SOCIAL WORK & CHRISTIANITY

Journal of the North American Association of Christians in Social Work

Volume 49, Number 2 • Summer 2022




NACSW
North American Association of Christians in Social Work

ISSN 0737-5778

SOCIAL WORK & CHRISTIANITY

STATEMENT OF PURPOSE

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.

Views expressed by authors are their own and do not necessarily reflect those of *SWC* or NACSW. Membership in NACSW or publication in *SWC* in no way implies endorsement or certification of the member's or author's qualifications, ability, or proficiency to practice social work. NACSW and *SWC* do not assume responsibility in any way for readers' efforts to apply or utilize information, suggestions, or recommendations made by NACSW, its publications, conferences, or other resources.

INSTRUCTIONS FOR AUTHORS

Social Work & Christianity publishes four types of articles: a) conceptual articles; b) research articles; c) practice articles; and d) point of view articles. Go to swc.nacsw.org to check out the criteria used by reviewers to evaluate submissions for each type of article, and to submit a manuscript to *SWC*.

Submit your manuscript electronically to *SWC* as a Microsoft Word file which includes the following information: a) the full title of the article; b) an abstract of not more than 150 words; c) the full text of the article (without author identification); d) references and any tables or appendices (please use the current edition of the American Psychological Association Style Manual for in-text references and reference lists); e) keywords or phrases (4–8) to facilitate online searches.

Also, to ensure the integrity of the blind peer-review process, before you submit your manuscript, please delete the name(s) of the author(s) anywhere they appear in the text, and remove the author identification from the "properties" section of your document.

At least three members of the editorial board will anonymously review manuscripts based on: a) relevance of content to major issues concerning the ethical integration of competent social work practice and Christianity; b) potential contribution to social work scholarship and practice; c) literary merit; d) clarity; and e) freedom from language that conveys devaluation or stereotypes of persons or groups. The editor in chief will make final acceptance decisions.

Authors may correspond with the Editor in Chief by email at jhoytoliver617@gmail.com

BOOK REVIEWS FOR *SWC*

Social Work & Christianity welcomes book review manuscripts for the Reviews section of the journal. Book reviews should be relevant to *SWC's* readership and therefore should include content pertinent to Christians in social work. Book review authors should follow these guidelines:

- To submit a book review to *SWC*, go to: swc.nacsw.org.
- Ordinarily books should be fairly recent (published within two years); if later, reviewers should provide some justification for why an older book has current relevance.
- Reviews should be about 600–800 words in length.
- Reviews should include an overview of the book's main points, especially those pertaining to Christians in social work.
- In addition to a descriptive summary of the book's content, reviews should provide some assessment, critique, and analysis of the book's strengths and weaknesses, and its contribution to the field of social work practice, especially to specific audiences such as subfields of social work practice, students, academics, administrators, and church leaders.
- Reviews should adhere to general guidelines for formatting and writing escribed in the general Instructions for Authors.

All submitted book review manuscripts, whether invited or not, are subject to editorial review and acceptance by the book review editor, in conjunction with the editor-in-chief, who will make final decisions regarding acceptance for publication.

Reviews submitted for a special topic issue should be clearly marked as such.

Please contact James Vanderwoerd, the Book Review Editor, of *Social Work & Christianity*, at jwoerd@redeemer.ca with any questions or for additional information.

LETTERS TO THE EDITOR

Social Work & Christianity welcomes Letters to the Editor. To submit a Letter to the Editor to *SWC*, go to: swc.nacsw.org.

The purpose of the Letters to the Editor section in *Social Work & Christianity* is to provide creative space for dialogue about complicated topics for Christians in social work. Our hope is that submissions in this form allow for the healthy exchange of ideas and perspectives. The Letters to the Editor section is grounded in our Christian values of humility, mutual respect, and generosity of spirit, as well as our professional values of critical thinking and integrity.

Letters to the Editor should be no more than 500–1,000 words in length and invite conversation as it offers the opportunity for readers to observe an open and civil exchange of ideas and perspectives. Letters which are a response to articles previously published in *Social Work & Christianity* will be shared with the article author(s), who will have the opportunity to respond to the letter. Such Letters to the Editor are encouraged to ask clarifying questions in a spirit of curiosity (as opposed to a spirit of confrontation), model careful listening, and seek common ground where possible as it shares alternative points of view for readers' consideration. Letters to the Editor which include personal attacks or denigration of individuals or organizations will not be considered.

SUBSCRIPTIONS & INDEXING

Four issues per year of *SWC* are a benefit of membership in NACSW. Membership information may be obtained by contacting NACSW at info@nacsw.org or 888.426.4712.

Subscriptions are available for $135/year for institutions located in the US, $155/year (US$) for institutions located in Canada, and $150/year (US$) for institutions in all countries outside of North America. This low subscription rate includes both hard print copies as well as on-line access to *Social Work & Christianity*. Please note that on-line access allows access to issues of SWC going back to 1974.

Back orders of most issues of *SWC* (formerly *The Paraclete*) are available for $5 per copy. For more information including a list of contents by issue or questions about advertising in *SWC,* contact NACSW. *SWC* is indexed in *Social Work Abstracts, Sociological Abstracts, Social Services Abstracts, Guide to Social Science and Religion in Periodical Literature, PsycINFO, and Christian Periodical Index*. Full text articles from *Social Work & Christianity* appear in both ProQuest as well as EBSCO's *SocINDEX with Full Text*, *Academic Search Complete*, *and Social Sciences Full Text* bibliographic research databases.

Individuals and organizations that wish to advertise professional events, resources, and programs that are compatible with the mission of NACSW should contact the NACSW office (info@nacsw.org or 888.426.4712) for rates, publishing procedures, and deadlines.

SOCIAL WORK & CHRISTIANITY

JOURNAL OF THE NORTH AMERICAN ASSOCIATION OF CHRISTIANS IN SOCIAL WORK

SUMMER 2022
VOLUME 49, NUMBER 2
ISSN 0737-5778
DOI: 10.34043/SWC.V49I2

CONTENTS

Book Reviews

Social Work & Christianity is published quarterly by the North American Association of Christians in Social Work, 6601 W College Dr. Palos Heights, IL 60463.

ISSN 0737-5778

POSTMASTER: Send address changes to NACSW, 6601 W College Dr. Palos Heights, IL 60463

CONCEPTUAL ARTICLE

One-Anothering: A Christian Approach to Professional Ethics

James C. Raines

NACSW 2021 Annual Conference
Alan Keith-Lucas Lecture
Conference theme: Bringing All People Under One Roof: Supporting Vulnerable Groups in Our Communities

Christians sometimes adopt a relativist theory of ethics called divine command theory (DCT). This ethical theory holds that ethical principles depend entirely on God's revealed commands and that these commands can be broken so long as God commands it. A Christian realist alternative to DCT is natural law ethics (NLE). NLE claims that ethical principles are apparent through nature and logical because God is the creator and all humans share in the divine image. This paper looks at the theological basis for both theories and recommends that the latter has more support from the Bible, Christian history, secular and inter-faith sources, and science. Natural law ethics allows Christians and non-Christians to identify common values even when the philosophical ground of those values varies. Using consultation and working collaboratively with "one another" allows us to find consensus on complex ethical problems.

***Keywords*:** Christianity, consultation, divine command theory, ethical theories, ethics, natural law ethics

FOR THE PAST TWELVE YEARS, I HAVE BEEN TEACHING professional ethics as an upper-division general education course for students at a secular public university. I have a couple of goals for the course. One is to help them move beyond ethical relativism to ethical realism. The other goal is to facilitate their adoption of a universal ethical theory that will guide their professional

Social Work & Christianity, Vol. 49, No. 2 (2022), 120-134
DOI: 10.3403/swc.v.49i2.295
Journal of the North American Association of Christians in Social Work

careers. The goal here is to offer a Christian approach to both goals in the hope that Christians can be salt and light wherever they serve.

Ethical Relativism to Ethical Realism

Definitions. The term ethics can be used different ways. *Philosophical* ethics is the branch of philosophy that purports to answer the existential question, "What is good?" As Kraut (2018) states,

> Aristotle's search for *the* good is a search for the *highest* good, and he assumes that the highest good, whatever it turns out to be, has three characteristics: it is desirable for itself, it is not desirable for the sake of some other good, and all other goods are desirable for its sake. (emphasis in the original)

Meta-ethics. Ethical theories about ethics are known as meta-ethics. *Relativist* theories believe that morality is constructed and thus ethics depends on the person, culture, or group that created them. Common relativist theories include individual relativism, cultural relativism, and divine command theory. *Universal* theories maintain that morality is discoverable and that standards exist independently of opinions. Common universal theories include deontology, utilitarianism, natural law theory, and rights ethics (Boss, 2019).

