-Survey for Leadership****Adapted from Blalock and Dew's Survey of Clergy Regarding Mental Health Care****Duke University Department of Psychiatry and Behavioral Sciences (open access instrument)**

*Please circle the letter indicating your response.*

**1. What is your gender?**

- a. male
- b. female

**2. What is your age?**

- a. 18-25
- b. 26-29
- c. 30-39
- d. 40-49
- e. 50-59
- f. 60 or Older

**3) How do you classify yourself?**

- a. Black/African American
- b. White/ Caucasian
- c. Hispanic/Latino
- d. Asian/ Pacific Islander
- e. Other (please specify):\_\_\_\_\_.

**4) What is the highest level of education that you have completed?**

- a. Grammar School
- b. High School or Equivalent
- c. Vocation/ Technical School
- d. Some College
- e. Associate Degree
- f. Bachelor's Degree
- g. Master's Degree
- h. Doctoral Degree

**5) Ministries in which you serve at your church (please list):**

I.	<b>Perceptions of need of mental health services in their congregation</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
6	There is need for mental health (MH) services for members in my congregation.				
7	I would prefer to counsel my members rather than refer them to MH professionals.				
8	I would refer a person to a psychiatrist if I felt he/she needed it.				
II.	<b>Perceptions of influence</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
9	I have a lot of influence on whether my members seek MH services				
10	I support treatment with psychiatric medication if recommended by an MD				
11	I support a member seeking "talk therapy" from an MH professional				
12	I support a member seeking family therapy or counseling				
13	My members ask me before they seek MH treatment elsewhere.				
III.	<b>Perception of knowledge base</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
14	I feel knowledgeable about MH disorders				
15	I feel confident in my ability to know if a person needs MH services				
16	I know where to refer someone if he/she needs MH services				
	I know about:				
17	ADHD				
18	Depression				
19	Bipolar				
20	Schizophrenia				
21	Substance abuse				
22	PTSD				
23	I would like to know more about the above disorders				
IV.	<b>Perception of collaboration with MH professionals</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
24	It is valuable to collaborate with MH professionals				

25	MH professionals value my role as a spiritual leader in caring for individuals with mental health needs				
26	I prefer to send my members to a counselor who is sensitive to spiritual needs				
27	I would like to educate MH professionals on the unique spiritual beliefs, values, and needs of my members				
28	I have had a good experience with MH professionals				
29	I have had a bad experience with MH professionals				
<b>V.</b>	<b>Perception of barriers</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
30	There are many barriers for those who need adequate mental health services in my community				
	The following are large barriers:				
31	No insurance				
32	Not enough MH professionals in my community				
33	Unclear where to refer those in need				
34	Unclear how to determine if a person needs MH services				
35	MH professional do not understand the spiritual needs of people				
36	My member do not want to see MH professionals				
<b>VI.</b>	<b>Resources at religious institutions</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
37	We have enough health and wellness programs at my institution				
38	We have plenty of support groups				
39	We have adequate services for counseling on site				
40	We have a nurse or health coordinator on site				
41	I want to collaborate with others to increase the health and wellness program				
42	I want to collaborate with others to increase the health and wellness support program				
43	I want to collaborate with others to increase the youth group's programs				

This survey is adapted from the Research Article, A Pilot Survey of Clergy Regarding Mental Health Care for Children - Leigh Blalock and Rachel E. Dew at Duke University of Psychiatry and Behavioral Sciences. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original citation.

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# BARRIERS TO EXITING AND FACTORS CONTRIBUTING TO THE CYCLE OF ENTER/EXIT/RE- ENTERING COMMERCIAL SEX WORK

*Ling Dinse, Karen Rice*

*Commercial sex work is a high-risk job. Individuals who desire to leave the sex industry find exiting complex and full of obstacles. This qualitative study identified barriers to making an exit and factors contributing to the cycle of enter/exit/re-enter that characterize commercial sex work. This study found barriers in the individual, social, relational, and structural domains. The study's results validated the use of the polymorphous paradigm to comprehend the challenges of exit and factors that reinforce the industry's cycle of enter/exit/re-enter. Social workers may develop appropriate programs and services based on the expanded knowledge and insight from this study. A faith-based organization in the Central Pennsylvania area will be used to illustrate the application of the recommended changes. In addition, the results challenged the faith community's response to individuals engaged in the commercial sex industry.*

**Keywords:** commercial sex work, barriers, cycle, stigma, exiting commercial sex work, faith-based ministry

**T**HIS STUDY WAS CONDUCTED IN SUPPORT OF A FAITH-based organization in Central Pennsylvania with a ministry caring for women working in the area's sex industry. The ministry leaders observed many challenges to exiting the sex industry and a pattern of

enter/exit/reentering the industry. The lengthy and often repeated exiting process can be demoralizing and increase a sense of hopelessness among commercial sex workers who have a desire to leave the industry. In addition, Preble et al, (2016) noted a lack of empirical research on the development of successful exit strategies. The existing studies explaining barriers to exiting the commercial sex industry are mostly conducted outside of the United States (Cusick et al., 2011; Learmonth et al, 2015; Ouspenski, 2014; Ślęzak, 2015; and Steffan, Kavemann, Netzelmann, & Helfferich, 2015). This research focuses on understanding the barriers or challenges facing U.S. sex workers who have a desire to exit the industry and it aims to develop effective strategies to support individuals exiting the sex industry.

### Exiting the Commercial Sex Industry

A commercial sex worker's reasons for exiting the sex industry vary. Rationale for exiting can include factors such as financial constraint, homelessness, health issues, custody of children, incarceration, burnout, pursuing sobriety, and the risks of sex work (Benoit & Millar, 2001; Dalla, 2000; Dank, et al., 2014). Steffan and colleagues (2015) listed various push and pull factors that contributed to an individual's decision to exit (see Table 1). Push factors are negative elements in an individual's life that lead to the decision to exit the industry. Pull factors are positive elements that encourage the decision to exit. These factors are not mutually exclusive, and an individual may experience several push and pull factors at the same time. For example, a burned-out sex worker (push) became a new parent (pull), was tired of the low wage of sex work (push) and wanted to start a new career (pull) to better provide for the child. Push and pull factors create a reciprocal causation effect that can influence an individual's decision to remain or exit the industry as illustrated in Figure 1 (Bandura, 1989).

**Table 1. Push and Pull Factors of Exiting the Sex Industry**

PUSH	PULL
*Traumatic events: trauma, violence	*Goals reached
*Mental health (e.g. depression)	*Desire to develop a new identity
*Burnout and exhaustion	*Traumatic events → resolve to leave
*Poor working conditions	*Positive life events (e.g. birth of a child)
*Low wage/debt	*a new career path
*Effects from *stigmatization (i.e. shame/guilt)	supportive services → a positive outlook
*Confused roles/identities	*spiritual healing (Dalla, 2000)
*Court mandated intervention (Dalla, 2000)	

Note. Adapted from Steffan, E., Kavemann, B., Netzelmann, T., and Helfferich, C. (2015).

Support for leaving prostitution: Final report from the study of the federal model project. Abridged Version. Berlin, Germany: Federal Ministry of Family Affairs, Senior Citizen, Women and Youth (p. 29).

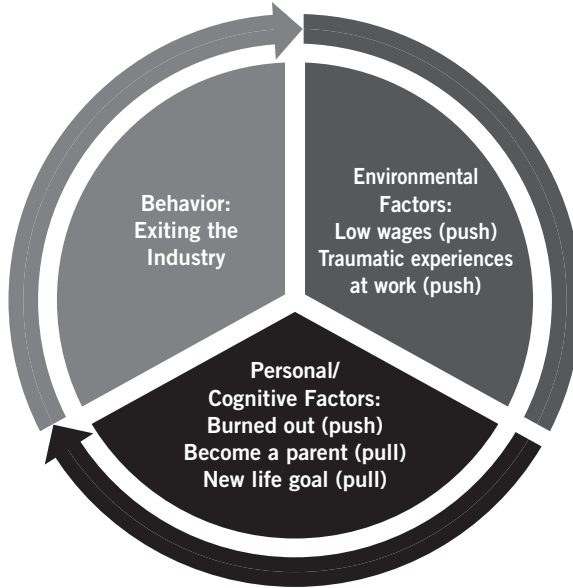


Figure 1: An example of push (negative) and pull (positive) factors creating a reciprocal causation effect that has an impact on an individual's decision to exit.

### Common Barriers to Exiting

Sex work is a controversial topic, and there are generally two opposing views in exploring the subject of sex work: oppression vs. empowerment. The oppression paradigm considers sex work an affront to women, since sex work is traditionally a gendered occupation where the sex workers are predominately women and the consumers mostly men (Sagar et al., 2016). The empowerment paradigm suggests that individuals with lower levels of educational attainment and limited employable skills chose the sex industry as an option for employment (McCarthy et al., 2014). Weitzer (2012) proposed the use of a polymorphous paradigm in addressing the complexity of entering and exiting the commercial sex industry. Polymorphism considers various factors that influence an individual's life course and takes into account factors from both the oppressive and empowerment paradigms.

A review of the literature on barriers to exiting the commercial sex industry validates the use of the polymorphous paradigm as it allows for the exploration of the various influencers in an individual's life (Weitzer, 2012).

A wide range of barriers from childhood history to lack of affordable housing is cited (Bindel, et al., Brown, Easton, Matthews, & Reynolds, 2012). An individual's process and reasoning for exiting the sex industry is complex. Adopting a multifaceted approach that considers structural, situational, relational, and individual factors is critical in exploring the phenomenon of exiting the industry. Månsson and Hedin (1999) addressed structural (e.g., work, education, housing, welfare benefits), situational (e.g., life-threatening situations, life changing events), relational (e.g., support networks), and individual factors (e.g., personalities, personal goals, coping strategies) in leaving the sex industry in Sweden. These various domains can pose challenges to the exiting process. Using Månsson and Hedin's (1999) model and adaptation from Baker, et al.'s (2010) research, Table 2 illustrates a list of barriers commonly encountered by exiting sex workers.

**Table 2. Common Barriers Encountered by Exiting Sex Workers**

Individual	Relational	Situational	Structural
substance abuse	social isolation	traumatic experiences	lack of knowledge of services
mental health issues	strained family relationships	injury from violence	employment
adverse childhood	lack of a supportive network	Child-birth	housing/homelessness
shame/ guilt	Relationships within the sex industry		education
physical health issues	drug dealers		chronic poverty
	pimps		criminal record
			nadequate services
			discrimination/stigma

Note. Adapted from Baker, L., Dalla, R. and Williamson, C. (2010). Exiting prostitution: An integrated model. *Violence Against Women*, 16(5), 579-600.

## Method

### Design and Sampling

A qualitative study interviewing 10 participants who have attempted the exiting process or have exited the indoor sex industry in the United States was employed to explore the barriers to exiting the commercial sex industry. A faith-based organization in the Central Pennsylvania area serving exiting and exited individuals gave the principal researcher permission to recruit prospective subjects. The name of the organization has been withheld to protect the anonymity of the participants in the program. Permission to conduct the study was granted by the university's Institutional Review

Board. All participants were assigned a pseudonym throughout the research process to remove identifiable information and to protect the participants' confidentiality. A \$10 gift card from a local convenience store was given to participants as remuneration for the time of participation. The service providers explained the purpose of the research to potential participants at the agency. Initial participants were recruited from the agency using the convenience sampling method. The snowball sampling method was used to recruit additional participants based on referrals from the initial group until the optimal number of 10 participants was reached.

### **Data Collection**

A one-time 45-60 minute face-to-face individual interview was conducted on a mutually agreeable date after the participants had an opportunity to understand the nature of the study. The interviews were audio recorded in a private setting to maintain confidentiality and privacy. The recordings served to ensure accuracy during transcription and analysis. Audio recordings and hand-written notes were transcribed into a password code-protected file on the computer of the primary researcher.

### **Data Analysis**

The data collected were organized into computer files and given labels (e.g., interview #1). Three columns separated the data into "interview excerpts," "codes," and "memos." Leech and Onwuegbuzie (2007) explained that the process of deductive constant comparison is to establish codes before the data analysis process and to review the data that align with the pre-established codes. The pre-established codes for this research were based on the barriers to exiting identified by existing research (see Table 1). A line-by-line analysis of the transcriptions was conducted to identify each type of barrier in the exiting process. Data were sorted and coded under the categories of barriers to exiting on the individual, social, situational, or structural level.

### **Research Findings**

The 10 participants in this research were all females living in the Central area of Pennsylvania. The participants have either formerly worked or are currently working in the legal indoor sex industry, specifically in an exotic dance club setting. It is important to note that all participants used the term "dancers" and "strippers" interchangeably throughout the interviews. Six of the participants have exited the sex industry and the remaining four

participants are currently in the industry. The years of involvement in the industry range from 1 to 20 years. The mean number of years in the industry was 8.2 ( $SD = 5.78$ ). For the six participants who have exited the industry, the time out of the industry ranged from 0.5 to three years, with the mean of 0.9 years ( $SD = 0.97$ ). Four out of the 10 participants have experienced the cycle of enter/exit/re-enter.

The barriers most commonly encountered by exiting sex workers fall into the following four categories: individual, relational, situational, and structural (Baker et al., 2010). These four categories are utilized as a guide in analyzing the data and identifying the top barriers in each domain. Names used to reference the participants are fictitious in order to ensure their confidentiality.

### **Individual Barriers**

The top three barriers to exiting at the individual level were: shame from stigma, an adverse childhood, and substance abuse. The results indicated that factors “shame from stigma” and “adverse childhood” both were ranked higher than substance abuse. In this study, eight of the participants expressed a sense of shame from stigma, and six of the interviewees provided examples of traumatic childhood experiences in identifying barriers to exiting the sex industry.

**Shame from Stigma.** Participants were keenly aware of the stigma the society attached to individuals in the commercial sex industry. As Dee, who was in the industry for twenty years, said: “Oh my god! If they find out you were a dancer...very judgmental! They don’t understand what it takes to do the job...but they are quick to call you a “whore,” they are quick to call you a “slut.” Ellie, who exited the industry three years ago after working in the industry for 10 years, shared a similar observation as Dee: “People judge you. People are so freaking quick to judge you. “Oh, you are a stripper, you are a whore and you f\*\*\* for money.”

Data collected from this research provided evidence of commercial sex workers internalizing the society’s negative perception of the sex industry. The analysis of the data found that nine of the participants used adjectives such as “regular,” “clean,” “real,” or “legit” when describing jobs outside of the industry. These statements reflect the participants’ self-stigma regarding their employment in the sex industry. Table 3 provided a list of the statements made by nine out of the ten participants regarding their view of employment outside of the industry.

**Table 3. Adjectives Used by Participants in Describing Jobs Outside of the Sex Industry**

Participant's Name	Statement on Jobs Outside of the Sex Industry
Ann	And I'm making <i>clean money</i> but it's still not easy [referring to her current job after having exited the sex industry].
Pat	yeah like I wanted out of it but there's just I guess easy money. Short hours, easy money. Yeah, then when I got in trouble, I was like okay, back to a <i>regular job</i> again.
Chris	You just have to learn that you have to get yourself to a certain point and then budget yourself to be able to have a <i>real job</i> . Because you can't do it forever.
Dee	A lack of education to get a <i>real job</i> [when asked about barriers to exiting the sex industry].
Jess	you can't be like that in a <i>regular job</i> . And I think some girls they go and get a <i>regular job</i> and one weekend a customer irritates them, and they get fired because they cussed the customer out.
Sam	Right now, I could not get out. If I would go to a <i>regular job</i> right now, I wouldn't make it.
Val	It's like I can make that much in a few days like dancing that I would make in a few weeks working in a <i>normal job</i> .
Ellie	I mean I have a couple of <i>real jobs</i> here and there, but I ended up quitting because you get behind cause it's not enough.
Jean	because most of them that I've met or just most of them are steppingstones. Some of them do have like <i>legit jobs</i> with their nursing or whatever and they do it a couple days a week for different reasons [described reasons for involvement in the industry].

Note. Italics denotes emphasis added

As Dee and Chris expressed during the interviews, the presence of a sense of shame from self-stigma shaped their interactions with society and increased their sense of marginalization. Dee stated:

I always assumed that there is something about me that people could read that I am a stripper. I felt like I always have to hide something or overcompensate in some way. So, it is hard to be social and interact with people because you always tried to hide that...I think I live a life truly and honestly scared of other people. Scared of them finding out or scared of saying the wrong thing. I am scared.

Chris noted: "I don't feel like I belong here [referring to churches]. And I feel like everyone is looking at me and I don't know why."