Divine Command Theory

The type of ethical relativism that has influenced Christianity is divine command theory (DCT). DCT originates in a story about Socrates and Euthyphro. According to Plato (ca. 385 BC), Euthyphro suggests that, "holiness is what all the gods love, and that unholiness is what they all hate." To which Socrates asks, "Is the holy loved by the gods because it is holy, or is it holy because it is loved by the gods?" Philosopher, G. W. Leibniz (1702/1989) put it this way,

> It is generally agreed that whatever God wills is good and just. But there remains the question whether it is good and just because God wills it or whether God wills it because it is good and just; in other words, whether justice and goodness are arbitrary or whether they belong to the necessary and eternal truths about the nature of things. (p. 59)

Divine command theorists believe that God's rules in the Bible are always obligatory with the two stipulations that such rules must be contextually understood and that God is free to change them (Hays,

1996). Wainwright (2005) points to two reasons that Christians would do so. The first reason is based on the sovereignty of God. As Wainwright explains,

> If God is Lord of everything, then God depends on nothing, and nothing escapes his sovereignty. The claim that God's will is guided or shaped by independent standards of good and evil, right and wrong, threatens both assertions. For if God is *subject* to independent standards, he depends on them and so isn't Lord *of* those standards. (p. 66)

The second reason is that a central theme of Christian piety is submission to God's will. One major apologist for this point of view is Anglican bishop, Robert Mortimer (1950):

> From the doctrine of God as the Creator and source of all that is, it follows that a thing is not right simply because we think it is, still less because it seems to be expedient. It is right because God commands it. (p. 8)

Critique. Theologian Ralph Cudworth (1731/1976) was one of the first to notice some problematic implications of DCT. First, it presumes that a heinous sin (e.g., torturing a small child for fun) would become a good action if God commanded it. Second, some morally good actions (e.g., protecting the weak) would be morally neutral unless God specifically required them. Third, as Barton (1998) notes, some morally bad behavior is simply not addressed by divine commands in the Bible, such as polygamy, prostitution, and slavery. For both Cudworth and Leibniz (1702/1989), moral truths, like the laws of geometry, are necessarily true, and their negations are logically impossible. If geometry is arbitrarily dependent on the will of God, there are two further consequences. First, if the essence of things is capricious, the essence of God is also changeable. Second, if every truth is dependent upon the will of God, the distinction between truth and fiction disappears. Thus, God's omnipotence is the power to do anything possible, not to do the inherently impossible.

Rebuttal. Philip Quinn (2006) agrees that God's omnipotence is constrained to the inherently possible, but argues that God is restricted by his own goodness, not a set of external rules. Divine command theorists offer the akedah (binding) of Isaac in Genesis 22 for an apparent prooftext. Both Kant and Kierkegaard struggled with this text. For Kant (1798/1996), the father of deontology, Abraham made the wrong choice:

> Abraham should have replied to this supposedly divine voice: "That I ought not to kill my good son is quite certain. But that you, this apparition, are God of that I am not certain, and can never be, not even if this voice rings down to me from heaven. (p. 283)

The existentialist Kierkegaard (1843/1968) argued the sacrifice was not about Isaac, but about his morality and involved "a teleological suspension of the ethical" (p. 77). For Kierkegaard, the leap of faith requires absolute duty to the Absolute (Williams, 2004). Thus, Abraham, perhaps believing that God could resurrect his dead son (Hebrews 11:17-19), voluntarily suspended his ethical objections to murdering his own son.

An Informal Fallacy. An informal fallacy is an argument that is rationally flawed due to a weak premise. When ethics is based on exceptional cases like the *akedah*, we run the risk of committing a hasty generalization. Yes, the God of the Old Testament seems to command immoral acts ranging from stealing (Exodus 11:2 & 12:36) to genocide (I Samuel 15:1-3), but when we treat exceptions as normative, Christians run the risk of doing incredible harm in God's name. Jesus criticizes the scribes and Pharisees for making this mistake in Matthew 23:23 when he accused them of carefully tithing even the smallest of grains while they ignore "weightier" matters such as justice, mercy, and faithfulness. Church history abounds with examples from the Crusades to Christian nationalists storming the U.S. Capitol (Boorstein, 2021; Jenkins, 2021).

Application of DCT

Many Christians who struggle to know the will of God follow the example of Gideon (Judges 6:36-40) in putting out a (figurative) fleece, hoping that a supernatural sign will lead them to the right decision. Murphy (2017), however, describes Gideon as an insecure biblical hero who needs repeated reassurance of God's promises. He is the "doubting Thomas" of the Old Testament. DeYoung (2009) understands that Christians desperately want to figure out God's will, but he argues that there are five problems with the "magic 8-ball" approach to discovering God's will: (1) it focuses on non-moral decisions; (2) it portrays God as sneaky; (3) it is anxiously preoccupied with the future; (4) it undermines personal responsibility and initiative; and (5) it is hopelessly subjective. In other words, "If a thought or impulse pops into your head, even if it happens while reading Scripture, don't assume it is a voice from heaven" (p. 84).

Rather than resort to questionable techniques such as dream interpretation, randomly choosing Bible verses, casting lots, or looking for open doors, DeYoung (2009) concludes,

> So, the end of the matter is this: Live for God. Obey the Scriptures. Think of others before yourself. Be holy. Love Jesus. And as you do these things, do whatever else you like, with whomever you like, wherever you like, and you'll be walking in the will of God. (p. 122)

Natural Law Ethics

Rationality. Natural law ethics is best explained by Thomas Aquinas (1285/1948), but has its seeds prior to the Ten Commandments, such as when Cain is punished for the murder of Abel and Joseph flees from Potiphar's adulterous wife (Levering, 2008; Novak, 1998;). Aquinas, like Aristotle, believed that people function best when they are improving their capacities and reason is the highest and best of those capacities. Because reason is available to everyone, natural law is universal and not relativistic. Atheists and believers alike are bound by the same moral code (Belanger & Smith, 2012).

Hierarchy of Laws. Aquinas posited different levels of law. *Eternal* law is the uncreated reason of God that guides the universe toward a goal. *Divine* law directs humans and other creatures to their eternal happiness. *Natural* law is how humans morally participate in eternal law toward their earthly happiness. *Human* laws are legislative norms that should be in accordance with natural law. Aquinas concludes that "if a humanly made law conflicts with the natural law, then it is no longer a law, but a corruption of law" (Aquinas, T. 1948, *Summa theologiae*, I-II, Q. 95, a. 2.). Thus, believers, from the prophet Daniel to Martin Luther King, Jr. have used natural law to justify civil disobedience (Lovin, 2011).

Reason. Lovin (2011) states that Aquinas distinguished between two kinds of reason:

> there is a distinction between *theoretical* reason, which allows us to understand the system of nature as a whole, and *practical* reason, which guides our inclinations toward the fulfillment of our own human nature. Theoretical reason is about distinguishing true from false. Practical reason, by contrast, tells us what is to be done and what is to be avoided. It enables us to formulate rules and general principles that can be applied to specific situations to guide choice and action. (p. 124)

Another way to paraphrase this idea is to note that there are separate Greek words for wisdom and prudence. Aristotle considered *sophia* to mean theoretical wisdom and *phronesis* to mean practical wisdom or how to act in specific situations.

Reformed Theology. Melanchthon thought that knowledge of God's law was known generally and born with us. Luther argued that the laws of Moses had no hold upon the Christian unless they concurred with the New Testament and natural law. He gradually adopted Melanchthon's view and cited Romans 2:14-15 for support that God's law applies equally to Jews and Gentiles because it is written on their hearts (MacPherson, 2020).

Calvin (1536) acknowledged "that all humankind reflects the image of God (*imago dei*) and this image, while blemished by sin, is neither lost nor destroyed" (*Institutes*, 1:15:4). The command to love one's neighbor is founded upon the idea that everyone retains the *imago dei* (Grabill, 2006). Thus, this ability to discern ethical norms paves the way for consensus even in a pluralistic society (Rawls, 1971).