The lack of interaction with individuals working within the sex industry perpetuates society's misconceptions and reinforces stigma that impacts a

sex worker's self-concept and behavior. Societal stigma also impacted some of the participants' personal relationships. Jean and Dee

described experiences of interpersonal tension:

Jean stated:

My parents were pissed after I told them like a month after I was working...I did lose one friend. I told her like okay, I've been dancing for about six months at the time like that's what I was doing and she's like "Oh, okay." And then slowly just separated from me and unfriended me on social media and everything.

Dee noted

I know that is something I always wanted to keep quiet. My mom would never talk about it. Wouldn't tell anyone. It embarrasses her. I understand that...I have lost a lot of friends because if their boyfriends find out I am a stripper, they said: "I don't want you hanging out with her." A few friends have said: "I can't hang out with you. He doesn't really understand." Now they will choose their boyfriends, so our friendship is cut off. Or they are afraid that I will hit on their boyfriends because they don't see the disconnection between real life and my job. They just think that you are who you are.

Stigma from being involved in the sex industry also resulted in limitations for employment as explained by Jess in the job application process.

I have been dancing for five to ten years and have no other work history. None. And when you are 29 years old and you have no work history except that to put on the application, you are not going to have an easy time getting a job because they are gonna want to know why.

As Pat shared, challenges and frustration in the initial job application process can deter an individual with a desire to exit the sex industry when searching for alternative employment opportunities.

Yes, kind of something you wanna leave off the resume. That's what I did. I think I kind of put I did housekeeping or something but then till one job wanted to call. I was like: what! The person passed away. I know that's awful but I'm like who you want to call for. Like just let it go. I didn't want that job anyway. I am like: "Forget it! You all are too nosy."

**Adverse Childhood.** More than half of the participants (n = 6) in this study had an adverse childhood, including the loss of parents, involvement in the child welfare system, and childhood sexual and physical abuse. Ann's story illustrated the depth of the childhood pain experienced by some of the participants:

I was six years old...my dad shot my mom and then shot himself. My grandparents took custody of me and my brother and we lived with them. That was horrible. My uncle, when I turned 11, my uncle raped and molested me from the time when I was 11 to 15. And I ended up gotten pregnant at age 14 by my uncle and my grandparents thought I asked for it... and I had a little girl. Her name was A. E., she was born with a hole in her heart. She died two minutes after being born in my arms. So, I end up burying a child at the age of 15.

Traumatic childhood experiences can negatively shape an individual's concept of self and the development of a sense of powerlessness that hinders the exiting process. Jess, who was in the foster care system and various placements from ages 5-18 shared her struggle with a sense of insecurity and the involvement in the sex industry:

I think you have to have some level of insecurity that including myself, to even be a dancer. I don't think secure people ended up dancing...I don't think anybody just wakes up one day and is like: "I think it is a good idea to be a stripper." I don't think it works like that. I think you have to be some kind of desperate. And if you are desperate, you are gonna be insecure.

Val made an impactful statement during the interview about her involvement in the sex industry in relation to her childhood sexual abuse history.

I guess like a history of like the sexual stuff like my family. I guess like in general feeling like an object has always been a struggle for me. So yeah, the industry in general was not conducive to healing from that type of mindset...It was hard, but it was also familiar...To an extent like I start to think: "Is this normal? Is this how everyone is? This is how life is? This is how things are?"

Val's reflection provided additional insight into how the existence of unresolved childhood sexual abuse trauma may become a barrier to exiting the industry. The feeling of being objectified as a dancer mimicked the unhealthy sexual boundaries she experienced from her childhood abuse. Leaving the sex industry with unresolved childhood sexual trauma may

evoke mental anxieties caused by a false sense of normalcy, which arises from staying in the industry.

**Substance Abuse.** Five out of ten of the participants indicated struggles with addiction issues. An interesting finding from this study was all participants referred to the use of drugs or alcohol as coping mechanisms in dealing with the stress of sex work. Below is the response provided by Ann when queried about drug use prior to working in the industry:

No. No, I did not. Now I got really bad into cocaine and ecstasy when I was working there. I had a really bad problem for a little bit when I got into it cuz that's how it got me through my day. I got hooked on it and I decided to up and leave my kids and everything else and I made some poor choices and I lost my kids out of it.

Jess and Pat also shared similar sentiments on the use of substances to cope with the stresses from working in the sex industry. Both Jess and Pat indicated that a problem with alcohol addiction developed after their engagement in the industry. Jess noted "I didn't go to the bar and drink, but I could not walk in the door of a club without drinking cause I hated it there." Pat stated "A lot of girls I have seen picked up drugs and they do alcohol. Mine was drinking, just so you can kind of make it easier... [referring to working in the dance club]"

**Relational Barriers.** The three most frequently identified relational barriers were strained family relationships ( $n = 6$ ), relationships within the industry, ( $n = 6$ ) and social isolation ( $n = 5$ ). Five out of the six participants who reported childhood trauma also shared experiences of strained family relationships. Research participants emphasized the significant impact of having a supportive network in exiting the sex industry. For example, Ellie stated: "I guess my best advice would be especially you are a mother, there are people out there want to help you. They don't want to force you but they want to help you. Let them in. Let them be your support system."

Although having a strong support network is crucial to the exiting process, research participants emphasized the need of self-determination to reach the goal of leaving the sex industry as voiced by Pat.

Somebody's not gonna keep telling you what you need to do. Like you don't want somebody constantly nagging at you and telling you: you should do this, you should do that. It's kind of like people gonna get out on their own. It's like telling an alcoholic or a drug addict what they should do. They're gonna stop when they want to stop. So, you can be the same way with dancers. They're gonna leave when they want to leave, when the time is right.

**Relationships within the sex industry.** Society's stigma can cause an individual involved in the sex industry to minimize social contacts to avoid further negative interactions. As Dee puts it so well, the lack of interaction with the outside world widens the gap to the point that she feels she has nothing in common with non-dancers.

It's hard to identify over time you are so used to being in your own social group that is hard to leave and identify or feel like you have anything in common with anyone around you... I just kept with my own kind because that's where I feel comfortable.

It is not surprising that individuals working in the sex industry who experienced social isolation attempt to seek support from each other. Participants in this study explained that the support from peers within the industry serves as a pull factor to remain in the industry. Many participants provided examples of the value of friendships within the industry. Chris stated:

This group of girls becomes your sisters, so I worked with 10 girls and we all became very close, we became like sisters ... You kind of become like sisters with all these people and I still talk to a lot of them even though I moved away for five years... over time and the smaller the club the more close that you become and you become sisters and you create friends and when you move to a town where you don't know anybody. That's what you rely on. You rely on having that little family.

However, research participants such as Ann provided examples of hurtful relationships within the industry that serve as a push factor to exit the industry.

I thought I had the support of my friends. I had the quick money. I had my girls. We were good and we were going to run the world together. And it wasn't really the case. It was me and myself and I hustling for money. And at the end, I would have been lonely

The tension that stemmed from the competition for customers made it difficult to cultivate friendships as illustrated by Ellie:

I mean I fought a couple girls in strip clubs. You get that. You got catty girls in there and every woman thinks it is a competition. I tell the girls: "Listen, the less competition, the more money you are gonna make."

The results were mixed regarding relationships within the industry being a push or pull factor to the process of exiting. There was no clear distinction

between supportive relationships that were formed inside or outside of the industry being more helpful to the exiting process. Relationships that are affirming and respectful to the individual's own decision making seem to be most conducive to the exiting process.

### **Situational Barriers**

This study identified parenthood and traumatic experiences as the two most common situational barriers.

**Parenthood.** Seven out of 10 participants in this study are single parents and most of the interviewees expressed a desire to provide for their children as their main motivating factor to stay in the industry. Sam and Pat provided examples of how parenthood became a pull factor to remain in or re-enter the sex industry. Sam stated: "I'm a single mom but I always provide, and I don't care what they say about me. Because I know I took care of my kids myself all my life and I provided for them all my life." Pat explained:

I did it when I was younger. I was like 21 and I was a single mom for about two years and then of course got out of it. Then worked regular jobs... then years later; probably 12 years later, I am back into it again. Same thing, single mom.

The findings suggested that the financial burden of parenthood created a barrier to exit, or encouraged those exited to re-enter. On the other hand, the role of a parent did increase some of the participants' desires to exit the sex industry. Lynn shared her plan of leaving the industry before her daughter turns eighteen, the minimal age one is permitted to patronize an exotic dance club. Lynn expressed a fear of her children finding out where she works. Several of the participants, including Ellie, also shared the same concern as Lynn:

Lynn: I do feel bad the fact that, you know, I feel like I'm lying to them, you know. They don't know what I'm really doing, you know, for money. I think about that... I don't want them to think in their heads that my mom did it so that's why I can too, you know.

Ellie: And I knew I had to get out because I have children. And who wants to tell their child, "Oh yeah, I did this for 10 years and you never knew about it."

**Traumatic experiences.** Six out of 10 of the participants shared a history of traumatic experiences. Ann suffered the loss of parents and an

infant child before she turned fifteen years old. She shared a painful part of her past and the additional trauma she went through during the interview:

I met my ex-husband when I was 15 and he was both verbally and physically abusive. He locked me in the basement for like two years. That was probably one of the worst experiences in my whole entire life. It was really, really bad.

Ellie talked openly about growing up with a drug-addicted mom and the neglect and abuse she has suffered:

We moved to this place on 4th and lived there for about a year. Straight crack house. Had no running water. No heat. Mom never kept food in there... if she would keep something to drink in the refrigerator, 'cause that is the only damn thing she keep in the fridge. We will go in there for a drink and she would be there smoking crack.

Jess's comment indicating traumatic experiences is not uncommon among individuals working as exotic dancers. As she said: "And it is like everywhere you look in, there is another sad story. Just a building full of sad stories."

In addition to childhood trauma, some of the participants also shared traumatic experiences that occurred while they were at work. Ellie shared an incident that led her to consider leaving the industry:

I did my stage set and I came off of it. I went to go get my drink off the bar. And next thing I know, I blacked out. And so they thought that I was on drugs. I don't do drugs. I smoked weed, that's it. So, after that happened when I was drugged, I started looking at that whole atmosphere and environment totally different and like I could have died.

**Structural Barriers.** The factors of financial pressure due to chronic poverty and inadequate wages were identified by all 10 of the research participants as one of the key barriers to exiting the industry. Four out of ten of the participants expressed that the challenges of finding alternative employment pose a barrier to leaving the industry. Three out of 10 of the participants identified a lack of education as a barrier to their goal to exit. There was no report of inadequate services or a lack of knowledge of services.

**Chronic Poverty/Financial Pressure.** All ten of the research participants mentioned financial pressure as a push factor to remain in the industry. As Sam so aptly put it: "Love don't pay the bills." Jess, who has exited the industry, stated that she has no desire to return to the industry except for financial needs. When asked if she would re-enter the industry,

Jess responded: “I don’t want to. I have no desire to. If my boyfriend got fired tomorrow, probably. Because somebody got to pay the bills...” Val echoed the same sentiment by stating this: “The money thing, only thing that draws me to the industry.” Dee, although having exited the industry and pursuing a different career as a massage therapist, indicated that she would not hesitate to re-enter the industry if she needed money. As discussed in the situational barrier segment, seven out of the ten participants were single parents and the role of being the sole breadwinner added to their existing financial pressure.

**Inadequate wages.** The structural barrier of not having a livable wage hinders exit and serves as a push factor to remain in the industry. Nine out of 10 research participants shared their experiences of working outside of the sex industry and finding the wages not enough to meet basic needs. The structural factor of an inadequate livable wage justified the use of the oppressive paradigm in explaining the barriers to exiting the sex industry. However, research participants also clearly demonstrated the process of conscious decision-making to enter or remain in the industry as a means to generate income for the limited resources they possessed. As Ann said:

I have no high school diploma. I have no GED. I have absolutely nothing. I wouldn’t take it back for the world. I did what I did to get through what I had to. But you know what, I don’t miss it.

Ellen’s response supports the empowerment paradigm with an element of self-determination:

So, I was like let me weigh this out real quick: strip club or McDonald’s? What’s going to pay my bills? What’s going to be enough to take care of buying diapers and milk and all that stuff? Strip club, obviously! Duh!

**Employment and Education.** There were four out of the 10 participants who expressed that the challenge of finding alternative employment posed a barrier to leaving the industry. As discussed in the individual barriers section, the stigma attached to individuals engaged in the sex industry kept many of the participants from sharing their employment history. The apparent lack of job experience positioned the participants at a disadvantage in the job application process. In addition, three out of the ten participants identified a lack of education as a barrier in relation to seeking employment outside of the sex industry. Ann recognized the lack of education was limiting to her and contributed to her decision to remain in the industry: “I was a high school dropout; come-on man, what other job can I have?”

No GED or high school diploma, and I have nothing.”

The limitation of career choices due to a lack of training or low educational attainment can create a sense of entrapment and pressure to remain in the industry. Dee expressed the frustration from a lack of skills and education during the interviews: “For \$7.50 an hour, I can’t pay the rent, I can’t put food on the table. And I don’t qualify for anything else.”

Another interesting theme that emerged from this research study is the differences in work expectations between the strip clubs and the mainstream work environment. As mentioned earlier, exotic dancers are considered self-employed and there is some flexibility with work schedule. As Pat said while referring to jobs outside of the industry:

...jobs [outside of the strip clubs] have rules. You can’t miss too many dates at work, you can’t just show up when you feel like it; you can’t leave when you feel like it... [at the club] it’s kind of like you don’t really get reprimanded.

For individuals such as Dee who considered herself a “lifer” who worked as a dancer for a long period of time, it can be challenging to reorient oneself to the mainstream society’s work culture once exited. Sam explained that she was getting tired of working in the sex industry but the thought of working for someone else kept her from exiting:

I’ve done it so many years and it gets old and it does. After you do it so long it gets really old. But I can’t handle authority either. So, if I do work somewhere else...if I see something wrong, I’ll say it and that usually gets me fired.

**The Enter/Exit/Re-entering Cycle.** The elements that functioned as the push factors for remaining in the industry were often the same factors that contributed to the cycle of enter/exit/re-entering. From this study, it was discovered that financial pressure, identity confusion, and effects of stigma are all factors that play a part in the enter/exit/re-entering cycle.

**Financial pressure.** The barrier that was consistently mentioned by the research participants was financial desperation, compounded by inadequate livable wages. Several of the participants who have left the industry ended up returning due to financial pressure. Jess worked in the industry for 10 years and shared her experience of cycling through the enter/exit/re-enter process:

I probably stopped every year. Every year the income tax time because I never liked it [the industry]. So, every year when I get my income tax return, so I always file my taxes, I would quit because I think I would have enough money to quit and

I will try to find another job, but they never pay enough. And then probably by July I would be back every year.

Lynn, who has training in the medical field and left the industry for several years, returned as a dancer after her second divorce put her in financial ruin. Sam, who has been in the industry for 15 years, has never attempted to leave but voiced her desire to do so if the financial barrier was removed:

So, if I had enough money to get out and I was set, you know, then yeah. I tell you what, oh yeah, I would get out in a heartbeat...if I hit the lottery or if I've found a good man, you know help me out of this. I'm going to throw somebody the keys and I am going to be "Bye!" in a heartbeat. Everything bye!

**Identity Confusion.** The issue of identity confusion created an internal conflict among some of the participants, and posed challenges to exit, and also caused some exited individuals to return to the industry. It is a common practice for the dancers to have stage names and to create a persona to attract the customers. As Lynn said, "...once you walk in those doors, you have to, you know what I mean, I have to be this other person that they are expecting me to be." Pat and Ann both used the word "chameleon" to describe themselves as they alter their personal interest according to their clients' preferences. The constant change resulted in a diminished sense of self as Ann said, "You are going to change 110% into somebody and eventually you end up losing your identity."

Ann expressed how challenging it was to disengage and disidentify with their former role of a dancer.

My stripper mentality came in way too many times [after exited the industry]. Sitting in there and I be like: well, maybe I could sit next to this guy and just work on him. You know what I mean? Trying to turn that off alone was very difficult.

Ann's experience demonstrated the difficulties in moving past the dancer role and leaving the sex industry behind.

## Discussion

The individual barriers identified in this study are consistent with the patterns observed in existing research. Traumatic childhood experiences are common factors among individuals working in the sex industry (Huang, 2015). The experience of traumatic events and vulnerability to

mental health issues can add to a sex worker's challenges in navigating the complex exiting process. The use of drugs and alcohol to manage the negative aspects of the industry is also consistent with the reports from existing literature (Cusick & Hickman, 2005; and Young et al., 2000). The presence of substance addiction will only compound an individual's financial burden and increase the challenge to exit. The effects of stigma posed significant barriers at the individual and relational levels in exiting the sex industry as discussed below.

### **Effects of Stigma.**

Societal stigma influenced multiple areas of a sex worker's life and posed significant barriers to the exiting process. Stigma limited employment opportunities, impacted interpersonal relationships, and negatively affected the sex workers' sense of self. The society's harsh response towards individuals involved in the commercial sex industry can lead to the internalization of society's stigma and the development of self-stigma. (Wong et al., 2011). The negative cognitive perception from self-stigma can then result in social isolation and prevent the establishment of a support network; two critical factors in facilitating a successful exit. As Dee expressed during her interview, the presence of a sense of shame from self-stigma shaped her interactions with society and increased her sense of marginalization.

Interpersonal tension puts pressure on existing relationships with loved ones and can prevent the formation of future relationships resulting in social isolation and perpetuating the cycle of stigma. Social isolation can become a push factor for individuals to remain in or re-enter the industry as they rely on peers within the industry to meet social and emotional needs (Steffan, et al., 2015).

### **Violence at Work.**

There was one report of injury from violence at work from the participants in this research. This result contradicted some of the existing research that found a pattern of frequent physical violence among sex workers (Dank, et al., 2014; Gorry et al., 2010). This difference could possibly be due to the distinctive work setting differences between the indoor/outdoor and legal/illegal sex work. Participants often mentioned mechanisms for safety existing within the legal and indoor dance club setting. For example, Jean noted: "Usually, when you walk in the door and you see guys that are real big and bulky and bold walking around, they are bouncers. They [the customers] are not gonna do anything because they're gonna get dragged out."

The presence of bouncers and cameras inside the strip club provided a layer of protection that is not available to those working in an outdoor setting.

### **Availability of Services.**

There was no reported unawareness of services available. This result could possibly be attributed to the fact that the sample from this study was obtained through a service organization that supports individuals involved in the sex industry. All of the participants were either directly or indirectly connected to the service organization and have some awareness of services available for sex workers. A few of the participants expressed gratitude towards the service organization and the support they have received.

### **Financial Pressure.**

At the structural level, financial pressure and inadequate wages were the two main barriers to exiting the sex industry. Economic hardship is the most commonly identified factor by the participants as the main reason for remaining in the industry. The lack of a livable wage from other employment prevented individuals from exiting the sex industry. Jean's work as a restaurant server did not generate enough income to cover the college tuition and textbook costs. She remains in the sex industry while she completes her college course work in hopes of finding better employment with a college degree. Sam, a manager of a club, made this following observation:

Girls that go to working at McDonald's or anywhere, they're not gonna make as much as they make here. And a lot of people need that money that day instead of waiting two weeks for a paycheck which could be like – two something after taking taxes out. A girl can make that in one night, sometimes in one hour. And if they need food for their kids, rent or something like that, they can get it that day. They don't have to wait two weeks.

The research interviews revealed that the financial pressure experienced by the participants was like that in any household, specifically single parent families. The need to provide for their loved ones was the key motivator to work in the industry. Participants discussed the struggle of finding a job that could generate sustainable income and allow time to be with family. Societal barriers such as the stigma of sex work create a hostile environment

for individuals who have a desire to seek alternative employment. As Ellie said: "...no regular job is going to take care of your kids, supply your food. Because welfare damn sure don't always help you." Chris decided to leave her work as a factory worker and reenter sex work because she wanted to spend more time with her children: "... the job I did have I was working 60-70 hours a week, but it was pissing me off because I didn't have any time to see the kids." Dee also left her work in a retail store and found both the income and flexible work hours in the sex industry helpful to her role as a mother:

I was really lucky to find this place in X that has no alcohol, no smoking. They have really good day time clientele. Who knew that I can go to work at 11 o'clock in the morning, I can get the kids ready and put them on the bus, be at work at 11, work until 4, come home, and cook dinner. You know, so that has really helped me. Keeping the banker hours has really helped me stay being a good mother.

These findings support the validity of the use of the polymorphous approach. Employment that does not provide a living wage stems from structural barriers and can be explained by the oppressive paradigm. However, participants such as Ann and Ellen made their decisions to work in the sex industry based on the availability of resources at that point in their lives. The desire to be financially independent was important and empowering to some of the participants.

### **Study Limitations and Strengths**

There are limitations to this study's design that should be considered when reviewing the results. The sample was initially recruited from one specific agency in Central Pennsylvania. The non-probability snowball sampling method was then used to recruit additional participants. The sample size ( $n=10$ ) was small with the research participants coming from the same geographical area of Central Pennsylvania. In addition, the study participants were all females and engaged in the indoor legal sex industry, specifically in the strip club setting. The conclusions of this study may not apply to those working in a different environment, such as outdoor and illegal sex work. Although the results are non-generalizable, transferability of a qualitative study's findings is emphasized over its generalizability (Padgett, 2017). Several participants affirmed this study's importance during the interviews and found it healing to share their stories.

### **Implications for Practice, Policy, and Research**

The research findings generated insight for social workers and policy makers to address the barriers faced by individuals exiting the commercial sex work industry. The findings also expanded the understanding of factors contributing to the cycle of enter/exit/reentering. The following discussion focuses on applying the research results to practice by using a faith-based ministry that is reaching out to sex workers located in the Central Pennsylvania area as an example. The organization's name is withheld to protect the anonymity of the participants and will be referred to as "Ministry A" in the following discussion. In addition, recommendations for future research on this area of study will be explored. It is the authors' hope that this study generates additional insight and practical recommendations to support organizations in facilitating individuals' exits from the sex industry.

### **Removing Stigma.**

Although individuals involved in the commercial sex industry are diverse, there is one experience that is commonly identified by sex workers: the scorn from societal stigma. The society's response is in contradiction to Jesus' response to individuals with a poor reputation in the society (Luke 7:36-50; Luke 19:1-10; John 4:4-26, NIV). Social workers, especially those working in faith-based organizations, can initiate steps to address stigma by reflecting on their own attitudes towards sex workers. As Bowen and Bungay (2016) observed:

Sex workers are often presumed by those in positions of power to be irrational child-like beings instead of logical, innovative, problem-solvers who work within structures that they did not create in order to negotiate for safety, rights, and economic security for themselves and their loved ones. (p. 192)

Ministry A required all newly hired staff and volunteers within the organization to attend training sessions before any interaction with the program participants. The content of these trainings focuses on dispelling myths about individuals working in the sex industry and using stories to remind volunteers that these individuals are image-bearers of God and are not defined by their engagement in the sex industry. The first author conducted several workshops for Ministry A to guide the volunteers and staff in self-reflection on their personal biases of individuals working in the sex industry. Some of the volunteers recognized their tendency to view the sex workers as helpless victims in need of rescuing instead of resilient survivors. By being aware of their personal biases they may have toward sex workers, social workers, ministry staff, and volunteers can guard against degrading the quality of their service delivery and perpetuating society's negative assumptions regarding sex workers.

### **Outreach as a Pathway to Exit.**

A significant finding in this study was that the path to exiting the industry was different for the participants in this study when compared to the existing research. Therefore, using a harm reduction or diversion program may not be applicable to individuals who are involved in legal and indirect sex work. Direct outreach may be a more valuable and effective method in connecting services to individuals who are involved in legal and indoor sex work. Social workers need to advocate and support more community-based services to reduce the barrier to access to resources that would foster and support women who want to exit. Accessibility to services can lessen some of the challenges for individuals exiting the industry. Ouspenski (2014) suggested bringing the services to participants and expanding the hours of operation. Ministry A staff and volunteers visit individuals working in the surrounding exotic dance clubs twice a month with a hot meal and a small gift to cultivate relationships and pray with anyone who has a desire to be prayed for. Most of the individuals working in the industry have work schedules that are not convenient to conventional business hours. It is not unusual for the volunteers to offer assistance in filling out tax forms, creating resumes, and referring to medical and social services during these visits. These small acts of kindness offered by Ministry A staff and volunteers often serve as an encouragement and evidence that there is a support network available for exiting the sex industry. Dee explained that Ministry A provided her with the opportunity to expand her social network beyond the sex industry and supported her exiting process:

Even taking the first steps to meet new people like the people from Ministry A. That's somebody else. Those are women that are non-strippers. Expanding your social network is pretty hard to do. It's baby step to go out and meet the other people.

### **Establish a sustaining source of income**

For individuals who have a desire to exit, the existence of stigma and a lack of education limited one's employment opportunities and led to financial entrapment. Financial pressure is one of the most significant factors that perpetuates the cycle of enter/exit/re-entering. Social workers need to develop innovative ways to connect exiting sex workers to employment and provide training opportunities for marketable skills. For example, social workers can cultivate relationships with businesses that employ and pay sustaining wages to exiting individuals. Businesses that hire exited individuals can provide a practical solution to removing the obstacle of a lack of work history. Most importantly, businesses that respect the dignity of individuals who have exited the sex industry can empower

them to reject self-stigma.

Ministry A actively engages and networks with local businesses and seeks job opportunities for exiting sex workers. Some of the individuals exiting the industry may require mentorship in cultivating soft skills in a professional setting from dress codes to clean speech in their new work environment with a very different set of social rules. Ministry A staff and volunteers maintain regular contacts with individuals who exited the sex industry to navigate through challenges in their new work settings. In addition, Ministry A also assisted individuals in removing various obstacles from obtaining employment such as obtaining driver licenses, purchasing used vehicles, cosmetic dental work, medical check-ups, and creating a work wardrobe.

### **Address the issue of identity**

Drahota and Eitzen (1998) found that the path to a successful exit includes an individual's ability to leave the former identity as a sex worker and adopt a new identity in the society. This study found that some participants have struggled with their identities after exit, which created challenges for adjustment outside of the industry. Ebaugh's (1988) role exit theory recognized the former role's impact on an individual's present concept of self. It is vital to integrate previous roles into a person's present identity. To disregard the past identities and relationships from the sex industry entirely may be unrealistic and unhealthy to the exiting individual. Social workers and ministry staff who expect individuals exiting the sex industry to abandon the "old" life can cause more confusion to an exited individual's sense of self. The expectation also sends the message that the old identity was undesirable and deviant, reinforcing the stigma and judgment felt by those involved in the sex industry. Individuals engaged in commercial sex work are highly stigmatized, and they rely on peers in the industry as a source of support to minimize social isolation. The complete disengagement from relationships within former social circles can be viewed as an unreachable goal and become a barrier to exiting.

Ministry A viewed the new social network outside of the sex industry as an additional source of support for the exited worker, and not a replacement of their existing support network. Ministry A regularly organized various events such as spa day with the main objective of these events was to remind the participants of their worth as image bearers of a loving God. Participants are often encouraged to bring guests to these events and Ministry A sends a clear message that all are welcome. There is no expectation that only exited sex workers can attend the events organized by the ministry. Ministry A makes intentional effort to create a non-judgmental and relaxing atmosphere for all in attendance at the events.

The drastic change of familiar social structures and relationships creates a sense of loss that may provoke a grief response. As stated by Bhugra and Becker (2005), “Cultural changes in identity can be stressful and result in problems with self-esteem and mental health” (p. 21). Providers offering supportive services may need to address the sense of loss and address issues that stem from the “cultural shock” of “migrating” from the sex industry to the mainstream society. One of the unique programs offered by Ministry A is the pottery class. Individuals engaged in the sex industry assumed various aliases for safety reasons. Exited sex workers often found themselves in need of recovering their true identity. The pottery class provided the participants in the program a chance to explore their likes and dislikes in a low-risk environment. The process of creating the pottery also offers the participants opportunity to process their thoughts and feelings in a relaxed setting. In addition, Ministry A also offers a weekly Bible study with the focus on guiding the participants in a deeper understanding of their worth being created in God’s image, and the love and grace Jesus has to offer. Ministry A is in the process of developing a new curriculum, “Worth It,” that would address identity issues from a biblical perspective.

### **Policy considerations**

The results from this study pointed to a need to reshape certain policies to address the barriers to exiting the sex industry. A majority of the participants in this study expressed the frustrations of insufficient pay for jobs outside of the industry. Manning (2018) defined the living wage as “...an income that would allow workers to have what could be regarded as a decent standard of living” (p. 132). Social workers need to encourage policy makers to view the issue of fair wages from the lens of a “living wage” to reduce barriers from exiting the sex industry. Social workers should advocate for policies that address the pay gap with jobs that do not provide a sustainable income that could meet a family’s basic needs, especially amongst families with dependents. Ministry A staff and volunteers witnessed the cycle of entering and exiting the sex industry partly created by insufficient wages outside of the sex industry. The staff in Ministry A conduct various workshops in the community to promote awareness and engage the broader society in a conversation about the financial factors that create barriers for individuals who have a desire to exit the industry. Ministry A’s hope is to awaken church communities to the need to advocate for “the least of these” as commissioned by Jesus in Matthew 25:31- 46.

The factor of financial pressure that creates a barrier to exit and perpetuates the cycle of enter/exit/re-entering sex work needs to be addressed with a multi-pronged approach. Having a livable wage is essential, but empowering individuals to pursue education to expand future

opportunities is equally important. A 2016 College Board (Ma et al., 2016) report found a higher level of education corresponded to a higher income and ease of finding employment. Education is an essential component in breaking the cycle of enter/exit/re-entering by addressing the financial barrier. Ministry A staff and volunteers support program participants in completing the General Education (Equivalency) Diploma (GED) degree and other specialized skills classes. The advancement of education and specialized skill training promotes financial security for some of the program participants and eliminates the need to return to the sex industry for additional financial support.

A few of the participants mentioned the positive aspect of being an independent contractor as this status allows for a flexible work schedule. However, this status also means not having any health insurance, sick days, or vacation benefits. Overs and Loff (2013) suggested that laws that penalize sex work could contribute to the stigma experienced by sex workers and pressure sex workers into working in an unsafe environment. Ministry A staff advocates for a safer work environment both at the micro and mezzo levels. The ministry staff practices active listening as sex workers process their work experience and also empowers the sex workers to advocate for fairer treatment at their workplace. The ministry staff are engaged in conversations at the mezzo levels with the exotic club owners and managers when appropriate in addressing some of the safety issues at their respective establishments.

Policy makers need to evaluate the current laws with the rights-based lens to ensure that sex workers are treated with dignity and fairness. It is also essential to understand the distinction between one's choice for sex work and the coercive nature of human trafficking. The use of the oppressive paradigm in assuming individuals working in the industry are all victims in need of rescuing can further marginalize and stigmatize individuals in the sex industry and weaken their ability for advocacy. As Jackson (2016) expressed: "The right to work, and to work safely, and the sociocultural struggle to refute stereotypes are cornerstones of a rights-based frame—and this is at odds with a victim frame of rescue, rehabilitation, and protection" (p. 28). For individuals who choose to stay in the industry, there is a need for changes to be made at the policy level to protect their rights and well-being. Policies need to focus on labor issues such as ensuring a safe working environment and fair pay for individuals working in the sex industry.

### **Conclusion**

The generosity of the ten participants in sharing their experiences expanded the understanding of barriers in exiting the commercial sex industry and identified the factors contributing to the cycle of enter/exit/re-entering the industry. The research found that the greatest barrier the

participants faced in leaving the sex industry, aside from financial need, was the stigma they experienced from the society. The society's stigma caused some of the women to minimize social contacts in order to avoid further negative interactions with others, especially those who are from the faith community. Consider these statements made by Sarah and Kris: Sarah noted "I heard a lot of the dancers said they won't go to church because the church would burn down if they walked through the door... they are terrified." Kris added:

Most of us can't even drag ourselves out of bed by the time church rolls around. A lot of them probably would feel shame and they don't want to be seen there... I don't feel like I belong here [referring to churches]. And I feel like everyone is looking at me and I don't know why.

The reactions of Sarah and Kris should cause the Christian community to reflect on how we respond to the marginalized groups in our society. Do we come across as judgmental and unwelcoming? Do we build walls instead of bridges and scare people away from our communities? Jesus provided us with a practical example in our response to those who are marginalized in John 4 (NIV). When Jesus spoke to the Samaritan woman, the first statement He made to her was, "Will you give me a drink?" Jesus, the perfect son of God, who lacks nothing, asked a Samaritan woman for help. Jesus knew about her past, but He did not judge her, nor did He list her transgressions. He did not ask her to come to church with her; instead, he offered her the gift of living water that satisfied her soul. The conversation at the well broke down both racial and gender barriers. Jesus came to tear down walls. His kingdom values all people groups (Romans 10:12, NIV) as Jesus associated with the outcasts, touched them, ate with them, and loved them. As Ann reflected on her exit from the sex industry two years ago, "Everyone is so much more than that. Really. So much more. I think based on what they've been through, I don't think they really see their worth and their values." The Christian community must strive to respond to the marginalized in our midst in ways that remind them of their inherent worth.