Purpose. NLE is teleological – it's part of God's design and purpose for the world. Whether an action is right is secondary to whether that action brings about some good. Thus, an act that seems good, such as praying, might be flawed if I am only doing so to pass a test or survive a natural disaster. In this case, my purpose is flawed because that isn't why one should pray. Action can also be flawed through bad intention, such that no good consequences that flow from the action would be sufficient to justify it. Such is the case in murder, adultery, lying, and blasphemy (Murphy, 2019).

Summary. Murphy (2019) summarizes Aquinas' natural law theory as follows: (1) the natural law is given by God; (2) it is naturally authoritative over all human beings; and (3) it is naturally knowable by all human beings. Further, it holds that (4) the good is prior to the right, that (5) right action is action that responds nondefectively to the good, that (6) there are a variety of ways in which action can be defective with respect to the good, and that (7) some of these ways can be captured and formulated as general rules.

Sin. Aquinas (1285/1948) admits that sin is problematic, but argued that "As to those general principles, the natural law, in the abstract, can nowise be blotted out from men's hearts." (*Summa theologiae*, I-II, Q. 94, a. 6). Thus, theoretical reason remains intact, but practical reason is impaired. Calvin is more pessimistic:

> But man is so shrouded in the darkness of errors that he hardly begins to grasp through this natural law what worship is acceptable to God. Surely, he is far removed from a true

> estimate of it… Accordingly, the Lord has provided us with a written law to give us a clearer witness of what was too obscure in the natural law (*Institutes*, 2:8:1).

Secular Support. Is there secular support for a universal law? As early as 800 BC, Homer had Calypso promise not to harm Odysseus, "I will be as careful for you as I should be for myself in the same need, I know what is fair and right" (*The Odyssey*, Book V, vv. 184–191). Plato wrote, "May I be of a sound mind, and do to others as I would that they should do to me" (The Laws, Book XI, v. 913 in *The Dialogues of Plato*). Aristotle is credited as saying that we should treat friends "as we should wish our friends to behave toward us" (*Diogenes Laertius*, Book V, §11). Thomas Jefferson appealed to natural law ethics at the start of the Declaration of Independence. The Republican Party platform of 1860 branded slavery "a crime against humanity and a burning shame to our country" (Peters & Wooley, undated). Likewise, Tolstoy (1894/1951), who inspired Jane Addams' work with the poor, wrote:

> Tradition—the collective wisdom of my greatest forerunners—tells me that I should do unto others as I would that they should do unto me. My reason shows me that only by all acting thus is the highest happiness for all people attained. Only when I yield myself to that intuition of love which demands obedience to this law is my own heart happy and at rest. (p. 71)

Finally, shortly after the Nazi's use of genocide in World War II, the United Nations' (1948) *Universal Declaration of Human Rights* began, "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards *one another* in a spirit of brotherhood" (Article 1, emphasis added).

Interfaith Endorsement. Is there evidence that other faiths believe in a universal standard? The *Declaration Toward a Global Ethic* was approved at the Parliament of the World's Religions in Chicago in 1993. Signed by over 200 inter-faith representatives, it stated,

> There is a principle which is found and has persisted in many religious and ethical traditions of humankind for thousands of years: What you do not wish done to yourself, do not do to others. Or in positive terms: What you wish done to yourself, do to others! (Global Ethic Foundation, 1993, p. 7)

From this simple rule, it identified four directives: (1) nonviolence, (2) economic justice, (3) truthfulness, and (4) equal rights. Twenty-five years later, the Parliament added a fifth directive: ecological responsibility (Global Ethic Foundation 2018).

Scientific Support. First, Waal's (2006) *Primates and Philosophers* argues that evolutionary biology takes far too dim a view of the natural world, emphasizing our "selfish" genes. Based on extensive research of primate behavior, he demonstrates a strong continuity between primate prosocial behavior and human morality. Thus, he disagrees with Hobbes, Huxley, and Freud, who thought that ethics was contrary to nature – just a mere veneer that covers a bestial core.

Secondly, Hamlin, Wynn, and Bloom (2011, 2010, 2007) have repeatedly demonstrated that three-month-old infants prefer prosocial individuals over antisocial persons. They conclude that this natural inclination can "serve as the foundation for moral thought and action" (2007, p. 557). More recently, they also warn that babies also demonstrate a strong tendency to hold "strong biases for in-group over out-group members and for themselves over others" (Wynn et al., 2018, p. 3). Thus, the scientific evidence supports the idea that all have some basic moral wisdom (*sophia*), but that prejudice and egocentrism interfere with its practical application (*phronesis*).

Application of NLE

Jesus summarized all of the commands of the Old Testament into two expectations, that we should love God and love our neighbor as ourselves. He gives his disciples, however, a new version of the second command: "I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this everyone will know that you are my disciples, if you love one another" (*New Revised Standard Version, 1989*, John 13:34-35,). This revision has two important implications. First, we must love one another humbly as Christ humbled himself for us (Philippians 2:5-7). This is different from the Golden Rule where we love one another equally because all bear the *imago dei*. Second, this command has a purpose – we love one another so that "everyone will know" that Christians are different (Whitacre, 2010). Christ didn't just die for the Church, he died for the "world," a term that appears in the Gospel of John five times more often than any other gospel. Thus, it is when we love others as Christ loved us that we most reflect the *imago dei* and give them a foretaste of the beloved community.

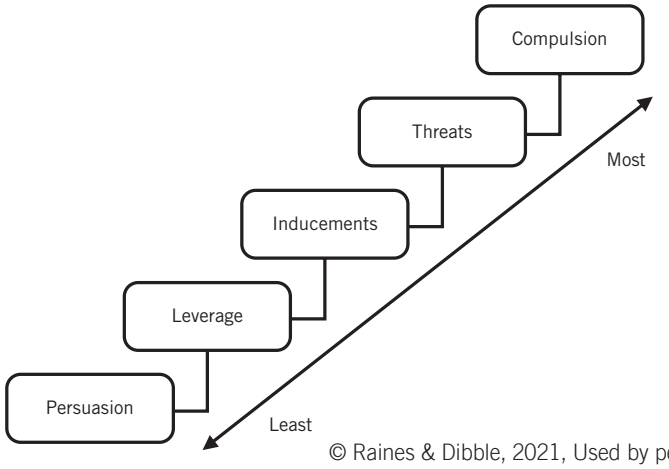
Common Values. Sherwood (2007) is correct that the social work profession has lost its religious foundation for ethical values (Raines, 1999), but that doesn't mean that we cannot find consensus on the values themselves. As the Global Ethic Foundation (2018) states, "The principles expressed in this Global Ethic can be affirmed by all persons with ethical convictions, whether religiously grounded

or not" (p. 7). Some grounds will be anthropocentric, others will be theocentric (Levering, 2008).

Natural law ethics can also be used to deduce common ethical values found in professional codes of ethics. Some values are explicitly affirmed while others are only implicitly acknowledged. For example, there is no code among mental health professions that explicitly affirms protection of life. However, when codes allow practitioners to violate confidentiality when a client is a danger to self or others, protection of life is implicitly affirmed (Raines & Dibble, 2021). For a complete list of ethical values in mental health, see Appendix A.

Christian Coercion. Christian humility requires that we acknowledge the effects of sin in our own practical application of ethics. Unfortunately, Christian hubris sometimes leads Christian professionals to impose their beliefs on others (Kaplan, 2014; Reamer, 2014; Swartz, 2006). Even when we are convinced that we know what is best for a client, whether it is an adolescent pregnancy, domestic violence, or substance use, we should remember Alan Keith Lucas' (1994) admonition that "helping people find their own way is better than controlling them, however subtly" (p. 158). Szmukler and Appelbaum (2008) identify five levels of professional influence (see Figure 1.1).

Figure 1.1 Hierarchy of Influence



Persuasion is the use of logic or emotion to sway a client. It is the lowest level of professional influence because clients can also persuade professionals. This kind of give-and-take dialogue can lead to an ethical compromise. *Leverage* is the use of the professional relationship to steer a client in subtle ways (Sherwood, 2002). The practitioner may look disappointed at the client's choice, shake her head, or wonder aloud where things went wrong. *Inducements* are more coercive because they

offer something valuable to clients that comply. They may take the form of verbal praise, extra session time, or even a boundary crossing. *Threats* are even more problematic because they take away something the client enjoys. They can include criticism, cancelled appointments, or negative evaluations to others. *Compulsions* occur when a client's autonomy and freedom are eliminated completely. Examples include remand to a more restrictive setting or even clinical termination. Treating our clients as we would want others to treat us requires that we employ the hierarchy of professional influence cautiously.