It was truly an honor to get to know the participants through the research interviews. All the women in the study demonstrated great strength and courage despite the many challenges they faced in their lives. The unfair and negative interactions they had with society due to stigma did not deter them from sharing their stories in order to assist others with the exiting process. As Sam responded to the request to participate in this project: "She [the researcher] won't be able to help me get out, but if it can help other girls, yeah, I'll do it." These beautiful women exemplified the compassionate heart of Jesus. ❖

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# Father Absence in the Lives of Female African Youth Living in Mpumalanga, South Africa: Christianity a Coping Strategy that Builds and Strengthens Resilience

*Priscilla Gerrand, Mzikazi Nduna*

*Father absence in the family system is a pervasive, critical social problem in South Africa. It is usually related to divorce, incarceration, migration, failure to pay traditional bridal costs, and poor socio-economic circumstances. Numerous studies have investigated this phenomenon but tend to focus on the negative effects of father absence. However, a qualitative case study conducted in Mpumalanga, South Africa explored how African female youth experience absent fathers from a strengths-based perspective. Findings revealed that they demonstrate the ability to manage this type of significant 'loss' by using Christian beliefs as an effective coping strategy to build and strengthen resilience. Social workers should take cognisance of the benefits of reinforcing the Christian perspective of a loving Father in heaven who offers many blessings and how fulfilling the role of a 'religious constructivist' can enhance the healthy psychological and emotional development of youth experiencing absent fathers. Keywords: father absence; young women, Mpumalanga, South Africa, resilience.*

**Keywords:** father absence; young women, Mpumalanga, South Africa, resilience

**T**HE ABSENT FATHER IS A CRITICAL, PERVERSIVE SOCIAL problem in South Africa (Centre of Social Development in Africa & Sonke Gender Justice, 2013; Freeks, 2017; Nduna & Sikweyiya, 2015). It has an exceptionally high number of absent fathers, with

approximately half of the children (particularly African children) in the country living without contact with their biological fathers (Salami & Okeke, 2018; Stats SA, 2018). Statistics suggest that South Africa has one of the highest father absence rates in the world (Freeks, 2017).

Widespread studies throughout the world have identified varying reasons for father absence. For example, parental divorce and separation are referred to as the most common reason for father absence (McLanahan et al., 2013). Migration and incarceration have also been identified (Kalmijn, 2018). Research evidence in South Africa indicates that rape and denied paternity are directly related to father absence (Manyatshe & Nduna, 2014) as well as non-payment of bridal price (Makusha & Richter, 2016; Richter et al., 2010). Eddy et al., (2013, p.3) summarises South African research findings well when stating

... father absence in South Africa is intricately connected to historical, social, economic and cultural contexts.....it is often influenced by ideological factors, such as materialistic constructions of fatherhood and masculinity; socio-economic factors, such as poverty and unemployment of fathers; cultural factors such as the cost of customary practices like “ilobolo” - an African custom by which a bridegroom’s family makes a payment in cattle or cash to the bride’s family shortly before the marriage - and “damages” - when a boy impregnates a girl before marriage, and relationship issues of various kinds.

Extensive research worldwide has focused on the causal effects of father absence. The strongest and most consistent findings highlight three main issues: Father absence i) lowers children’s educational attainment, which places young people at a major disadvantage in life, ii) negatively affects children’s behaviour, and iii) their mental well-being (McLanahan et al., 2013). Evidence also suggests that the negative impact of father absence tends to affect girls and boys in different ways. For example, Lundberg’s (2017) research findings are congruous with other studies, namely that boys are more likely to experience behavioural problems in school, whereas girls are more likely to experience emotional problems, such as depression (especially during adolescence). Unfortunately, most studies in South Africa tend to focus on how boys and men experience the absent father, whereas there is a lack of knowledge regarding how female youth and young women experience father absence (Makofane, 2015). For this reason, a qualitative study that explored the experiences of African, female youth regarding father absence was undertaken in the Gert Sibande District in Mpumalanga Province. The National Youth Policy (2009) defines youth in South Africa as people falling in the 14-35 age groups.

Mpumalanga is a half-rural, half-urban province, which is located

approximately 135 miles from the University of the Witwatersrand, Johannesburg, where the study of students and staff members is based. Apart from the convenience of the location as a study site, the Mpumalanga Province was chosen as research site because a large percentage of children in the province live without a father being part of the household (Makiwane et al., 2012). The inhabitants of Mpumalanga Province are currently facing complex challenges of crime, unemployment, poverty, chronic illnesses, and inequality (Mpumalanga Provincial Legislature, 2019). For example, 15.4% (around 700 000) of the population are living with HIV (Low, 2019) and there is a 29.7% unemployment rate (Stats SA, 2020).

### **Method**

Ethical clearance was obtained from the University of the Witwatersrand's Human Research Ethics Committee (non-medical) and the Psychology Department's internal ethics committee before data gathering for this study commenced. A full explanation of the study was presented in a participant information sheet, and a consent form or assent form (if under the age of 18 years) was signed by young women who voluntarily agreed to participate in the study. The multi-disciplinary research team ensured that all data gathered were kept confidentially and upheld the most professional and ethical standards. All participants' real names were replaced with pseudonyms to ensure confidentiality when publishing research findings.

A black, female fieldworker aged 23 years, with an Honours degree in Psychology and trained in ethics, recruitment strategies, research methods, and vicarious trauma was responsible for gathering data in respect to twenty women, aged between 15 and 25 years in Gert Sibande District. The field worker is also multi-lingual and communicates in the home languages of participants. Her gender and age were regarded as essential factors coming into play when selecting her to gather because it was anticipated that young women participants would be able to relate to her.

In order to recruit participants, verbal presentations took place in local languages at local high schools, youth centres, non-governmental organisations, offices of social workers, and local clinics. An information pamphlet printed in simple English was distributed widely to young people during the initial visits to the community.

Both purposive and snowball sampling were used in the recruitment process. The female youth who demonstrated interest to participate in the study and had the experience of living without their biological father were invited to participate. Exclusion criteria included, for example, cognitively disabled youth and those who had been raised by both biological parents.

Twenty women, aged between 15 and 25 years, living in the Gert Sibande district, participated in the study. The participants were from different

ethnic groups and included high school learners and students furthering their education at Further Education Institutions. Some were mothers and others not. Most described living with members of the extended family, such as grandmothers, uncles and aunts. Participants recounted experiencing several challenges in life. For example, many participants emphasised that they were orphans and described being raised in unstable and dysfunctional home environments where they were exposed to substance abuse and poverty-stricken circumstances. Their descriptions are typical of the socio-economic challenges being faced by family systems in the Mpumalanga, namely high HIV prevalence, high unemployment and poverty, and low economic growth (Makiwane et al., 2012; Select Committee on Finance, Mpumalanga Treasury, 2015).

Self-reported data were obtained through one-on-one, face-to-face, audio-recorded interviews conducted in the home language of the participant. Data were transcribed verbatim and translated into English by the field worker. The first author of this paper (a social work academic) took responsibility for analysing data using thematic analysis. Vaismoradi and Snelgrove (2019: para. 3), describe a 'theme' as "... the subjective meaning and cultural-contextual message of data. Codes with common points of reference, a high degree of transferability, and through which ideas can be united throughout the study phenomenon can be transformed into a theme."

The theoretical framework underpinning the data analysis process was the theory of resilience and the strengths-based approach. The first author realised that it is important to focus on the whole person in their environment and adopt a strength-based approach when assessing their circumstances. Van Breda (2018) emphasises that "... the clients' coping resources, strengths and attempts to deal with their challenges are an important part of understanding a whole person within their social environment." Egan and Papadopoulos (2015) aptly capture the strengths-based approach by pointing out that social workers need to acknowledge that individuals can be empowered because they have talents, capabilities, competencies, visions, values, and hopes.

Five of the twenty participants who did not talk about specific coping strategies in their transcripts were excluded from this paper. The author continued to code the remaining 15 transcripts of female youth (also referred to as young women) aged between 15 and 18 years for emerging themes related to coping strategies from a strengths-based perspective.

### **Findings**

Although religion was not a defining characteristic for recruitment and selection of potential participants, all 15 young women presented

as Christians. This is understandable because 86% of the South African population is Christian (The World Factbook, 2020). When analysing data, it became apparent that the participants made spontaneous references to Christian values and beliefs when they described how they cope with life without presence of a father. Religious coping methods have been defined as "... ways of understanding and dealing with negative life events that are related to the sacred" (Pargament & Raiya, 2007, p. 23).

Two overachieving themes related to Christianity were identified. The first overarching theme was a belief that God can provide support when experiencing loss of a father's presence in the home. The second overarching theme was that principles embodied in Christianity are a means of moving forward in life, rather than becoming entrenched in life circumstances that one cannot change. Findings are organised in terms of overarching (main) themes and sub-themes. Sub-themes basically depict how the collection of codes can be grouped under main themes

### **Overarching Theme 1: God can provide support when experiencing loss of a father's presence in the home**

#### ***God provides support and blessings in difficult times***

Some participants expressed that they look up to a Higher Power for support and that believing in God helps them through not having a father present. For instance, Portia, age 15 years, explained that in 2009 her father unexpectedly left her in a backyard room that he rented. When she returned home from school, she found her father gone and there was no-one to look after her when he left:

...I tell myself that God is here. I tell myself that if I ask God that He must help me to get someone who will help me who is a woman and here I found her. I just pray and I tell myself that I will get help...you see. I tell myself that God is here. I ask God every day to send someone who will help me. And when I prayed after my father's disappearance, I found this woman and I lived with her. I just tell myself and strengthen myself...So since he disappeared that day and I never saw him again; he left me in a rented room. Since he left, which is how I ended up staying with this woman.

Portia was staying with an unrelated woman at the time of participation in the study.

For some participants, faith was not so constant; it seemed to waver, but a thread that runs through the narratives is that God still blessed them in one way or another. The blessings were described in various ways.

For instance, Tsholofelo, approximately 16 years and living with uncles, cousins and a brother at the time she was interviewed, did not remember her father ever being part of the family; even when the family experienced grief. According to Tsholofelo:

...It was the hectic time of my life, especially in my family. It was like a chain coz I remember...okay in 2001 my mother passed on, and then my uncle passed on the very same year, and my mother's sister passed the same year. It was first my brother in Feb and my mothers' sister in March and June it was my mother. I felt like that God did not love my family. But the more I grew as a Christian, I saw that it's not that, and then 2008, the very same thing happened. Friday my granny passed away, Saturday my aunt passed away and Sunday my cousin passed away. You see it was hard because I felt like that God has forsaken my family.

Most of these Tsholofelo's relatives' deaths were probably AIDS-related because South Africa has the biggest and most high-profile HIV epidemic in the world. Unfortunately, in the early 2000's the government denied scientific findings that HIV is the cause of AIDS and argued that antiretrovirals were not useful for patients. Mpumalanga was one of two hyper-endemic provinces in South Africa (Allinder & Fleischman, 2019).

Tsholofelo went on to explain that the family had to hold a communal burial. However, even after going through these trails, she emphasised the blessings the family has received from God:

.... God has managed to put a smile on our faces. There is no-one who is unemployed in the family; those who are unemployed they are at school. He even gave us a church; he has poured out his grace and mercy upon our lives...

This identified sub-theme reinforces existing research findings that have established that faith in a God can play a significant role in creating a sense of meaning when people experience life challenges that are unexpected and emotionally painful (Burrell, 2019; Henning, 2011). Even though confronted with problems and loss maintaining a sense of gratitude in the face of trying times can be used as a healthy coping strategy (Rosmarin et al., 2016). Hall (2018) also established that enduring the struggles of grief leads to hope and resilience.

### ***Attending church provides social support and emotional diversion***

Zoleka was about 15 years old at the time of the interview. She last

saw her father in 2005. She pointed out that he was rejected by the family, especially her uncle, and told never to return. Even though her father left the family never to return to contact her, she described herself as a good person who 'loves' going to church. She shared that she is a member of the Christian 'Born Again' church and how she loves to praise and worship God. When asked about what good things have happened in life, she responded by saying:

It's now that I go to church.... She added that: ...Initially I found church boring. However, when I started attending at the LCO [church services at school during lunch breaks], I realised church was fun; when pastor prayed for her that's when she started loving church...

Other participants shared that they were encouraged to go to church by their friends. Precious, 15 years, is an orphan whose father passed away because of AIDS. Just like Zoleka, she attends church services during school lunch breaks and said: "... I feel a bit better when I go there and that's where I get to forget everything about my life..."

Similarly, other participants shared that they use religion to forget about their problems. In this light, church was used to divert bothersome thoughts about the absent father and to spend time thinking about something else. For example, Tsakane, 16 years, mentioned that to replace troublesome thoughts about her absent father, she would share her feelings with religious friends:

... Before I would just forget, and I would concentrate on something that will make me move on with life. So, I used to forget about it, and I would also talk to people, with my friend, we share secrets, deep secrets, you share and it goes away. And we are praying...

Trying to 'forget' negative emotions related to father absence can be interpreted as a form of emotion suppression. Widespread, recent research indicates that if emotions are suppressed (i.e. purposely trying to forget incidents that create emotional pain) one can endanger one's sense of well-being; both physically and psychologically (Langner et al., 2012). However, these participants did not seem to be experiencing maladaptive functioning. Instead, findings suggest that engagement in school Christian communities can ease emotional pain and enable learners to establish emotionally meaningful friendships. A qualitative study conducted overseas, which focused on the effects of college students' involvement in campus religious communities, also concluded that students who join the communities are nurtured in their faith and provided with a secure,

affirming community that enables students to establish emotionally beneficial friendship networks (Bryant, 2007). Faull, (2012: abstract), who explored Christian religion and social support in the South African context also established that "... active participation in church activities that enhances the member's social support system can be beneficial."

## **Overarching Theme 2: Christian principles make 'father absence' excusable**

### ***Forgiveness is important***

For most of the participants in this study, it seemed that they were willing to forgive their fathers for abandoning them, and this theme linked with their motives to make and find peace in life. This is found to be related to Biblical teachings, such as in Ephesians 4:32 of the New Testament where Christians are taught to be forgiving of one another, even as God has forgiven them.

For instance, Nomthandazo, 16 years, described how her mother and maternal family never disclosed to her who her father is and denied any contact between herself and her father, even though he lived down the street from the family. She shared with the interviewer that she later learned that her family did not want her to establish a relationship with her father because he did not pay 'intlawulo,' or damages. In terms of Black tradition, if a man impregnates a woman out of wedlock, he must show the maternal family respect and apologize to them by paying an amount of money agreed upon for 'using' their daughter. The participant felt that her maternal grandparents rejected her before she was born because they denied her father permission to visit her. Nomthandazo expressed:

...it's painful for a person not to know their father because this thing will eat you inside and I am a type of person whom when stressed you will be able to see that I am stressed. I can't keep it inside. I even have a diary. Like when, I am stressed when something happens, even if its small, I can just write it down so that I can easily forgive [her maternal grandparent]. When I have written it down it just has no effect.

Nomthandazo's response depicts how she is benefitting from an expressive writing paradigm. There is much evidence that writing about stressful, emotionally trying and traumatic events can improve an individual's well-being, both physically and psychologically (Baikie & Wilhelm, 2005; Lepore & Smyth, 2002; Pennebaker, 2017). In the South African context, Mdletshe, (2014) highlighted that young women in Soweto, who had grown up in homes without their fathers, adopted positive coping

strategies such as expressing their sentiments in writing and sharing their thoughts and feelings with others. More directly related to religion as a coping style, some researchers have found that expressive writing paradigms can in fact facilitate the process of forgiveness by providing the writer with a platform to openly disclose emotions. This in turn enhances the writer's emotional well-being (Barcaccia et al., 2017).

Portia's father was working in a Christian church when he left her in 2009. She traced him in 2010, but he only stayed with her for two days before once again leaving unexpectedly. Portia stated that she had sought help from the church elders who told her that her father had left and went back to his home in Mozambique, a neighbouring country across the South Africa border. Although feeling angry that her father had left her, she highlighted that she does not perceive him as a bad father. Portia pointed out that the pain for her was mended by directions given by God, especially the value of forgiving:

It's so sad, but I can try to forgive because God said we must forgive so that he can also forgive us. So, I taught myself that all the time you must learn to forgive, no matter how much the person has hurt you...