Prudence. Westberg (1995) notes that prudence is an important theme in Aquinas' thought. This implies, especially in the case of modern society which no longer shares a common religious and moral orientation, that certain practices may have to be tolerated because restrictive legislation is unacceptable or unenforceable (p. 21).

He notes that actions that are commonly regarded as evil, such as adultery, are no longer considered illegal across secular societies. Thus, for similar ethical dilemmas such as abortion or euthanasia, Christians should not resort to single-issue politics, but employ persuasion to change public opinion.

One simple way to avoid the temptation of personal or political coercion is to consult with a wiser practitioner. Unfortunately, "rugged individualism" has infected the Church. Capitalists, Davenport and Lloyd (2016) are unapologetic about this, "The essential message of scripture, particularly in the New Testament, is the individual is the child of God, alone responsible to God for the way he lives his life" (p. 6). Theologians, Richards & James (2020), however, argue that reading scripture through the lens of rugged individualism is a cultural imposition of Western values on an Eastern text. God calls us into a community of believers. Unfortunately, some of the previous work on ethical decision making in *Social Work & Christianity* (Sherwood, 2007; Staral, 2003) gives the impression that social workers are lone ethical agents, who seek guidance from the Holy Spirit, but not one another. To be fair, Sherwood does mention consulting with colleagues elsewhere (Sherwood, 2004).

Consultation. Raines and Dibble (2021) found that seeking consultation was the most commonly recommended step across most ethical decision-making models. It is also expected by multiple codes of ethics, including the NASW Code:

> For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an

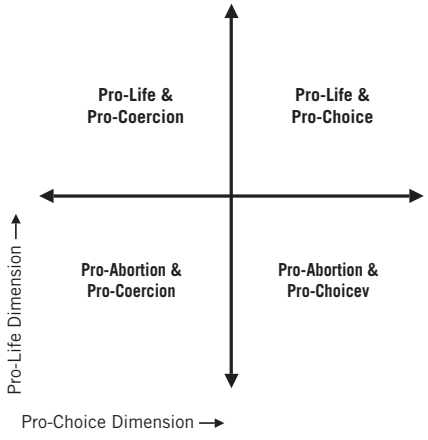
> agency-based or social work organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel. (NASW, 2021, Purpose).

It seems reasonable that "knowledgeable colleagues" includes spiritually mature Christian social workers. Getting consultation aligns with Isaiah's woe to those "who are wise in their own eyes" (Isa. 5:21), Proverbs' advice to "not rely on your own understanding" (3:5) and Jesus' warning about those who "trusted in themselves that they were righteous" (Luke 18:9). Getting regular consultation allows us to "one-another" each other in our ethical decision making (Justice & Garland, 2010).

Some social workers fear that they will be violating a client's confidentiality if they seek consultation, but the NASW Code specifically addresses this danger, "Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure" (Section 1.07(v)).

Ethical Example. A Catholic social service agency where I worked was located in a low-income neighborhood where teenage pregnancies were common. While the administrators were devout Catholics, the social workers were a diverse group of many faiths. Working collaboratively, they decided to take a nuanced approach to the abortion debate. As the dialogue deepened, they realized the words "life" and "choice" were not opposites, so they explored them as orthogonal concepts (see Figure 1.2 Pro-Life, Pro-Choice Typology). They ended with a consensus that the social workers could discuss all of the options available for pregnant teenagers, but would refrain from accompanying a client to an abortion clinic. In the meantime, they launched an educational prevention group for students in grades 6-8.

Figure 1.2 Pro-Choice, Pro-Life Typology



Caveat. In distinguishing DCT from NLE, there is no reason to assume that divine commands and natural laws should contradict each other. They should complement each other just as Raines and Dibble's (2021) explicit and implicit professional values complement each other. Indeed, if both have God as their author, they should speak with one voice. Thus, Christians need to be careful when they think a divine command outweighs natural law or vice versa. Such situations demonstrate the need for consulting one another.

In conclusion, Christians do not need to rely solely on divine command theory. Using natural law theory, Christian social workers can identify shared values with non-Christians even when the philosophical ground for those values differs. Using consultation and working collaboratively with one another, Christian social workers can reach consensus on complex ethical issues (Psalm 133:1). We need to avoid the great American heresy that Christianity is about "Jesus and me" and remind one another that biblical Christianity is about Jesus and us. Amen.. ❖

References

Aquinas, T. (1948). *The summa theologica: Complete English edition*. (Trans: Fathers of the English Dominican Province). Benziger Brothers. (Original work published 1285). https://www.ccel.org/a/aquinas/summa/home.html

Barton, J. (1998). *Ethics and the Old Testament*. Trinity Press International.

Belanger, K., & Smith, O. M. (2012). "To all people of good will": Catholic social teaching, natural law, and racial disproportionality in social work. *Social Work & Christianity, 39*(2), 204-226.

Boorstein, M. (2021, July 6). A horn-wearing 'shaman.' A cowboy evangelist. For some, the Capitol attack was a kind of Christian revolt. *The Washington Post*. https://www.washingtonpost.com/religion/2021/07/06/capitol-insurrection-trump-christian-nationalism-shaman/

Boss, J. A. (2019). *Ethics for life: A text with readings*. McGraw-Hill.

Calvin, J. (1845). *Institutes of the Christian religion*. (J. T. McNeil, Ed.) Westminster John Knox Press. (Original work published 1536).

Cudworth, R. (1976). *A treatise concerning true and immutable morality*. Garland. (Original work published 1731).

Davenport, D. & Lloyd, G. (2016). *Rugged individualism: Dead or alive?* Hoover Institution Press.

DeYoung, K. (2009). *Just do something: A liberating approach to finding God's will*. Moody Press.

Global Ethic Foundation (September 4, 1993). *Declaration toward a global ethic*. https://www.global-ethic.org/declaration-toward-a-global-ethic/

Global Ethic Foundation (July, 2018). *Declaration toward a global ethic: An initial declaration of the Parliament of the World's Religions*.

Grabill, S. J. (2006). *Rediscovering the natural law in reformed theological ethics*. W. B. Eerdmans.

Hamlin, J. K., Wynn, K., & Bloom, P. (2010). Three-month-olds show a negativity bias in their social evaluations. *Developmental Science, 13*(6), 923-929. doi: 10.1111/j.1467-7687.2010.00951.x

Hamlin, J. K., Wynn, K., & Bloom, P. (2007). Social evaluation by preverbal infants. *Nature, 450*(7169), 557-559. https://doi.org/10.1038/nature06288

Hamlin, J. K., Wynn, K., Bloom, P., & Mahajan, N. (2011). How infants and toddlers react to antisocial others. *PNAS: Proceedings of the National Academy of Sciences of the United States of America, 108*(50), 19931-19936. https://doi.org/10.1073/pnas.1110306108

Hays, R. B. (1996). *The moral vision of the New Testament*. Harper San Francisco.

Jenkins, J. (2021, January 12). For insurrectionists, a violent faith brewed from nationalism, conspiracies and Jesus. *Religion News Service*. https://religionnews.com/2021/01/12/the-faith-of-the-insurrectionists/

Justice, J. A., & Garland, D. R. (2010). Dual relationships in congregational practice: Ethical guidelines for congregational social workers and pastors. *Social Work & Christianity, 37*(4), 437-445.

Kant, I. (1996). The conflict of the faculties. In A. W. Wood & G. di Giovanni (Eds.), *Religion and rational theology* (pp. 233-327). Cambridge University Press. https://doi.org/10.1017/CBO9780511814433.007 (Original work published 1798).

Kaplan, J. (2014). Freedom of religion: A right to discriminate? In A. B. Dessel & R. M. Bolen (Eds.), *Conservative Christian beliefs and sexual orientation in social work* (pp. 219-254). CSWE Press.

Keith-Lucas, A. (1994). *Giving and taking help* (revised ed.). NACSW.

Kierkegaard, S. (1968). *Fear and trembling. In S. Kierkegaard, Fear and trembling and the sickness unto death* (W. Lowrie, Trans.). Princeton University Press. (Original work published 1843).

Kraut, R. (2018). Aristotle's Ethics. In. E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Summer 2018 edition), https://plato.stanford.edu/archives/sum2018/entries/aristotle-ethics/

Leibniz G. W. (1989). Reflections on the common concept of justice. In: L. E. Loemker (Ed.) *Philosophical papers and letters, Vol 2*. Springer. https://doi.org/10.1007/978-94-010-1426-7_60 (Original work published ca. 1702)

Levering, M. (2008). *Biblical natural law: A theocentric and teleological approach*. Oxford University Press.