Similarly, Tsholofelo communicated feeling hurt about the fact that her father abandoned her. When asked if she would want to see her father if he is living, she responded:

I would go, because you see, I believe that God has forgiven him a long time ago. So, if I don't forgive him, I would be sinning. I won't go and take his yoke and carry it for him. So, I will do what right; God knows the truth...

The impact of the absent father and the circumstances of his absence were seen by some participants as negatively impacting on their lives. However, they were willing to forgive their fathers. According to Lerato:

...My mom said I should not cry. I was thinking about my past, and everything else that happened. It just reminded me of our failures as a family; it just hurt me so much, I'm very emotional, I'm not used to back chatting; I just cry. If my father had to come back, I would forgive him; he is my father... he is the reason I'm in this world, he is my parent and I love him. But it would be a bit hard for me to forgive him, but I will...

Worthington and Scherer, (2004, p. 387, citing Worthington & Wade, 1999) explained that "... forgiveness is conceptualized as an emotional juxtaposition of positive emotions (i.e., empathy, sympathy, compassion, or

love) against the negative emotions of *unforgiveness*.” Although the concept ‘forgiveness’ is not only related to Christianity, but this principle is also emphasised in Christian religion. Both quantitative and qualitative studies have established that forgiveness can be an effective emotion-focused coping strategy because it stands to improve an individual’s physical and mental well-being (Lichtenfeld et al., 2019; Maltby & Day, 2004; Worthington & Scherer, 2004).

### **The power of prayer**

Some participants narrated that it is important to believe in themselves and have hope for the future. This perspective was fostered through religious teachings of prayer. Prayer was central in the lives of these young women as Zoleka, age 15 years, pointed out: “...Church is nice cause we pray; when you pray things happen...”

Similarly, Tsakane expressed:

I try to pray and ask God to give us strength so that we can be able to unite and be a family and do things together; ... not do things separately where you find that now everyone has to fend for themselves. How can we do that? We are still young, and we are girls. So that’s what I pray for, for strength.

Tsholofelo communicated:

We pray as a family. We will start by worshiping and then we will pray, ‘because I remember when my older sister was sick, like it was tense in the kitchen. She was looking like her mother before she died, so you understand we were praying that it is too much. And then my younger brother started a worshiping song. We followed and then we prayed. That’s the kind of family we are; we worship, we pray.

Lerato, 18 years, was living with her uncle and cousins at the time the interview was conducted with her because her mother and grandmother had passed away. She described how unhappy she feels at school when her friends talk about their fathers, but also emphasised that God can give her strength when she prays. She shared:

...Sometimes I do become strong and stay and just listen. I don’t have a choice. They will say all the nice things; like ‘my dad bought me a laptop’, ‘he is taking us out for dinner’ and all those. I just pray to God to make me strong so that I don’t get emotional and cry, then they just drop the topic because they know how I feel about it; they know my situation.

Prayer is regarded as a fundamental aspect of religiosity (Rusu & Turliuc, 2011). Based on a study exploring a working definition of prayer, Gubi, (2004, p. 461) defined prayer as “I connecting with, or communicating with Other, where other relates to a non- physical object or being, e.g. God, Higher Being, Inner light, Spiritual Self. In this study, participants were praying to a God, perceived as a Heavenly Father.

As with the practice of forgiveness, prayer has been identified by researchers as a helpful coping strategy. In fact, it has been established that prayer serves several functions in the coping process for Christians, especially to manage personal problems or challenges (Bade & Cook, 2008).

***Faith in a loving Father in Heaven to fulfil the role of the absent father brings emotional compensation***

Nomthandazo, age 16 years, pointed out that her father left the family when she was two months old. At the time the interview was conducted, the efforts she had made to trace her father have not proved successful. However, she expressed faith that God is her father and she respects men in the community as a father:

I am a firm believer in God. God did say that there is no such thing as a person who does not have a father because He is our father. So, I take it as at home; we very respectful so every man that I come across I say ‘sawubona baba’ (good morning, father). So, I get used to saying father and it ends up becoming like I do have a father.

This participant’s response is congruent with recent research, which indicated that children who have experienced absent fathers (e.g. the case of divorce) can seek attachment with God to compensate for the relationships they never shared with their fathers (Murunga et al., 2017).

### **Discussion of Findings**

A good deal of research conducted internationally has been directed at investigating the relationship between religion and coping skills among people facing stressful life events (Donahue & Benson, 1995; Gerber et al., 2011; Lassiter & Poteat, 2019; Pargament & Raiya, 2007; Park et al., 2018). Major stressful life occasions researched in this regard include loss through death, chronic medical illness and traumatic events.

Although evidence indicates that there are patterns of positive and negative religious coping, positive outcomes are more prevalent. There is improved health and psycho-emotional functioning if religion is used constructively (Pargament et al., 1998; Santos et al., 2017; Taheri-Khrameh

et al., 2016). Brittain et al., (2013) who researched how youth in South Africa perceive religion, found that youth perceive religion as meaningful and uplifting in life. In congruence with findings related to positive outcomes in religious coping, the results of this study provide evidence that Christianity can strengthen female youth' ability to effectively cope with the experience of living without a father. Christianity provides them with support by unifying social connections, for example, attending school religious activities held during lunchbreaks where they personally interact with members of their peer group. Findings indicate that they usually express and process difficult emotions during the religious practices of prayer and forgiveness. They receive a sense of security in the light of personal faith that a loving and omnipotent Heavenly Father will bless and strengthen them.

Findings in this study can be relevant for social workers, because they offer insight on integrating religious coping into practice where clients are experiencing stressful events, such as father absence. Social workers generally adopt a person-in-environment approach and focus on a strengths-based perspective when rendering services to clients experiencing challenging circumstances (Kim & Bolton, 2008; Pomeroy & Garcia, 2018; Simmons et al., 2016). Based on this perspective one believes that each person possesses innate capabilities and strengths, which can be enhanced to build resilience when using appropriate resources. In other words, "... not only see the possibility and communicate the challenge message; they recognize existing strengths, mirror them back, and help people see where they are strong" (Bernard, 2006, p. 201). This study's findings suggest that Christian beliefs, values and practices, such as prayer, faith, forgiveness and belief in a loving Heavenly Father can provide both inner and external strengths.

Many social workers who don't believe in Christ might argue that incorporating religious coping into social work intervention strategies with youth is not as meaningful as being spiritually sensitive because then diversity of culture can be respected, and one can tap into spiritual resources be the clients religious or non-religious. According to Zinnbauer and Pargament (2000, p. 166) the constructivist approach to religion means that one "... denies the existence of an absolute reality, but recognises the ability of individuals to construct their own personal meanings and realities." If social workers take on the role of the 'religious constructivist' when counselling Christian clients, they must recognise that Christians strongly believe that God is a source of strength greater than any other.

In conclusion, it is obvious from study findings that although these Christian youth are experiencing great challenges in life, they follow the directions given by Christ found in Isaiah 41:10: "Fear thou not; for I am with thee: be not dismayed; for I am thy God: I will strengthen thee;

yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness.”

### Research Limitations

Many narrative researchers are of the opinion that the most interesting features of personal narratives lie in what participants tell us about individual thinking or feeling (Anderson, 2010; Atieno, 2009). Although the first author thematically analysed verbatim data reflecting individual thoughts and feelings, a limitation of this study is the fact that she did not personally interview the participants; this was done by a female psychology student. During data analysis, the author was not privy to some important nuances of how participants spoke about their experiences. Valuable information in the form of non-verbal behaviour of participants that might have steered probing of participants' experiences of an absent father in other directions to gather deep data, could not be tapped into. Data gathered were also translated from the participants' home language into English and with translation, some of the Indigenous expressions may not have been accurately translated, though the student tried to retain the meaning as much as she could.

Data gathered during this study involved once-off interviews using a relatively small sample of participants. To gain further insight and evidence regarding the effects of religious coping over different stages of development, longitudinal studies should be conducted. Conducting broader studies, involving different race and age groups and different religions should also be considered. ❖

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# Love God Totally, and Your Neighbor as Yourself: How Religious Freedom Enables Us to Obey Both Great Commandments in our Time

*Stanley Carlson-Thies*

Conference theme: Unity in the Face of Adversity: Building a World of Love and Justice  
NACSW 2020 national virtual conference  
Alan Keith-Lucas Lecture

**Keywords:** religious freedom, social work

AS CHRISTIAN BELIEVERS, WE KNOW THAT IT IS BY, God's gift that we are saved, and not by our own feeble attempts to do right. And yet, now that our burden of sin has been lifted by Jesus, we desire to live in a way that pleases Him, that follows his teachings, and that brings good into our broken world. What is it that we should do? As you recall, Jesus summed up the guidance about what we should do in two great commandments: First, we must love the lord our God with all of our heart and with all of our *soul* and with all of our *strength* and with all of our *mind*, and second, we must love *our neighbor* as ourselves (see Matthew 22:36-40; Like 10:25-28). We should love God totally and love our neighbors as ourselves.

Not just one commandment—to love God entirely and forget about our life in the world; and not just the other commandment—to love our neighbor, ignoring the God who created us both and therefore knows what is good for humans. Instead, there are twin commandments that must be taken together. Loving God fully, following his ways, requires loving our neighbors as ourselves and not ignoring their good. And to know how to love our neighbor well we need to learn from God.

Entering the social work profession is one excellent way for a Christian to respond positively to these twin commandments to love God fully and your neighbor as yourself—that is, joining the profession is an excellent way to respond to the twin commandments if the requirements and expectations of the profession allow you to love your neighbor in a way that reflects God's wisdom.

Yet the social work profession, just like other professions and careers in our diverse society and this broken world, can instead demand that you split the two commandments apart from each other, and ask you to confine your love of God to your private religious life while operating in the profession as if God is irrelevant.

And, in fact, isn't it true that the social work profession encourages you to set aside attention to God when you are active professionally? This is not a problem most of the time, because you and your non-Christian colleagues often agree on what is good for the neighbor. And, yet, there can also be differences, such as a different assessment of the value of religion in providing guidance for a client's decision-making; perhaps a different conviction about the importance of personal agency even when there is systemic injustice; maybe an appreciation for acts of charity even though organized social welfare is essential; perhaps a different assessment about what constitutes self-harm and a different assessment about the goodness of various kinds of intimate relationships.

In my remarks, I want to encourage you to be firmly committed to both of the commandments, to seek to respond to them both at the same time, despite the resistance of the social work profession. I will remind us of the important positive role of religion and religious organizations in bringing assistance and justice to our neighbors. I will stress how important religious freedom protections are in our diverse society—important not just for Christians and not just for Christian organizations, but also for clients, organizations, and colleagues of every faith. And I will conclude by proposing four action steps for you to take as a Christian in the contemporary social work profession.

I am honored to speak to you today, but I want to acknowledge the particular urgency and trauma of our times. I am recording this talk a week before election day this year, so I have no idea of the outcome of the voting. Yet it is obvious we are in a raucous and dispiriting time in our national

politics. Beyond that is our nation's experience this year of the shock and anguish of the multiple police killings of Black people and of the passionate cry for justice to crush at last the power of racism. Moreover, as in every other country, we are suffering the disruptions and deaths and dread of the coronavirus pandemic. In the midst of all of this misery, challenge, and pain, we must engage in the action of prayer, along with many other actions, calling upon a merciful as well as just God to give our nation a passion for the good of others in place of suspicion, polarization, hatred, and menace.

I am honored to be giving the Alan Keith-Lucas lecture this year. I will begin by expressing my gratitude for his leadership within the North American Association of Christians in Social Work and within the social work profession in general. I have in mind, in particular, his short 1962 book, *The Church and Social Welfare* (Keith-Lucas, 1962). In it, he recounts the calling of Christians to love our neighbors, not just through personal acts of charity but also through large-scale organized care. The church, the body of Christ, expresses this organized care in its own programs and also, because we are members of our society, through the social welfare system and the social work profession. Christians and the church, he says, have much to learn from the social welfare system and from the social work profession about how to love our neighbors effectively. I am sure that you, yourself, have discovered the same thing: that the work of the church and of Christian social organizations often needs to be corrected and improved by the practices and insights of government social welfare and the social work profession.

But Keith-Lucas insisted, as well, that Christians may have significant insight that is needed by the profession and that would improve the social welfare system. I am struck, for instance, by his remark that “humanists”—people who do not think they need biblical wisdom—may wrongly presume that poverty and need can be abolished if only there is enough professionalized effort. But, he says, “Every new ‘advance’ in social conditions creates a new category of need . . .” (p. 39). If he is right, then social work practice and the social welfare system must be designed to be flexible and not only systematic and standardized, and we should not be surprised to discover inadequacies in even the best-designed system.

The inevitability of new problems and imperfect systems suggests to me that, rather than expecting ever to have one complete and professional government-operated system that will take care of every problem, we should value all of the diverse settings and kinds of assistance that are present in society—not only government welfare and professional agencies, but also the help rendered by extended families, by people to their neighbors, by mosques and churches to their members and to those around them, to the generosity of individuals and the ingenuity of business people.

So, I take from Alan Keith-Lucas the message that Christians in social

work must be ready to learn from the secular social work profession but must also be bold to speak biblical wisdom into the social work profession. What is that wisdom? It is one of the great purposes of this organization, the North American Association of Christians in Social Work, to discover and cultivate and make fruitful that biblical wisdom.

Let us turn, now, to the matter of religion in social work and the value of religion for those whom social work serves. Talking with a friend recently, she mentioned that her husband, a social worker, had just left their house unexpectedly to rush a client to the local hospital. But, of course, we are in a time that requires social distancing rather than inviting into your car a client in ill-health who may be harboring COVID-19. When I heard about his immediate response to deliberately go into danger by transporting his sick client—with as much care as possible, of course—the image came to my mind of the early church in the Roman empire.

The early Christians were a despised, misunderstood, and powerless people, but they loved Jesus and were inspired to live and love according to the twin commandments. So, when plagues arrived in the great but crowded and dirty city of Rome, and everyone with wealth, and even the pagan doctors, fled to the countryside for safety, these Christians instead moved toward the plague victims, whether those victims were Christians or not. They provided whatever care they could—no cures were known but they could offer basic care such as food and drink, comfort, cleaning, a human touch, and prayers. Sociologist Rodney Stark says that it was this kind of active love of neighbor—so different from the pagans' fears and their impulse to self-preservation—that significantly accounts for the surprising expansion of the early church (Stark, 1997, ch. 4). With this care, sick Christians were more likely to survive, and because of this care their pagan neighbors were drawn toward the Christian community of love. Because of episodes like this, along with other positive beliefs and actions, and due to the mysterious providence of God, the early church increased in number and its values began to transform the culture of the Rome empire, before any emperor ever decided to support Christianity. Stark says, "Pagan and Christian writers are unanimous not only that Christian Scriptures stressed love and charity as the central duties of faith, but that these [duties] were sustained in everyday behavior" (p. 86).

The positive influence in Western culture of the values of the Christian religion is the theme of the best-selling book *Dominion* published a year ago by the British historian of ancient history, Tom Holland. The subtitle of the book is "How the Christian Revolution Remade the World" (Holland, 2019). Holland recounts how he outgrew the Sunday School stories of his youth and came to admire the glamor of Rome and ancient Greece, the heroic stories of the gods, the courage and power of the armies of Persia and of Julius Caesar. And yet, he writes, the more closely he studied these beloved

peoples and empires, the more alien he saw them to be. The celebrated Julius Caesar could boast of killing a million Gauls and enslaving another million of them, and the public, rather than rejecting him, praised his skill and leadership. And, if you look closely at those ancient cultures, Holland says, you will see a “complete lack of any sense that the poor or the weak might have the slightest intrinsic value” (p. 16).

These are not the values, the virtues, that we ourselves admire. But why do we consider those ancient values to be deeply wrong? Holland writes that he finally realized that in his “morals and ethics,” he was not an ancient Spartan or a Roman—rather, he was part of a civilization that, for much more than a millennium, has been deeply shaped by Christianity, by Christian values. And so, whether or not he personally was a believer, his sense, and our culture’s sense, of what is right and good has been shaped by the love of neighbor taught by the Bible (pp. 16-7). Not perfectly, but very strongly shaped.

We might call this an example of common grace, of the influence of God in our society whether or not people consciously are believers in Jesus (for another example, see Siedentop, 2014). Tom Holland’s analysis strongly suggests to me that, although the social work profession regards itself as secular, its existence and many of its values are a witness to the influence through the centuries of Christian teaching and Christian example.

But the good of religion for the people that social work exists to lift up is not limited to this general if powerful influence of Christianity in our culture and history. I will briefly note five ways that Christianity, and also other religions, are positive in our society. Positive, despite all of the failings manifested by every person and human institution, including religious persons and religious institutions.

The first positive effect I’ll mention is what is called the “pro-social” orientation that religion gives people, notwithstanding that sometimes religion motivates injustice. Here’s an example from Byron Johnson, from his important book, *More God, Less Crime: Why Faith Matters and How It Could Matter More* (Johnson, 2011). Research shows, he says, that “[y]outh who attend church frequently are less likely to engage in a variety of delinquent behaviors, including drug use, skipping school, fighting, and violent and nonviolent crimes.” These pro-social values are not a magic guarantee of justice and wellbeing, but they can steer people away from self-destructive paths and toward seeking the good of others (p. 175).

Second, the scholars Brian Grim and Melissa Grim, in a 2016 study, estimated that houses of worship, religious charities, and faith-related businesses together contribute some \$1.2 trillion annually to the US economy and to the good of society (Grim & Grim, 2016). At the time of their analysis, that total was greater than the annual revenue of the top ten tech companies, including Apple, Amazon, and Google, combined.

Third, more than \$400 billion per year of that total value is contributed by houses of worship. That enormous sum is contributed through their economic activities, the social services they provide, and the free or low-rent space they give to other ministries. Taken together, the Grim and Grim study reports, these congregations offer more than 1.5 million social programs each year—and almost all of these programs are offered to the community and not only to members of the particular congregations (p.16, Table 11).

This outflow of service to the community, as you may know, is not generated only by wealthy congregations out of their abundance of resources. Consider Black congregations. A study drawing on research in Philadelphia (Cnaan et al., 2006) notes that Black congregations are generally “smaller and less resourced” than white houses of worship, but it concludes that the Black congregations are “eagerly involved in social services provision . . . .” While some of their programs may be smaller in size, these churches “provide more programs overall that focus more on the neediest city residents and their neighbors” (p. 153). I’ll return later to this sacrificial role of Black churches when I discuss the importance of religious freedom for the wellbeing of clients and for the uplift of suffering communities.

Fourth, the research of Robert Putnam and David Campbell (Putnam & Campbell, 2010, ch. 13) and Arthur Brooks (Brooks, 2006) shows that religious communities in our country shape their adherents to be unusually generous volunteers and donors, giving their time and energy not only to their own religious communities but also to secular organizations and secular causes. This is a generosity motivated by one or another specific religion that flows out for the good of all.

My fifth example, in this very brief list, is this: Think of all of the social work education programs offered in religious institutions of higher learning and of all of the social service organizations in our society that are inspired and guided by religion—Catholic, Jewish, Muslim, many varieties of Protestant, and many others. These, too, are faith-inspired contributions to the good of society.

These institutions, religious communities, and persons motivated by faith are all imperfect, of course, and their efforts have always fallen short. Moreover, people with a secular orientation are often at the forefront of justice and mercy initiatives. And, quite obviously, much anti-poverty action and more work against injustice remains to be done. Nevertheless, the religion-inspired works of care for neighbor are of great positive importance in our society, now and in the past.

However, that is not the evaluation of the social work profession, is it? Instead, religion is regarded as marginal to life or even as a negative force. These twin attitudes—disregard and disdain—are the evaluations reported by social work scholar Ram Cnaan and associates in their 1999 book, *The*

*Newer Deal: Social Work and Religion in Partnership* (Cnaan et al., 1999). You may know the book—I recommend it to you. The book describes the relationship between the social work profession and faith-based social services as an “ambivalent coexistence” (part 1). Examining the history of the profession’s attitudes to religion and religiously inspired care, the researchers discovered “little to no mention of religious-based social services” in papers presented at secular social work conferences, in social work journals, in social work textbooks, in course outlines in schools of social work, or in social work encyclopedias (ch. 3). Religion has been sidelined in the profession. As the book reports,

A tacit separation exists that allows religion to function on the margin of the social work profession, yet precludes religion’s being formally acknowledged or becoming a legitimate partner in the quest to improve the life conditions of those in need (p. 48).

That is why, in calling for a collaborative relationship, for religion to be taken seriously as a full partner in social work, the book takes as its title the phrase, “The Newer Deal”—a different relationship than currently exists.

Yet the marginalization has persisted in the years after the publication of that book, it appears. I see this in the section on “The Christian Roots of the Social Work Profession” in the current edition of the NACSW text book, *Christianity and Social Work* (Scales and Kelly, 2016). One of the chapters in the section recounts the strong and deep Christian impulse toward love of neighbor, but the other two chapters show how this impulse is ignored in the standard social work narrative. The Christian contribution to the settlement movement is misunderstood, one chapter argues; the other chapter shows that the profession has overlooked the distinct role of African American believers in working on behalf of the doubly marginalized Black poor.

It is true that the social work Code of Ethics does breathe many Christian values. The following affirmations are all from the Ethical Principles section of the Code: the imperative to “challenge social injustice,” to “help people in need and to address social problems,” to acknowledge the “importance of human relationships,” and to honor the “dignity and worth of the person” (National Association of Social Workers, 2017). And, the Code does acknowledge, at least minimally, that religion can be an important dimension of social work. It directs social workers to understand that religion may be important to the identity of a client (1.05[c]) and it notes that some social workers maintain religious beliefs and practices (Purpose section). And, although it insists that its own principles must be the “primary” guide in ethical decision making, the Code concedes that social workers may utilize “other sources of information about ethical thinking” and “other relevant codes of ethics” (Purpose section).

Yet, to my mind, this is a very minimal acknowledgment of the extensive and positive role of religion in society and in social work. It provides, at

best, slight permission for Christians in social work to articulate and argue for a Christian perspective on personal well-being, on social policy, on social justice.

A posture of genuine respect would look very different, I believe. Consider the language of the NACSW's Unity in Diversity statement. In the NACSW you have joined together to support each other in integrating your faith with your social work, or, to use my language, you have joined together because you desire to fulfill both of the great commandments at the same time: to love your neighbor as yourself in a way that embodies God's wisdom about humans, society, love, and justice. But, while joined together in common cause, you come from different Christian traditions. What to do about the different viewpoints?

Here's what the Unity in Diversity Statement affirms (North American Association of Christians in Social Work Board of Directors [NACSW], 2017):

At NACSW we celebrate our unity by engaging with one another from the depth of our theological and denominational traditions. . . . As social workers we affirm and delight in the unique strengths embodied in our faith communities. We understand that we learn the most from one another when we enter conversation as whole selves.

That is a beautiful statement and it reveals the truth about how people coming from different standpoints can most fruitfully work together—by being free to bring their whole selves, not censoring their views before joining in the common task but, instead, contributing to that common task their best insights, their distinctive understandings (Seiple, 2018). This is an attitude of respect and inclusion that I do not see in the profession's Code of Ethics.

Now, when we consider that people of faith need more space, more opportunity, more freedom to live and speak consistently with their specific beliefs, then we are on the terrain of the principle of religious freedom. Religious freedom is what you need when the consensus—the consensus in society, the consensus in a profession, the consensus embedded in a law—when the consensus is different than what your religion tells you is right and important. You need freedom from that consensus, freedom to follow a different set of values than others are following (Monsma & Carlson-Thies, 2015; Carlson-Thies, 2017).

The first thing to say about the principle of religious freedom is that it is emphatically not a principle reserved for white Christians. It is not a way for them to exercise their preferences at the expense of other people. That idea is a perversion, because religious freedom is not a genuine principle and blessing unless it extends to everyone and every religion that needs it.

Religious freedom is a foundational principle for pluralism. It is a commitment by people in a diverse society to respect each other's basic

convictions and to give each other as much opportunity as possible to live consistently with their respective religious beliefs or philosophical worldviews (Carlson-Thies, 2019a). Religious freedom is a constitutional principle and a feature of our system of laws and public policies—I will speak about that in a moment. But beyond its constitutional and legal meaning, it is also an attitude and a promise: a commitment of respect for everyone's distinctive values and beliefs.

Religious freedom is an essential principle in any society as diverse as ours, and it is a vital principle for the social work profession, a profession that brings together people from multiple religions, philosophies, and worldviews.

I should say that religious freedom laws directly apply only to a limited extent to the National Association of Social Workers itself, because the NASW is a private organization. Yet sometimes the NASW's decisions are cloaked with governmental authority, such as with accreditation and licensing, and when this government connection is present, then religious freedom laws and constitutional principles do apply. But the principle of religious freedom should be respected by the NASW even beyond those instances. After all, the NASW claims to speak for every social worker and it acknowledges that its Code does not have a monopoly on ethical wisdom. So, it should embody the principle of respect for diverse religions and philosophies that is the basic commitment of religious freedom. I will say more about religious freedom and the requirements enforced by the social work profession in my closing comments.

Before that, I will review with you how central religious freedom is to our society and then discuss three practical examples of how religious freedom supports the achievement of positive outcomes for the people whom social workers serve.

Religious freedom, though often scorned these days, is an essential positive innovation in human society. It is essential because all but the simplest societies are diverse in beliefs, practices, and values. If there is no religious freedom, then many people in a diverse society will be forced to violate their deepest convictions; they will be forced to live according to someone else's convictions. That is an injustice that produces friction and sometimes leads to violence (Grim & Finke, 2011).

Historically, the suppression of religious freedom has driven some to migrate in search of peace and freedom. You will recall that many who voluntarily ventured across the Atlantic to these shores came to escape an imposed religion. They sought the freedom to live according to their own beliefs, not according to the official religion of the countries they left. Alas, once they were here, they often created new official religions and persecuted fellow immigrants who had different beliefs—Baptists suffered persecution in Anglican Virginia, for example, and Protestants in Catholic

Maryland. It took many disputes over many years for the early Americans to understand that religious freedom had to mean freedom of religious exercise for everyone, whatever their beliefs—for Baptists and for the Reformed, for Congregationalists and also Anglicans, for Catholics, Quakers, Jews, and, eventually, Muslims and many others. That is the religious freedom principle that was written into the First Amendment of the Constitution (Kidd, 2010; Esbeck & Den Hartog, 2019).

The principle of religious freedom has had a strong life in our nation. Early on it protected Quakers who could not assist in military defense or swear an oath in court (Hasson, 2005). Today it protects the freedom of religious organizations, including faith-based social work agencies, to select their staff based on shared religious convictions (Esbeck, et al., 2004). The federal faith-based initiative has put religious freedom into practice in another way. Thanks to new rules that date back to the Bill Clinton administration and that have been upheld by the Bush, Obama, and Trump administrations, faith-based organizations do not have to suppress their religious character to be eligible for federal funding (Carlson-Thies, 2019b).

And here is a very current example of religious freedom—this example is from federal lawmaking in response to the coronavirus pandemic. In the CARES Act financial relief law adopted in March of this year (CARES Act, 2020), Congress created a new Paycheck Protection Program of forgivable loans for nonprofit organizations. These loans, like small business loans, were to be administered by the Small Business Administration, the SBA. Congress wanted to aid every kind of smaller nonprofit organization, so it specified that religious nonprofits, including churches, mosques, and synagogues, are eligible for these loans. Take note of what Congress did. Even though some people are opposed to federal support for all houses of worship and others just dislike taxpayer aid going to particular denominations or religions, Congress wanted to help every part of society that has been hard-hit by the pandemic. That aim required not excluding religious organizations, and so the CARES Act says that they are eligible—faith-based charities and also houses of worship.

But it soon turned out that there might be a problem. The SBA's existing rules, designed for business loans, might discourage or exclude religious nonprofits. When that problem was identified, bipartisan congressional voices immediately spoke up to stress the intent of Congress not to exclude religious organizations. A letter signed by Sen. Bernie Sanders and other key Senate Democrats specifically asked the SBA to make sure that houses of worship cannot be excluded (Schumer et al., 2020). Thus, the PPP program is a current example of religious freedom in federal funding.

What importance does this well-established principle and practice of religious freedom have for social work practice—for what the NASW Code (National Association of Social Workers, 2017) calls the work in

communities “to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (Preamble)? Here are three examples of why religious freedom is positive for social work. One concerns a client of a secular social work organization. The other two involve religious organizations seeking to assist low-income people.

I begin with an example that reminds us of how important religion often is in the lives of clients. Religion is not just a cultural marker or set of rituals but often shapes a person’s ethical code and sense of values. This real-life example is about a woman I will call Olivia, who is a client of a social worker I will call Daniel (Bombino & Carlson-Thies, 2020). Daniel works in a secular agency that serves people experiencing chronic homelessness. His agency insists on inclusion and on client self-determination. Olivia experienced trauma following an abortion. She had been raised a Christian but she had drifted from the faith. But now, in her current crisis, she sought out Christian service agencies that stressed family preservation, adoption, and overcoming drug addiction. When Daniel saw that Olivia needed support that addressed the emotional and even spiritual challenges she was experiencing because of the abortion, he referred her to a faith-based crisis pregnancy center’s abortion-survivor support group.

Daniel’s secular agency is pro-choice and normally disregards religious concerns. But Olivia needed services that acknowledged her emotional and spiritual wrestling about the abortion. Daniel came to realize that, to serve his clients well, he must understand their specific spiritual needs and desires and that he must help them live out their own values-based goals. He persuaded his agency to enter into formalized relationships with faith-based service organizations and he has advocated for training to help social workers to acknowledge the profound importance of religious beliefs, values, and practices for many clients.

My second example is at the macro level of government services. It involves elder village services organized by an African American church in a progressive metropolitan area. Because of the sensitivity of the issues about which I have private information, I will call it the Blessed Village organization. Elder villages are organized efforts to provide social connections and practical assistance to older people in a community, giving them the support they need so that they do not have to move to a senior facility (Checkbook Staff, 2018).

Recall, as noted earlier, that Black churches on average have fewer resources than white congregations but still offer many services to their surrounding community. The needs are pressing, the Black churches historically have been looked to as central in their neighborhoods, and they have a strong theological commitment to social justice and neighbor service. This Black church, not strong in financial resources, was already

providing a range of services to the aging Black population surrounding it. It now decided to formalize and expand those services by creating Blessed Village, a separate but church-related organization. The members of this elder village contributed a monthly fee, but these fees are not enough to support all of the services.

Eventually, the wonderful work of Blessed Village came to the attention of the city's Department of Aging. What would happen? Would the city offer Blessed Village a government grant to support its essential and well-regarded senior services—helping seniors with home repairs, providing transportation for doctor visits, organizing trips to cultural sites, to grocery stores, and to the farmer's market? Would the Department partner with Blessed Village, sending officials to its meeting spaces at the church to offer the city's COVID-19 guidance and testing, to facilitate enrollment in the city's mental health services, to connect seniors to the city contractor that offers low-cost oxygen and medical devices?

For a long time, the Department of Aging stood at a distance. How could it offer government funds to a religious organization? How could it send its officials to provide services inside a church space? But, in fact, these questions have been settled by the faith-based initiative and by Supreme Court decisions—it was just that the Department of Aging was secular-minded and not paying attention to religious freedom developments. Finally, it caught up. Thanks to the principle of religious freedom, the government can and must treat faith-based service organizations equally with secular organizations. The Department has now awarded several grants to Blessed Village and often organizes joint events with it. The lives of the Black seniors in the neighborhood, whether they belong to this Black church or not, are markedly better because of this sacred-secular partnership that was made possible by religious freedom.

My third religious freedom example is about a Muslim community in the state of Maryland. As do many Christian and Jewish congregations, this mosque, in addition to offering a range of social services, operates a pre-k through 12<sup>th</sup> grade school. This school prides itself on its high-quality curriculum, and also on integrating its Islamic perspective throughout the courses and on hiring expert teachers that display an exemplary Islamic character. It would like to serve the broad Muslim community in the region, but the school, like most private and religious schools, finds it challenging to keep its tuition low enough to serve poorer families. I am not naming the organization due to the sensitivity of the issues at stake.

Fortunately, the Maryland government operates a tuition-assistance program, called BOOST, to assist lower-income families that desire their children to attend a non-public school (Association of Christian Schools International, 2019; EdChoice, 2020). To be eligible for this state-government help, a student needs only to be in a lower-income family.

However, as it turns out, students from poor families who want to attend this Islamic school can get no help from the BOOST program.

That's because the school teaches and exemplifies traditional Islamic values, including conservative sexual beliefs and conservative conduct requirements. But the state says that, for a school to be able to accept a student with a BOOST scholarship, the school cannot discriminate on various grounds, including sexual orientation and gender identity. The school had a choice: abandon its Islamic convictions and practices concerning sexuality, and then poorer families would receive financial help from the state; or maintain the views and practices of Islam—but then not be able to serve lower-income families. It has decided it must maintain the beliefs and practices that its religion requires. Students from poorer Muslim families have to attend the secular public school rather than the Islamic school.