Lovin, R. W. (2011). *An introduction to Christian ethics*. Abingdon Press.

MacPherson, R. C. (2020). Natural law in the Lutheran reformation. *Logia, 29*(1), 13-19. https://logia.org/logia-online/issue-29-1-natural-law2020

Mortimer, R. C. (1950). *Christian ethics*. Routledge. https://spot.colorado.edu/~heathwoo/readings/mortimer.html

Murphy, K. J. (2017). Laying out the fleece: Reading Gideon's requests with reception history. *Word & World, 37*(3), 241-251. https://wordandworld.luthersem.edu/content/pdfs/37-3_Joshua_And_Judges/37-3_Murphy.pdf

Murphy, M. (2019), The natural law tradition in ethics. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*. https://plato.stanford.edu/archives/sum2019/entries/natural-law-ethics/.

National Association of Social Workers (2021). *Code of ethics*. Author. https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Novak, D. (1998). *Natural law in Judaism*. Cambridge University Press.

Peters, G., & Wooley, J. T. (undated). Republican party platforms. The American Presidency Project. https://www.presidency.ucsb.edu/documents/republican-party-platform-1860

Plato (ca 385 BC) *Euthyphro, Apology, Crito*. F. J. Church (Trans). Classic Books America. 2009.

Quinn, P. L. (2006). Theological voluntarism. In D. Copp (Ed.), *The Oxford handbook of ethical theory* (pp. 66-90). Oxford University Press.

Raines, J. C., & Dibble, N. T. (2021). *Ethical decision-making in school mental health* (2nd ed.). Oxford University Press.

Raines, J. C. (1999). Forgotten beginnings? *Social Work, 44*(4), 400-401.

Rawls, J. (1971). *A theory of justice*. Belknap Press.

Reamer, F. G. (2014). Ethical issues and challenges: Managing moral dilemmas. In A. B. Dessel & R. M. Bolen (Eds.), *Conservative Christian beliefs and sexual orientation in social work* (pp. 233-254). CSWE Press.

Richards, E. R., & James, R. (2020). *Misreading scripture with individualist eyes: Patronage, honor, and shame in the biblical world*. InterVarsity Press.

Sherwood, D. A. (2001). Ethical integration of faith and social work practice: Evangelism. In B. Hugen and T. L. Scales (Eds.). *Christianity and social work: Readings on the integration of Christian faith and social work practice. (2nd ed.)*. 327-337. https://www.nacsw.org/Download/CSW/Evangelism2.pdf

Sherwood, D. A. (2004). Ethics in social work practice: Evangelism, prayer, value conflicts, and other issues in the ethical integration of personal beliefs and professional practice. Audio file. NACSW https://www.nacsw.org/sw/books/ethics-social-work-practice-evangelism-prayer-and-other-value-conflicts

Sherwood, D. A. (2007). Moral, believing social workers: Philosophical and theological foundations of moral obligation in social work ethics. *Social Work & Christianity, 34*(2), 121–145.

Staral, J. M. (2003). Introducing Ignatian spirituality: Linking self-reflection with social work ethics. *Social Work & Christianity, 30*(1),38–51.

Swartz, M. S. (2006). "Conscience clauses" or "unconscionable clauses": Personal beliefs versus professional responsibilities. Yale Law Journal of Health Policy, Law, and Ethics, 6(2), 2. https://digitalcommons.law.yale.edu/yjhple/vol6/iss2/2Szmuckler, G., & Appelbaum, P. S. (2008). Treatment pressures, leverage, coercion, and compulsion in mental health care. *Journal of Mental Health, 17*(3), 233-244. https://doi.org/10.1080/09638230802052203

Tolstoy, L. (1951/1894). *The kingdom of God is within you* (L. Weiner, Trans.), L. C. Page (Original work published 1894).

United Nations (1948). *Universal declaration of human rights*. Author.

Waal, F. B. M. de (2006).; *Primates and philosophers: How morality evolved*. Princeton University Press.

Wainwright, W. J. (2005). *Religion and morality*. Routledge.

Westberg, D. (1995). The relation between positive and natural law in Aquinas. *Journal of Law and Religion*, 11(1), 1–22. https://www.jstor.org/stable/1051622

Whitacre, R. A. (2010). *John: The IVP New Testament commentary*. InterVarsity Press

Williams, M. (2004). Kant and Kierkegaard on faith: In service to morality and a leap for the absurd. *Logos, 4*(17), 82–97. http://www.ntslibrary.com/PDF%20Books%20II/Kant%20and%20Kierkeegard%20on%20Faith.pdf

Wynn, K., Bloom, P., Jordan, A., Marshall, J., & Sheskin, M. (2018). Not noble savages after all: Limits to early altruism. *Current Directions in Psychological Science, 27*(1), 3-8. https://doi.org/10.1177/0963721417734875

Appendix A:
Professional Values and Principles

Truthfulness and Full Disclosure	Professionals should be completely honest with their clients.
Dignity and Worth of the Person	Professionals should treat each person in a caring and respectful fashion.
Privacy and Confidentiality	Professionals should only seek to acquire relevant information and should keep that material sacrosanct.
Social Justice	Professionals should pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups.
Protection of Life	Professionals should seek to protect and prolong a person's biophysical life.
Beneficence and Service	Professionals should seek to help people in need and address social problems above any self-interest.
Equal Treatment	Professionals should treat persons in similar circumstances in a similar manner.
Human Relationships	Professionals should seek to strengthen relationships among people to enhance the well-being of families, groups, and communities.
Least Harm	When faced with two or more negative outcomes, professionals should choose the least harmful, least permanent, or most reversible option.
Fidelity and Integrity	Professionals should behave in a trustworthy manner, congruent with their professional values and ethics.
Quality of Life	Professionals should seek to promote the highest quality of life for both the individual and their environment.
Competence	Professionals should practice within their areas of knowledge and skills, constantly striving to develop and improve their expertise.
Autonomy/Freedom	Professionals should respect an individual's right to control or contribute to decisions that affect them.

James C. Raines, Ph.D. is Professor of Social Work, California State University Monterey Bay, Phone: (831) 582-3944 Email: jraines@csumb.edu

The Relationships between Positive Character Traits, Virtues, and Health

Dong Pil Yoon, Patricia Bruininks, Erin I. Smith, Charlotte V.O. Witvliet, Daniel Cohen, Laird R.O. Edman, Joseph Bankard, Katherine Little, Brick Johnstone

Author note: None of the authors has any financial interest or conflict of interest to declare.

Virtues and character traits are increasingly recognized as impacting health outcomes, although distinctions between these constructs remain unclear. In order for Christian social workers to most effectively incorporate virtues-based interventions into their clinical practices, there is a need to identify the distinct nature of the different virtues and their relationships to health outcomes. In Part I, a principal components factor analysis of six character traits (i.e., altruism, empathy, forgiveness, gratitude, hope, and humility) based on 402 students primarily from Christian universities determined the empirical validity of these constructs (i.e., whether they are best conceptualized as distinct constructs, dimensions of higher order constructs, or one overall "goodness" virtue). Results identified 12 distinct character traits, suggesting a need to focus on specific character traits rather than general virtues. In Part II, hierarchical regressions indicated that personality variables predicted 37% of variance in mental health, with only gratitude and lack of resentment toward others (i.e., two of the 12 identified character traits) predicting an additional 8% of the variance (no variables predicted physical health). The results suggest the need to conceptualize character traits as distinct constructs, and that interventions to increase gratitude and reduce resentment may be most effective in improving mental health outcomes in Christian college students.

Social Work & Christianity, Vol. 49, No. 2 (2022), 135-163
DOI: 10.3403/swc.v.49i2.188
Journal of the North American Association of Christians in Social Work

***Keywords*:** virtue, altruism, hope, humility, gratitude, empathy, forgiveness, factor analysis.

THERE IS INCREASED RECOGNITION OF THE NEED to address character traits and virtues in Christian social work practices, and particularly as they relate to health outcomes. Specifically, it has been suggested that positive character traits and virtuous dispositions are associated with better health, and are therefore deserving of increased attention in behavioral health practices, and particularly for Christian-based services (Wolfer, 2012; Wolfer & Brandsen, 2015). It has been suggested that Christian-based social work practices should utilize traditional mental health interventions, as well as encourage virtuous behaviors for the benefit of others. In general, it is argued that the Christian value of acting virtuously is associated with positive well-being for both the virtuous individual and the other individuals to whom these behaviors are directed. However, in order to best develop and utilize virtues-based interventions in religious-based practices, the need exists to better determine the nature of these constructs. Specifically, how do character traits differ from virtues and how do they specifically influence mental or physical health for students at private Christian educational institutions?