I should stress that it is not illegal in Maryland for Muslim families to cherish and practice their religion's teachings about marriage and sexuality. And it is not illegal for an Islamic school to teach those beliefs and to be guided by them. But the state's respect for religious freedom stops short: it will not help students from poor Muslim families attend a school that embodies traditional Muslim teachings. Keep in mind that families whose values align with those of the state government have abundant choices among both public and non-public schools. But the state's rules for the BOOST program, whatever its intentions, simply harm those students from poorer Muslim families.

Now, finally, a few words about religious freedom for Christian social workers and social workers of other religions. Full respect for the principle of religious freedom would enable social workers of whatever faith to bring into the profession the best wisdom they have to contribute to the common task. It would enable you to engage as a whole person with all of your biblical wisdom in the important work of assisting clients and challenging unjust systems.

Recall the social work Code of Ethics. It is true that a professional code has to articulate standards that are broadly accepted within a profession and cannot be just a collection of particularized views. But does the NASW's Code articulate the most accurate and fruitful understandings? And does it accommodate the diversity of legitimate views and practices that social workers hold, given their different ideological, philosophical, and religious starting points?

That is, can you be a full member of the social work profession as you seek to be faithful to both of the great commandments, acting on behalf of your neighbor in a way that reflects the wisdom of God, who created both you and your neighbors? I do not know the answer to this question about adequate respect for religious freedom within the social work profession.

This a question for you and your colleagues in the NACSW to continually evaluate.

But in closing I will recommend to each of you, and to the NACSW, four action steps.

First, I recommend that, whenever and wherever feasible, you and the NACSW should draw attention to the multiple ways that religion plays a dynamic and vital role in the lives of clients, families, communities, and social justice initiatives. And I do mean the vital role of religions, plural, and not only Christianity. The influences and standards of various religions are not all positive, as we well know, so this is not a plea simply to celebrate religion. Yet, both when it is positive and when it is not, religion is powerful, not marginal, and it is to the benefit of the social work profession and social work practice to acknowledge the motivating, guiding, and comforting presence of religion in the lives of clients, organizations, and communities.

Second, I urge you and the NACSW to speak up to defend the religious freedom needed by social work programs and social work agencies that are shaped by Christianity and also those inspired by other religions. Faith-based social work programs should be able to maintain a curriculum shaped by the convictions of a religion. Faith-based social work agencies should be able to maintain a staff and social work practices that are faithful to a religion. Secularism should not be the default requirement in the profession; instead, the social work profession should enlarge its embrace, to become fully inclusive of the different religious traditions embodied in the various faith-based social work programs and agencies. So, you must speak up for the religious freedom other religions need and ask them to speak up for the religious freedom your programs and organizations need.

Third, to the extent that it is not currently being done, I recommend that the NACSW actively pursue discussions and practical collaborations with social work professionals and social work professors of religions other than Christianity. Who better than a professional of a different religion to understand how imperative it is that Christians be able to bring their whole selves to the profession? Who better than a Christian to empathize with the challenges faced by professionals of other religions? And, as you find each other, you can join together across your differences to persuade the profession to make more room for the contributions of social workers of faith.

Fourth, I challenge one or two or two dozen of you to take on as your special contribution to social work and social justice a persistent involvement in the standard-setting work of the profession. That's the work of creating, changing, and enforcing standards for accreditation, for social-work curricula, for licensure, and for professional discipline; and it is the important and detailed work of revising the Code of Ethics. As

you know, how open the profession is to the influence of Christianity and other religions depends greatly on the details of these formal aspects of the profession. And, here is where the constitutional and legal requirement of religious freedom comes to the forefront (Goodrich, 2019, 112-14). This work on standards and on professional discipline and on the content of teaching takes place behind the scenes--but it is vital.

Direct help to hurting people is essential. Acting to change unjust social systems is essential. But licensing, accreditation, the profession's code, and the standards for social work education are all foundational to client services and to advocacy for systemic change. Acting, along with social workers of other religions, to make sure that these fundamental channels of the profession are open to the inspiration and wisdom of faith is itself vital service that will be for the good of marginalized clients and communities.

Jesus said there are two great commandments. Not a single commandment to love God entirely and forget about our life in the world; and not just a different command to love our neighbor, ignoring the God who created us both and therefore knows what is good for humans. Instead, there are twin commandments that must be taken together. Loving God fully, following his ways, requires loving our neighbors as ourselves and not ignoring their good. And to know how to love our neighbor well we need to learn from God

The social work profession must be kept open for the wisdom of God. May your prayers and your action keep it open.  
Thank you. ❖

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### ***Dancing The Labyrinth: Spirituality In The Lives Of Women***

*Maddy Cunningham and Jade de Saussure. (2019). New York, NY: Oxford University Press.*

*Dancing the Labyrinth* illuminates how being a woman has the potential to shape a woman's experience of spirituality. This book is written from a Christian, feminist perspective to inform therapeutic work with women. Feminist spirituality is defined as valuing all people with a foundation in cooperation and interdependence. Cunningham and de Saussure argue that the spiritual lives of women are different from men due to various factors that largely stem from the social construction of gender. Cunningham and de Saussure go on to address how women experience spirituality through relationships. Excerpts from interviews with a diverse group of women are used to demonstrate key points in the professional literature.

The first four chapters of this book explore how cultural experiences, individual worldview, psychosocial identity, and significant life events can shape the spiritual lives of women. Cunningham and de Saussure start by explaining how women have historically been denied the opportunity to see themselves in mainstream religious leadership, theology, and language. In Chapter 2, metaphors are used to demonstrate differences in the spirituality of men and women. The spirituality of men is associated with heroic transcendence through autonomous action while relational encounters create a narrative that informs the spirituality of women. In Chapter 3, the centrality of relationships for women is explained by psychological theories, relying most heavily on the relational-cultural theory. The work of feminist scholars and theologians provides a more inclusive image of God that validates and empowers women in Chapter 4.

The emotional health of women is addressed in the next five chapters of the book. In Chapter 5 life transitions associated with aging are described as opportunities for spiritual flourishing. Spiritual questions that can emerge in response to trauma are addressed in Chapter 6 where signs of spiritual struggle are presented as well as alternatives for spiritual coping. This may entail the need to process questions that challenge long-held beliefs to regain a sense of wholeness, if not spiritual growth. In Chapter 7, Cunningham and de Saussure return to more fully explain patriarchy and feminism and how intersectionality relates to the needs of women. Additional spiritual paths taken by some women which combine a variety of beliefs and practices are described in Chapter 8. Chapter 9 focuses on how women have managed anger with anticipated challenges attributed to membership in a subordinate social group. Based on Silencing the Self

Theory, women are believed to self-censor anger as they are socialized to be complicit and, thus, internalize anger. Women may deny the experience of anger to maintain an emotional state that is more congruent with one's spiritual path, described as spiritual bypassing.

Up to this point, Cunningham and de Saussure have presented life transitions and traumatic events and emotions such as grief, depression, anger, and forgiveness as well as challenges in the experience of conflict and the need to negotiate power experienced by women. In the last four chapters, Cunningham and de Saussure demonstrate how therapists may respond to spiritually support women. Chapter 10 reviews traditional approaches, i.e., mindfulness and cognitive-based interventions, that allow for the integration of spirituality in clinical practice. Chapter 11 provides examples of specific interventions that incorporate spirituality, like creative arts techniques, that can be used by therapists provided they have appropriate training. Examples of how to address special spirituality-oriented treatment issues are described in Chapter 12, followed by the last chapter about how to maintain a healthy therapeutic relationship given the potential for countertransference and vicarious trauma.

Although Cunningham and de Saussure detail how "traditional" religious beliefs and practices have supported the role of men in religious institutions, there is also significant variation in how religious institutions as well as religious traditions operate. This perspective is limited by their focus on the negative experiences of women in religious institutions and failure to explain the consequences for women when they are in positions of power, including positions of informal or social power. The roles of women in the creation, development, and maintenance of religious institutions are likely to have spiritual implications for all people. The concept of relational spirituality may help explain the underlying processes that inform this experience. However, the authors weaken their argument by failing to address the consequences of patriarchy as well as the importance of relationships for all people possible through relational spirituality.

Furthermore, there are Christians who do not believe mainstream religious institutions operate in a way that misrepresents or diminishes the spiritual lives of women. On the outside, it may appear that women are not considered equal to men while, on the inside, it is considered appropriate for women and men to operate differently in their religious institution and larger community. Roles do not necessarily mean one person is inherently more or less valuable than another person, particularly in a small community. If roles relative to gender do imply subordination, does this mean that some women do not recognize their own subordination and thus do not internalize the negative consequences of institutional oppression? In fact, this book risks defining oppression for women, which seems to support how patriarchy operates: the majority creates the

narrative for the minority.

Despite these limitations, *Dancing the Labyrinth* is an excellent book that lends important insights into how women may experience spirituality and interpret their value as women in religious institutions. Cunningham and de Saussure carefully weave together a range of references across disciplines, including works from academic and popular sources. They include excerpts from interviews with a small, diverse group of women that animate points drawn from professional literature. This book is written specifically for therapists which extends to social work practitioners, educators, and students. It is important to note that additional training is required to apply spiritually-integrated approaches and interventions. Ethical application further necessitates clinical supervision and practice evaluation. Therapeutic interventions also seem to focus on micro practice. Additional work is needed for application in mezzo and macro practice, given that relational spirituality manifests across systemic levels. ❖

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### ***The Hate U Give***

Angie Thomas (2017). New York, NY: Harper Collins

*The Hate U Give* is a riveting, fictional, semi-autobiographical novel chronicling the plight of a sixteen-year old African American girl named Starr Carter whose childhood best friend, Kahlil, gets shot and killed beside her while both are unarmed during a traffic stop by two Caucasian police officers. The title is an homage to rap legend, Tupac Shakur- “THUG LIFE, The Hate U Give Little Infants F\*\*\*\*s Everybody... Meaning what society gives us as youth, it bites them in the ass when we wild out.” (p. 17) Tenets of Critical Race Theory can be seen as the book examines bravery, activism, chronic and systemic poverty, historical and current oppression, and the role of family and community.

Starr grew up in Garden Heights, an urban community proliferated with gangs, substantial poverty, and violence. Her parents, Maverick “Big Mav,” an ex-gang member turned grocery store owner, and April Carter, a nurse, want better for Starr and her brothers, and send her to a preparatory school, Williamson, in another county. After Kahlil’s story gains national attention, Starr faces increasing pressure from the Garden Heights community not to say anything to the police, and her Williamson school friends as they rally and protest, which causes a city wide riot. Starr is terrified of the violence and the tension between the two communities, but realizes she must stand up for Khalil through peaceful activism.

Christianity appears to play an influential role in the story. Thomas herself is a practicing Christian who states on her Twitter, “I love Jesus and I cuss.” (Thomas, 2019). Big Mav has a picture of Black Jesus hanging in their family room next to a picture of Malcolm X (p. 30).

This book is pertinent for Christians in social work who are supporting African American teens, are African American themselves, or who work within an unjust system and want to better understand police brutality and systemic poverty from an intimate perspective. Thomas does a terrific job of not sugar-coating incredible hardships that many within the Black community unfortunately face.

The voice of this book is uniquely portrayed, by a sixteen-year old, African American girl, which would seem intentional to directly address misogynoir; that is, racism due to being Black and female, as coined by Moya Bailey (2013). Her voice allows the readers to address code switching, or as Patricia Hill Collins says, “challenging power structures from the inside, and working cracks within the system requires learning to speak multiple languages of power convincingly” (2013, p. 38). Starr must navigate the urban landscape of Garden Heights and the preparatory school landscape of Williamson convincingly:

Williamson Starr doesn't use slang – if a rapper would say it, she doesn't say it, even if her white friends do. Slang makes them cool. Slang makes her “hood.” Williamson Starr holds her tongue when people piss her off so nobody will think she's the “angry black girl”.... Basically, Williamson Starr doesn't give anyone a reason to call her ghetto (p.71).

Some critics of this book might not understand, relate to, or acknowledge the profound racism, police carding, or racial injustices that occur not only within the pages of *The Hate U Give* but also in the everyday lives of Black men and women. Furthermore, critics might suggest that Big Mav and April are “sell outs” because after the riots, the book ends with the decision to move their family from their Garden Heights community to a more affluent neighborhood in the suburbs.

The themes and events of this book continue to be relevant. The protests, rioting, and looting that occurred worldwide after George Floyd's death in May 2020 (Togoh, 2020) are prophetically similar to the events following Khalil's death. Similarly, after Big Mav is arrested in front of his family Starr recalls that, “Daddy once told me there's a rage passed down to every Black man from his ancestors, born the moment they couldn't stop slave masters from hurting their families” (p. 196). Thomas has an uncanny way of voicing the struggle of the white ally to understand the plight of Starr, her family and community, which can be seen through the eyes of her white boyfriend, Chris, and her best friend from prep-school, Hailey. Perhaps even more revealing to readers are the experiences of those reeling from the aftermath of the shooting and on the front lines of the riot, particularly Mav, who has witnessed a lifetime of violence from living in Williamson, and Starr who faces depression, panic attacks, and post-traumatic stress disorder symptoms after Khalil's death.

This book can be a starting point for those who have been involved in the #BlackLivesMatter movement, but want to continue the conversation of what privilege looks like. Big Mav says, “People like us in situations like this become hashtags, but they rarely get justice” (p. 59).

It can also be used by Black social work students, pastors and teachers to navigate their feelings of anger, sympathy, rage, injustice, frustration, and more through the path of Starr. And collectively, it can help us all to understand complexities of racial bias, generational poverty, and systemic oppression. As relevant now as his words were in 1963, Dr. Martin Luther King Jr. once said, “Injustice anywhere is a threat to justice everywhere” (King, 2018)

Christians can mourn with those who mourn, but also recognize the role they play in being part of the solution. We can recognize we are all deserving of a life of shalom; freedom from violence, with dignity and respect. ❖

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## ***Children Belong in Families: A Remarkable Journey Towards Global Change***

*Mick Pease & Philip Williams (2018). Eugene, OR: Wipf & Stock*

Mick Pease came from an unlikely background in coal mining and found his passion and calling in social work with children and families, specifically involving areas of orphanages, residential care, foster care and adoption. *Children Belong in Families* outlines his remarkable journey and the people who provided suggestions, encouragement or words of advice that led him to find the direction and purpose of his life and work.

The book follows his journey from the coal mines to Bible college, as a house parent in a residential care home, humanitarian aid trips to Romania, social work with fostering and adoption, and six months in a Brazilian children's home that ultimately led to the establishment of a charity called Substitute Families for Abandoned Children (SFAC), later renamed Strengthening Families for Abandoned Children. The book generally follows a chronological path that highlights steps in the journey that led Pease to his special calling. It explores his childhood experience of seeing firsthand the impact of institutionalization on his sister and tells of children he worked with and situations he encountered around the world that solidified his strong belief that children belong in families.

After having his work in a Brazilian children's home cut short by visa issues, Pease was encouraged to return to Brazil and shift his focus from direct care to macro level research, with a view to introducing foster care in Brazil. He engaged social workers, academics, the judiciary, and policy makers to share a vision for fostering children rather than allowing them to languish in orphanages. He found that social work in Brazil was more theoretical than practical, and although the hearers of his message were receptive, he saw little action. He continued his work on multiple trips, sharing his passion and helping organizations to see that the principles of fostering could be adapted successfully in their culture. He also discovered through similar visits to multiple countries that the fostering principles were transferable and universal in any culture, regardless of its faith tradition. As a result of his work, he is considered the father of foster care in Brazil but has also worked in more than 30 countries sharing how fostering may work in their contexts.

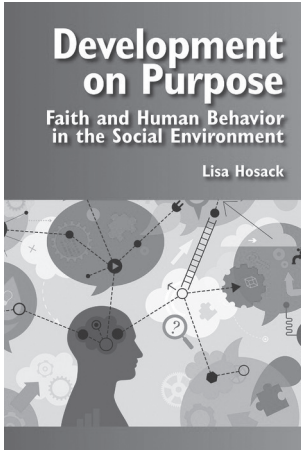
The book cites a UNICEF estimate that of the 140 million children classified as orphans worldwide in 2017, only 15.1 million have lost both parents, thus highlighting the potential to locate family members to care for children. It also addresses several issues that impede change, including poverty, the orphanage industry, voluntourism, and the international adoption industry, all of which have the potential of exploiting children and families for financial gain. He describes the "push-pull" factors of

voluntourism pulling tourists to visit and donate to orphanages and the push for ill-intentioned recruiters to gather children who aren't orphans in order to fill the institutions. He also described the challenges of the deeply ingrained concept of residential care in evangelical culture and well-intentioned efforts that do not meet professional standards of care for children.