To date considerable philosophical debate and empirical research has attempted to determine the nature of "virtues," and primarily if different positive character traits are best conceptualized as distinct constructs, as dimensions of higher order virtues, or as dimensions of one overarching "goodness" virtue (Root Luna, Van Tongeren, & Witvliet, 2017). The Values in Action (VIA) model has proposed a commonly used format for assessing positive character traits within clusters of general virtues (Peterson & Seligman, 2004). To date, the VIA model has been investigated primarily using the VIA Inventory of Strengths scale (VIA-IS) which measures six general virtues which are reflective of 24 purported positive character traits as follows: wisdom/knowledge (i.e., creativity, curiosity, perspective, judgment, love of learning), courage (i.e., bravery, perseverance, honesty, zest), humanity (i.e., love, kindness, social intelligence), justice (i.e., teamwork, fairness, leadership), temperance (i.e., forgiveness, humility, prudence, self-regulation), and transcendence (i.e., gratitude, hope, humor, spirituality, appreciation).

However, only moderate support has been found for the original theory-based classifications of character traits and virtues within the VIA, as factor analytic studies suggest that positive character traits may be best represented by one (Macdonald, Bore, & Munro, 2008), three (Shryack, Steger, Krueger, & Kallie, 2010), four (Macdonald et al., 2008), or five virtue factors (Peterson & Seligman, 2004). The higher order virtue constructs identified in these factor analytic studies have been subjectively labeled and described

in such diverse terms as cautiousness, conscientiousness, courage, intellect/intellectual strengths, justice/humanity, niceness, positivity, temperance, transcendence, wisdom/knowledge, and vitality. Thus, discrepancies exist in both the number of virtue factors that have been empirically identified, as well as the subjective labels used to describe them.

Virtues and Health

It is important to identify which positive character traits and virtues are theoretically and empirically distinct, given the increasing interest in identifying relationships between these constructs and health outcomes. For example, research has shown positive health outcomes are associated with forgiveness (Wade, Hoyt, Kidwell, & Worthington, 2014; Witvliet & Root Luna, 2018), gratitude (McCullough, Emmons, & Tsang, 2002; Witvliet, Richie, Root, & Van Tongeren, 2018), hope (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Chang, Yu, & Hirsch, 2013; Jones, You, & Furlong, 2013; O'Sullivan, 2011), empathy (Lee, Brennan, & Daly, 2001), and altruism (Oman, 2007). If positive character traits are in fact dimensions of one overall "goodness" virtue (Banicki, 2014; Kristjansson, 2010; McGrath, 2015), then it may not be important to differentiate between different "virtue interventions." Specifically, if all virtues are generally the same (i.e., reflective of an overall "goodness" trait), then all virtue interventions should lead to positive outcomes (Sandage & Hill, 2001; Tarakeshwar, Pearce, & Sikkema, 2005). However, if empirically distinct positive character traits and/or virtues are identified, then analyses can determine which ones are specifically related to better health, leading to specific "virtue" interventions to be used in Christian-based practices.

Rationale for the Current Study

The current study attempted to determine if positive character traits have empirical support as distinct constructs or as part of higher order constructs (i.e., virtues), and the nature of their relationship to health outcomes. The current study focused on identifying the factor structure of six character traits that have been theoretically proposed to be related to three different virtues of the VIA model in the following manner: humanity (i.e., empathy, altruism), transcendence (i.e., gratitude, hope), and temperance (i.e., humility). In Part I of the study, an exploratory factor analysis was conducted based on six different character traits that are part of the VIA model using independent measures of these constructs (rather than the VIA-IS). In addition, the analyses were based on individual test items rather than composite scores so that identified constructs could be labeled according to the face validity of the items in each identified factor,

rather than based on descriptors of theoretically derived subscales. It was hypothesized that the positive character traits would load on distinct virtue factors (i.e., humanity, transcendence, temperance), rather than one "goodness" virtue. These findings hold important clinical implications for Christian social workers as they will indicate the specific character traits/virtues that are distinct from one another, and therefore most likely to be useful in targeted clinical practices.

In Part II of the study, hierarchical regressions were conducted to determine which of the identified character traits and virtues are most important in predicting mental and physical health outcomes after consideration of demographic and personality factors. It was hypothesized that the virtue constructs would be distinct from the personality constructs, and thereby independently predict health outcomes. If this hypothesis is true, then those specific virtues that are shown to be significantly related to positive health outcomes can be targeted for use in independent Christian social work practices and the character development programs offered within Christian colleges and universities.

Methods

Participants

Participants were part of a study evaluating relationships among virtues, spirituality, religiosity, personality, and health for a population of undergraduate students. The total sample from which the participants were drawn included 402 individuals from four private universities from the Council of Christian Colleges and Universities (CCCU) and one public university. It is noted that 77 participants did not report all demographic information as these questions were asked at the end of the study. As a result, demographics for the entire sample are listed only for those who completed this information (see Table 1). All participants were undergraduate students.

Table 1. Demographics (N = 330)

	N	%
Gender:		
Male	245	74.4
Female	78	23.87
Non-conforming	6	1.8
Age:		
M ± SD (years)		20.70 ± 3.87
Race:		
White	258	78.54
Multi-racial	32	9.7
Hispanic	15	4.6
African American	12	3.6
Asian	9	2.7
American Indian	3	0.9
Religion:		
Protestant	134	40.56
Christian	85	25.8
Catholic	25	7.6
Other World Religion	19	5.8
Buddhist	3	0.9
Mormon	1	0.3
Jewish	1	0.3
Atheist/Agnostic/Nothing	58	17.6
Prefer not to answer	4	1.2

In Part I, according to criteria for outliers, the data of four participants were dropped from the analysis, so the total number of participants included in the factor analysis was 398 (Tabachnick & Fidell, 1996),. For Part II, the hierarchical regression, only 285 participants had complete data for the PROMIS health outcome variables. Analyses indicated that the two groups (i.e., 398 for factor analysis, 285 for hierarchical regressions) did not significantly differ in terms of demographics (when available) or scores on the virtues, personality, or health measures. Therefore, descriptive statistics are listed for the 398 participants for all variables, except for the PROMIS (i.e., $n = 285$).

Procedure

Participants were informed of the study either in classes with collaborating faculty or via email. All participants completed the measures online after reading the study description and the informed consent process. Most participants did not receive any compensation for completing the measures; one institution entered students' names into a raffle in which a $25 gift card was offered, and one offered a course credit for completing the study. All participants provided informed consent to participate in the study, and all research was approved and monitored by the respective research boards at each academic institution.

Measures

The following measures were used given their theoretical relationship to positive character traits and virtues proposed within the VIA model (Peterson & Seligman, 2004), including humanity (i.e., empathy, altruism), transcendence (i.e., gratitude, hope), and temperance (i.e., humility, forgiveness). These measures were also chosen given that many Christian social work programs, including individual counseling centers and character development programs, focus on addressing these traits/behaviors as they relate to both independent health and social relationships (i.e., being empathetic, acting altruistically towards others, being grateful for what one has, hoping for the best based on Christian principles, as well as practicing humility and forgiveness). The following tests were also chosen given their use in previous virtues research, all of which have been shown to have adequate reliability and validity.

Altruism. Altruism was assessed using the Penner Prosocial Personality Inventory Altruism subscale (Penner, Fritzsche, Craiger, & Freifeld, 1995), which included five items scored on a 5-point Likert scale that evaluate the tendency of others to engage in behaviors for the benefit of others.

Empathy. Empathy was evaluated using the Penner Prosocial Personality Inventory (Penner et al., 1995). This measure includes 12 items, scored on a 5-point Likert scale, assessing three dimensions of empathy labeled as affective empathy, cognitive empathy, and personal distress.

Forgiveness. Forgiveness was evaluated using the Trait Forgivingness Scale (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). This scale includes 10 items, scored on a 5-point Likert scale, assessing an individual's general willingness to forgive others.

Gratitude. Gratitude was assessed using the Gratitude Questionnaire Six Item Form (McCullough et al., 2002). This measure is comprised of six items, scored on a 7-point Likert scale, assessing general gratitude for one's situation in life.Hope. Hope was assessed using the Hope Awareness Scale

(Witvliet, C.V.O., Chen, S., & Klotz, 2015). This scale includes 12 items, scored on a 5-point Likert scale, assessing hopes, beliefs, and expectations related to God. It is noted that this is the only measure used in which the items were specific to religious beliefs.

Humility. Humility is generally considered to be the tendency to hold a modest view of one's status. Different dimensions of humility were assessed using the Humility Inventory-15 (Brown, Chopra, & Schiraldi, 2013). This measure is comprised of 15 items, scored on a 5-point Likert scale, assessing general aspects of humility. This measure is divided into 3 dimensions of humility labeled as Other-Esteem, Acceptance of Fallibility, and Systemic Perspective.To ensure that all virtue measures were equally considered in the factor analysis, all measure scores were adjusted so that they were scored on a 4-point scale ranging from 0 to 3. For example, for the five subscales which consisted of a 5-point answer format (i.e., altruism, empathy, hope, humility, and forgivingness), 1.0 was subtracted from the actual score, which was then multiplied by 3/4. For the Gratitude scale, which was composed of a 7-point response format, 1.0 was subtracted from the actual score for each item, which was then multiplied by 1/2. In addition to the measures of character/virtue, personality traits and health outcomes were measured.The personality measure was included because the majority of health outcomes research has consistently indicated that health is primarily related to demographic (e.g., race, age, gender) and personality factors (extraversion, openness, conscientiousness, agreeableness, lack of neuroticism). Hierarchical regressions allow for the determination of the variance explained by these primary predictors of health, and if any of the identified virtues account for variance in health outcomes above and beyond these demographic and personality characteristics.

Personality. The abbreviated Big Five Inventory (BFI-10; Rammstedt & John, 2007) is a 10-item measure of five common personality traits: neuroticism, extraversion, openness, agreeableness, and conscientiousness. Each trait is assessed with two items (scored on a 5-point Likert scale), one of which is reverse-scored so that higher scores indicate a higher degree of that personality trait.

Neuroticism refers to the presence of anxiety, hostility, anger, depression, self-consciousness, and vulnerability. Extraversion involves warmth, gregariousness, assertiveness, and activity level. Openness to New Experiences includes items that assess openness to new experiences, imagination, ideas, and values. Agreeableness refers to trustworthiness, altruism, compliance, modesty, and tenderness. The Conscientiousness scale assesses competence, order, dutifulness, self-discipline, and deliberation.

Health. The mental and physical health status of the participants were assessed using the PROMIS 10 item short form (Hays, Bjorner, Revicki, Spritzer, & Cella, 2009). Items were scored in a Likert-score format with scores ranging from either 1-5 or 1-10, with higher scores indicative of better health.

Physical Health. This scale includes four items and assesses general measures of physical functioning (e.g., walking, pain, fatigue).

Mental Health. This scale includes four items and assesses general measures of general mental health (e.g., anxiety, depression, quality of life, social activities).

Statistical Analyses

For Part I, a principal components factor analysis with varimax rotation and Kaiser normalization was used to determine the empirical factor structure of the six measures of positive character. In general terms, factor analyses allow for the identification of constellations of items that are answered similarly, suggesting that they are appropriately considered to be part of a larger, related construct (e.g., gratitude and hope identified as components of a larger "transcendence" virtue; forgiveness and humility identified as componenets of a "temperance" virtue; empathy and altruism identified as components of a "humanity" virtue; or all character traits identified as components of one "goodness" virtue).

For Part II, multiple hierarchical regression analyses were performed to determine the relationship of the virtue factors to mental health and physical health, after consideration of the variance accounted for by demographic and personality variables. Such hierarchical regressions allow for the determination of the relative contribution of different variables (i.e., demographics, personality traits, virtues) in the prediction of health outcomes. The first regression (Model 1) determines if demographic variables significantly predict any of the variance in the health scores. The second regression (Model 2) determines if personality traits explain any of the variance in health scores beyond that predicted by demographics. The third regression (Model 3) determines if the identified virtue factors explain any of the variance in health scores beyond that predicted by demographics and personality variables.

Results

Part I: Factor Analysis

Factor analysis identifies relationships between the different items of each scale, and specifically those items that are answered similarly across the sample (i.e., that constitute a specific, similar factor). Factors are determined to be statistically significant if eigenvalues are greater than 1.0. The current analysis identified 12 interpretable factors with eigenvalues greater than 1 (i.e., 11.06, 3.17, 3.05, 2.98, 2.52, 2.38, 2.37, 2.23, 2.17, 1.89, 1.74, 1.73), which explained a cumulative total of 66.56% of the variance in the scores (see Figure 1).

The items that loaded on each factor are presented in Table 2. Items are determined to belong to a factor if the factor loading of that item is greater than 0.32 (as per Tabachnick & Fidell, 1996). Items that loaded on each factor were reviewed according to their face validity (i.e., what they appear to measure), in order to name the specific 12 factors as follows:

Factor 1: *Hope* (13 items, α = .98; mean = 44.68; SD = 17.62). This factor was comprised of all 12 items from the Hope Awareness Scale (Witvliet et al., 2015) that assessed general hopes, beliefs, and expectations for the future as they relate to God (e.g., "I am aware that God is the primary source of my hope"), as well as one question from the Trait Forgiveness Scale ("There are some things I could never forgive even loved ones for"), which was reverse-scored with a lower factor loading.

Factor 2: *Gratitude* (five items, α = .85; mean = 38.58; SD = 6.55). This factor was comprised of five of the six items from the Gratitude Questionnaire Six Item Form (McCullough et al., 2002). It measures general gratitude for one's situation in life (e.g., "I have so much in my life to be thankful for").

Factor 3: *Forgiveness* (five items,α = .81; mean = 18.06; SD = 3.95). This factor was comprised of five of the 10 items from the Trait Forgivingness Scale (Berry et al., 2005), generally relating to an individual's general willingness to forgive others (e.g., "I am a forgiving person").

Factor 4: *Other-oriented Humility* (five items, α = .80; mean = 21.34; SD = 3.02). This factor was comprised of all five items from the Humility Inventory-15 Other-esteem subscale (Brown et al., 2013). It measures the tendency to appreciate the value of others (e.g., "One of my greatest joys is helping others excel").

Factor 5: *Altruism* (five items, α = .71; mean = 14.29; SD = 3.63). This factor was comprised of all five items from the Penner Prosocial Personality Altruism subscale (Penner et al., 1995). It measures general altruistic behaviors (e.g., "I have helped carry a stranger's belongings").

Factor 6: *Selfless Humility* (four items, α = .72; mean = 14.26; SD = 3.18). This factor was comprised of all four items from the Humility Inventory-15 Acceptance of Fallibility subscale (Brown et al., 2013) and measures an individual's willingness to minimize self-interest and recognition (e.g., "I appreciate learning of my weaknesses").

Factor 7: *Resentment* (four items, α = .69; mean = 14.37; SD = 3.22). This factor was comprised of four of 10 items from the Trait Forgivingness Scale (Berry et al., 2005) that are suggestive of resentment (e.g., "I feel bitter about many of my relationships").

Factor 8: *Cognitive Empathy* (four items, α = .65; mean = 15.52; SD = 2.48). This factor was comprised of four items from the Penner Prosocial Personality Inventory (Penner et al., 1995) and measures the ability to intellectually understand the perspective of others (e.g., "I try to understand

friends better by imagining their perspective").

Factor 9: *Emotional Resilience* (three items, α = .77; mean = 6.27; SD = 2.24). This factor was comprised of three of four items from the Personal Distress subscale of the Penner Prosocial Personality Inventory (Penner et al., 1995) with high scores indicative of difficulties maintaining composure while under stress (e.g., "I tend to lose control during emergencies."). High scores on this factor could be conceptualized as measuring personal distress (consistent with the subscale name, "Personal Distress") or, conversely, low scores could be conceptualized as the ability to remain emotionally resilient when under stress (i.e., "Emotional Resilience"). For example, one item from the Personal Distress scale (which is reverse scored) is suggestive of resilience: "I am usually pretty effective in dealing with emergencies." This factor was thus labeled "Emotional Resilience."