The core objective of SFAC is to develop fostering projects for abandoned children in Brazil and other countries, which includes providing family support services in local communities, financially supporting children's homes and older children with educational fees and/or vocational training, and any other activity that relieves hardship and poverty. The organization develops culturally sensitive care plans tailored to the needs of the country, the family, and the child, taking local conditions into account. The organization assesses and trains foster parents and works with organizations to provide practical measures for reintegrating children into families as well as professional social work insight and networking with other organizations that have the same values.

The book's narrative form is engaging and informative about the issues involved in caring for vulnerable children. Just as Pease seeks to do when visiting countries around the world, he challenges existing models and principles but does so in a way that is not condemning or condescending. The book inspired me to do additional research into the organizations and principles he discussed and to evaluate my life and passion and how God would use me to impact the world. It also left me yearning for more specific details regarding the training provided to foster parents and children's organizations that SFAC conducts all over the world. The profession could receive added benefit from Pease's experience if he would write a practice-based book geared toward social work and child welfare professionals who might share his passion and replicate the principles of SFAC in other places around the world. ❖

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**DEVELOPMENT ON PURPOSE: FAITH AND HUMAN BEHAVIOR IN THE SOCIAL ENVIRONMENT**

(2019) BY LISA HOSACK, MSW, PH.D.

NACSW. \$25.50 U.S., \$22.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

Development on Purpose provides both students and seasoned professionals with a coherent framework for considering human behavior in the social environment from a Christian perspective. It was developed to be a companion text for HBSE

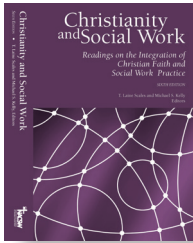
and related courses at both undergraduate and graduate levels.

Courses in human behavior and the social environment raise important questions about the nature of persons and our multi-layered social world. The Christian faith offers compelling answers to these deep questions about human nature and our relationships with one another and the world by providing a defining purpose for human development. Steeped within the Reformed tradition, Development on Purpose describes how this grand purpose informs our understanding of the trajectory of our lived experience and sustains our work on behalf of those at risk in the world.

To support the use of this book in the classroom and training environments, NACSW has developed a collection of online teaching resources for your use, which can be found at: [www.nacsw.org/teaching\\_resources/hosack\\_developmentonpurpose](http://www.nacsw.org/teaching_resources/hosack_developmentonpurpose).

**CHRISTIANITY AND SOCIAL WORK: READINGS ON THE INTEGRATION OF CHRISTIAN FAITH & SOCIAL WORK PRACTICE (SIXTH EDITION)**

**T. LAINE SCALES AND MICHAEL S. KELLY (EDITORS). (2020). BOTSFORD, CT:**

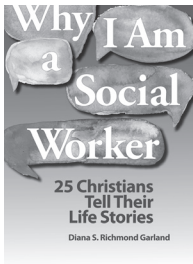


NACSW. \$64.95 U.S., \$51.96 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

The 6th Edition of *Christianity and Social Work* (CSW6), edited by T. Laine Scales and Michael Kelly, and is written for social workers whose motivations to enter the profession as well as their approaches to helping have been inspired and informed by their Christian faith.

The 19 chapters and over 400 pages of CSW6 address social welfare history, human behavior and the social environment, social policy, and social work practice from a faith perspective at micro, mezzo, and macro levels. Four decision cases and an accompanying online instructor's manual provide rich teaching tools for the use of this material in a variety of social work and related classes. Especially useful in the classroom or social work trainings, CSW6 supports several major curriculum areas outlined by the Council on Social Work Education's Educational Policy and Accreditation Standards.

NACSW has also developed an extensive electronic resource tool, *Instructor's Resources for Christianity and Social Work: Sixth Edition* (2020) by Tammy Patton to support the use of the *Christianity and Social Work* in classroom and trainings environments, which can be found at: [www.nacsw.org/Publications/CSW6/CSW6thInstructorsResourcesFinal.pdf](http://www.nacsw.org/Publications/CSW6/CSW6thInstructorsResourcesFinal.pdf).



**WHY I AM A SOCIAL WORKER: 25 CHRISTIANS TELL THEIR LIFE STORIES**

Diana R. Garland. (2015). Botsford, CT: NACSW. \$29.95 U.S., \$23.95 for NACSW members or orders of 10 or more copies. For price in Canadian dollars, use current exchange rate.

*Why I Am a Social Worker* describes the rich diversity and nature of the profession of social work through the 25 stories of daily lives and professional journeys chosen to represent the different people,

groups and human situations where social workers serve. *Why I Am a Social Worker* serves as a resource for Christians in social work as they reflect on their sense of calling, and provides direction to guide them

in this process. It addresses a range of critical questions such as:

- How do social workers describe the relationship of their faith and their work?
- What was their path into social work, and more particularly, the kind of social work they chose?
- What roles do their religious beliefs and spiritual practices have in sustaining them for the work,

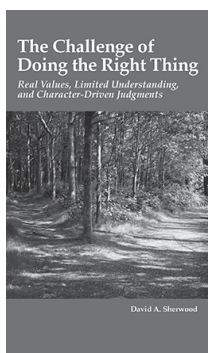
and how has their work, in turn, shaped their religious and spiritual life?

The stories in *Why I Am a Social Worker* have strong themes of integration of faith and practice that will

both challenge and encourage students and seasoned practitioners alike.

### **THE CHALLENGE OF DOING THE RIGHT THING: REAL VALUES, LIMITED UNDERSTANDING, AND CHARACTER-DRIVEN JUDGMENTS**

David A. Sherwood. (2018). Botsford CT: NACSW. \$21.95 U.S., \$17.55 for NACSW members or orders of 10 or more copies. Available as an eBook only. For price in Canadian dollars, use current exchange rate.

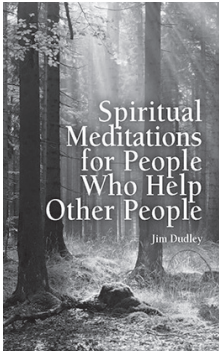


*The Challenge of Doing the Right Thing: Real Values, Limited Understanding, and Character-Driven Judgments* is a 450-page collection of 44 editorials and articles written by David Sherwood for *Social Work & Christianity* and for the North American Association of Christians in Social Work between 1981 and 2017 focused on integrating Christian faith, values, and ethics with competent professional social work practice. In this book, Dr. Sherwood argues that in ethical decision-making, decisions frequently involve making judgments that functionally prioritize legitimate values that are in tension with each other.

He contends that the mission of NACSW and *Social Work & Christianity* has been to walk the difficult middle road—clearly committed to both Christian faith and competent social work practice, not presuming to have the final answers in either, and helping members and readers to come as close to faithfulness and competence as possible.

### **SPIRITUAL MEDITATIONS FOR PEOPLE WHO HELP OTHER PEOPLE**

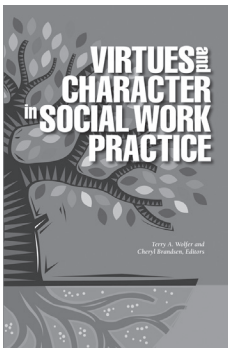
James R. Dudley (2019). Botsford, CT: NACSW. \$20.75 U.S., \$16.60 for NACSW members or orders of 10 or more copies. Available as an eBook only. For price in Canadian dollars, use current exchange rate.



*Spiritual Meditations for People Who Help Other People* is written for social workers and others who devote their lives to helping other people. The 25 spiritual meditations in this book are designed to nurture and strengthen caregivers, focusing on ways that we can enhance our relationship with God. Finding God in times of stillness, experimenting with different forms of prayer, and growing our patience and gratitude are examples. The meditations also focus on our relationships with the people we help. These meditations help us view our clients and our services as sacred territory, urge us to celebrate our clients, help us love our adversaries, and encourage more openness to miracles. *Spiritual Meditations* contains more than 25 individual meditations.

### **VIRTUE AND CHARACTER IN SOCIAL WORK PRACTICE**

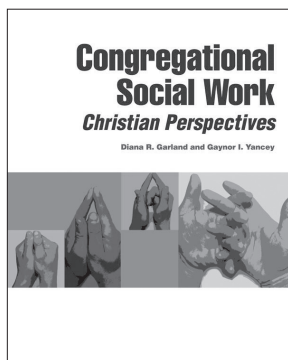
Edited by Terry A. Wolfer and Cheryl Brandsen. (2015). Botsford, CT: NACSW. \$23.75 U.S., \$19.00 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



*Virtues and Character in Social Work Practice* offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well. This book is for social work practitioners who, as social change agents, spend much of their time examining social structures and advocating for policies and programs to advance justice and increase opportunity.

**CONGREGATIONAL SOCIAL WORK: CHRISTIAN PERSPECTIVES**

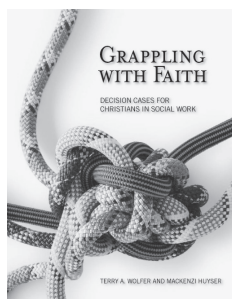
Diana Garland and Gaynor Yancey. (2014). Botsford, CT: NACSW. \$39.95 U.S., \$31.95 for NACSW members or orders of 10 or more copies). For price in Canadian dollars, use current exchange rate.



*Congregational Social Work* offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *Congregational Social Work* shares illuminating stories and experiences from social workers engaged in powerful and effective work within and in support of congregations throughout the US.

**GRAPPLING WITH FAITH: DECISION CASES FOR CHRISTIANS IN SOCIAL WORK**

Terry A. Wolfer and Mackenzi Huyser. (2010). \$23.75 (\$18.99 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

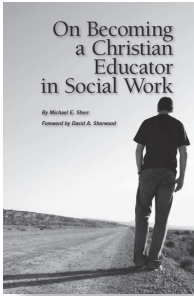


*Grappling with Faith: Decision Cases for Christians in Social Work* presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found in a wide variety of areas of social work practice, provoking active decision making and helping develop readers' critical thinking skills. Each case provides a clear focal point for initiating stimulating, in-depth discussions for use in social

work classroom or training settings. These discussions require that students use their knowledge of social work theory and research, their skills of analysis and problem solving, and their common sense and collective wisdom to identify and analyze problems, evaluate possible solutions, and decide what to do in these complex and difficult situations.

**ON BECOMING A CHRISTIAN EDUCATOR IN SOCIAL WORK**

Michael Sherr. (2010). \$21.75 (\$17.50 for NACSW members or for orders of 10 or more). For price in Canadian dollars, use current exchange rate.

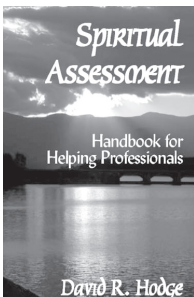


*On Becoming a Christian Educator* is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to connect their personal faith journeys to effective teaching practices with their students. Frank B. Raymond, Dean Emeritus at the College of Social Work at the University of South Carolina suggests that “Professor Sherr’s book should be on the bookshelf of every social work educator who wants to integrate the Christian faith with classroom teaching. Christian social work educators can learn much from Professor Sherr’s spiritual and vocational journey as they continue their own journeys and seek to integrate faith, learning and practice in their classrooms.”

**SPIRITUAL ASSESSMENT: HELPING HANDBOOK FOR HELPING PROFESSIONALS**

David Hodge. (2003). Botsford CT: NACSW. \$20.00 U.S. (\$16.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

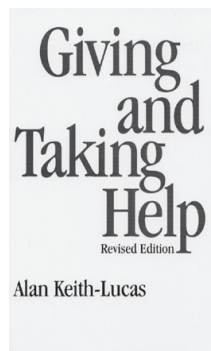
A growing consensus exists among helping professionals, accrediting organizations and clients regarding the importance of spiritual assessment. David Hodge’s *Spiritual Assessment: Helping Handbook for Helping*



*Professionals*, describes five complementary spiritual assessment instruments, along with an analysis of their strengths and limitations. The aim of this book is to familiarize readers with a repertoire of spiritual assessment tools to enable practitioners to select the most appropriate assessment instrument in given client/practitioner settings. By developing an assessment “toolbox” containing a variety of spiritual assessment tools, practitioners will become better equipped to provide services that address the individual needs of each of their clients.

**GIVING AND TAKING HELP (REVISED EDITION)**

Alan Keith-Lucas. (1994). Botsford CT: North American Association of Christians in Social Work. \$20.75 U.S. (\$16.50 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.

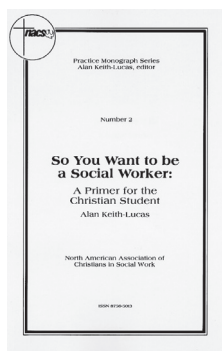


Alan Keith-Lucas' *Giving and Taking Help*, first published in 1972, has become a classic in the social work literature on the helping relationship. *Giving and taking help* is a uniquely clear, straightforward, sensible, and wise examination of what is involved in the helping process—the giving and taking of help. It reflects on perennial issues and themes yet is grounded in highly practice-based and pragmatic realities. It respects both the potential and limitations of social science in understanding the nature of persons and the helping process. It does not shy away from confronting issues of values, ethics, and

world views. It is at the same time profoundly personal yet reaching the theoretical and generalizable. It has a point of view.

**SO YOU WANT TO BE A SOCIAL WORKER: A PRIMER FOR THE CHRISTIAN STUDENT**

Alan Keith-Lucas. (1985). Botsford, CT: NACSW. Social Work Practice Monograph Series. \$11.50 U.S. (\$9.00 for NACSW members or orders of 10 or more). For price in Canadian dollars, use current exchange rate.



*So You Want to Be a Social Worker* has proven itself to be an invaluable resource for both students and practitioners who are concerned about the responsible integration of their Christian faith and competent, ethical professional practice. It is a thoughtful, clear, and brief distillation of practice wisdom and responsible guidelines regarding perennial questions that arise, such as the nature of our roles, our ethical and spiritual responsibilities, the fallacy of “imposition of values,” the problem of sin, and the need for both courage and humility.

To order a copy of any of the above publications, please send a check for the price plus 10% shipping and handling. (A 20% discount for members or for purchases of at least 10 copies is available.) Checks should be made payable to NACSW; P.O. Box 121, Botsford, CT 06404-0121. Email: [info@nacsw.org](mailto:info@nacsw.org) or call 203.270.8780.



*North American Association  
of Christians in Social Work*

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# 71st ANNUAL CONVENTION

November 18-21

Hilton Los Angeles North Glendale & Executive Meeting Center – 100 West Glenoaks Blvd. Glendale, CA 91202

Please join social workers and social service members and friends of faith to the 71st Annual NACSW Convention. Our workshop program features over 75 workshops and poster sessions.

## New for this Year

NACSW will dedicate a single day with workshops, breakout sessions and speakers supporting the special tracks.

**Criminal Justice and a Faith Perspective** – Friday November 19th  
**Immigration Issues and Considerations of Faith** – Saturday November 20th



NOV 18 THURSDAY

## NACSW Featured speakers: Opening Plenary Session

Fr. Greg Boyle of Homeboy Industries

NOV 19 FRIDAY

## Alan Keith-Lucas Lecture

Rev. James C. Raines, PhD, MDiv., MSW professor at California State University, Monterey, CA

NOV 20 SATURDAY

## Banquet Speaker

Sandy Ovalle Director of Campaigns and Mobilizing of Sojourners

For details on how to register, exhibitor or sponsor information please visit our website at [nacsww.org/annual-convention/](https://nacsww.org/annual-convention/)

*NACSW is currently planning for an in-person convention in November. However, depending on the state of COVID-19 in the Southern California area at that time, the format of this year's conference is subject to change. NACSW will communicate with its members and friends as early as possible should the convention have to change to a virtual format to ensure the health and safety of convention participants, staff and volunteers.*

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## NORTH AMERICAN ASSOCIATION OF CHRISTIANS IN SOCIAL WORK

NACSW's mission is to equip its members to integrate Christian faith and professional social work practice.

Its goals include:

- Supporting and encouraging members in the integration of Christian faith and professional practice through fellowship, education, and service opportunities.
- Articulating an informed Christian voice on social welfare practice and policies to the social work profession.
- Providing professional understanding and help for the social ministry of the church.
- Promoting social welfare services and policies in society which bring about greater justice and meet basic human needs.