Factor 10: *Humility: Need for Help* (three items, α = .64; mean = 12.10; SD = 2.10). This factor was comprised of two of five items from the Humility Inventory-15 Systemic Perspective subscale (e.g., "I recognize I need help from other people") and one item from the Penner Prosocial Personality Inventory (Penner et al., 1995; i.e.., "I am often quite touched by things that I see happen"). This factor generally measures an individual's willingness to acknowledge the need for assistance from others.

Factor 11: *Humility: Admit Weakness* (three items, α = .58; mean = 12.30; SD = 1.93). This factor was comprised of three of five items of the Humility Inventory-15 Systemic Perspective subscale and measures an individual's willingness to admit weakness or fault (e.g., "I readily admit when I am wrong").

Factor 12: *Affective Empathy* (two items, α = .62; mean = 8.20; SD = 1.55). This factor was comprised of two items from the Penner Prosocial Personality Inventory (Penner et al., 1995) and measures an individual's ability to emotionally (versus intellectually) relate to the experiences of others (e.g., "Other people's misfortunes do not usually disturb me" is an inversely scored item).

Figure 1: Scree plot

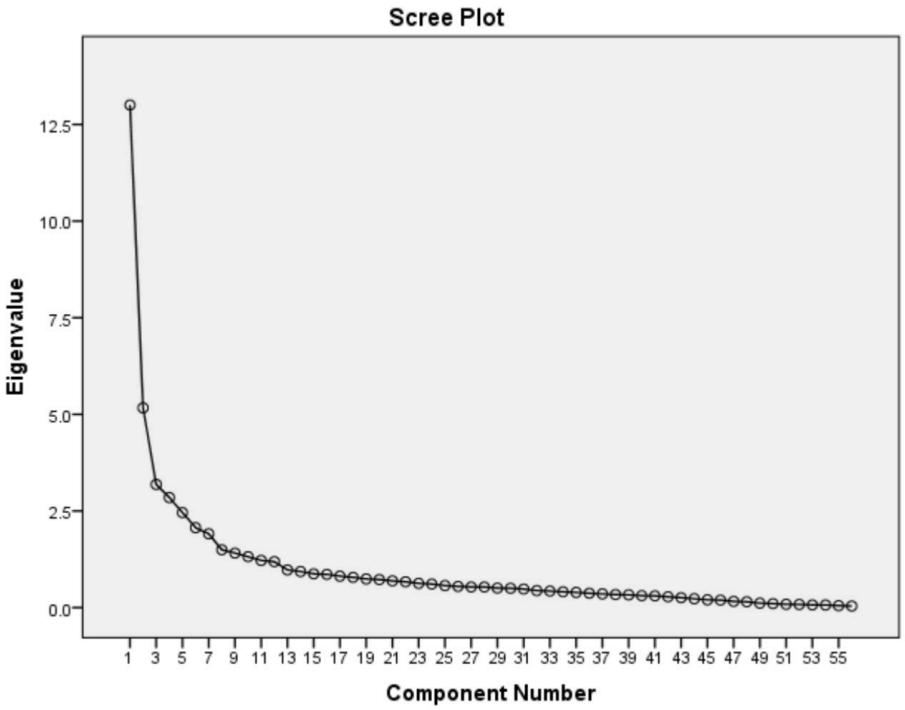


Table 3 presents the mean scores and standard deviations for the 12 identified factors, BFI-10, and PROMIS physical and mental health scores. Pearson product-moment correlations were conducted between the 12 obtained factors (see Table 4) to determine relatedness of the character traits. Each of the factors was significantly correlated with the following number of other factors: Gratitude 10/11; Cognitive Empathy 10/11; Forgiveness 9/11; Other-oriented Humility 9/11; Need Help 8/11; Admit Weakness 8/11; Hope 6/11; Selfless Humility 6/11; Resentment 5/11; Affective Empathy 5/11; Altruism 4/11; Emotional Resilience 4/11.

To assess the divergent validity of the 12 specific virtue factors (i.e., to determine if they are statistically distinct from other constructs that are theoretically different such as personality traits), Pearson correlations were conducted with the BFI-10 (Table 5). The results indicated that the virtues are primarily significantly associated with conscientiousness (i.e., 11 of the 12 virtues) and agreeableness (i.e., 10 of the 12 virtues). In contrast, the virtues are least related to openness to new experiences (i.e., 2 of 12 virtues). Consistent with previous studies, there were no consistent relationships identified between character strengths and BFI personality constructs (Macdonald et al., 2008).

Table 2: Factor analysis results

Rotated Component Matrix[a]

BMMRS	Measure	Component					
ITEM		1	2	3	4	5	6
I live with assurance that God will reconcile things.	Hope	**.949**	.073	.075	.062	.021	.024
I live with trust that God will make all things new.	Hope	**.939**	.090	.088	.059	.020	.031
I feel hope because I am God's child.	Hope	**.938**	.100	.056	.116	-.001	.025
I live with confidence that God will triumph over evil.	Hope	**.935**	.101	.072	.077	.013	.001
I believe I will live with God forever.	Hope	**.932**	.051	.080	.085	.005	.005
I am aware that God is the primary source of my hope.	Hope	**.929**	.087	.124	.037	.032	.071
Even when I suffer, I entrust my future to God.	Hope	**.920**	.124	.088	.024	.024	.044
I have hope in God's goodness.	Hope	**.920**	.138	.026	.064	-.006	-.004
I believe God will draw together people from all cultures.	Hope	**.906**	.087	.106	.071	.019	-.032
I experience hope when I think about everlasting life.	Hope	**.897**	.061	.050	.051	-.010	.029
I expect that God will remove suffering for eternity.	Hope	**.897**	.044	.103	.092	.074	.012
My spiritual identity gives me hope.	Hope	**.795**	.152	.080	.098	.058	.000
There are some things I could never forgive even loved ones for.*	Forgive	**.408**	.112	.276	-.061	-.167	-.067
If I had to list everything I'm grateful for, it would be a long list.	Gratitude	.262	**.821**	.009	.067	.009	.134
I have so much in my life to be thankful for.	Gratitude	.235	**.812**	.039	.096	-.053	.097
I am grateful to a wide variety of people.	Gratitude	.190	**.735**	.137	.172	.013	-.017
As I age, I better appreciate things that are part of my life history.	Gratitude	.117	**.668**	.089	.204	-.019	.013
When I look at the world, I don't see much to be grateful for.*	Gratitude	.179	**.581**	.128	-.004	-.004	.085

I can forgive a friend for almost anything.	Forgive	.167	.014	**.757**	.089	.030	-.045
I am a forgiving person.	Forgive	.188	.093	**.729**	.077	.075	.117
I can usually forgive and forget an insult.	Forgive	.075	.048	**.705**	.066	.025	.095
I have always forgiven those who have hurt me.	Forgive	.172	.145	**.676**	-.015	.144	.190
I forgive others even if they don't feel guilty for what they did.	Forgive	.181	.077	**.661**	.080	-.002	.122
One of my greatest joys is helping others excel.	Humility OE	.141	.145	.013	**.786**	.075	.058
I enjoy looking outside myself to the emotional needs of others.	Humility OE	.142	.065	.038	**.770**	.096	.047
I enjoy noticing unique talents in others.	Humility OE	.086	.145	.060	**.729**	.101	.031
I try to make others feel important.	Humility OE	.141	.072	.109	**.684**	.042	.051
I believe most people are capable of great things.	Humility OE	.172	.091	.174	**.456**	.031	.138
I have helped carry a stranger's belongings.	Altruism	.021	.081	.078	.091	**.729**	.032
I have allowed someone to go ahead of me in a line.	Altruism	-.013	.106	-.008	.100	**.685**	-.002
I've let someone whom I didn't know well borrow an item of value.	Altruism	-.027	.016	.019	.057	**.675**	-.151
I've offered help to a disabled or elderly stranger across the street.	Altruism	.081	-.098	.101	.014	**.648**	.130
I've volunteered to look after one's pets or kids without being paid.	Altruism	.053	.049	-.020	.037	**.610**	.059
It's okay when others outperform me.	Humility AF	-.042	.079	.076	.143	.043	**.763**
It's okay if others aren't impressed with me.	Humility AF	.045	.038	.059	.022	-.043	**.721**
I readily admit when I am wrong.	Humility AF	.107	.025	.141	-.082	.115	**.654**
I appreciate learning of my weaknesses.	Humility AF	-.012	.143	.142	.175	-.048	**.600**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
[a]Rotation converged in7 iterations.
*Reverse scored; Humility OE = Other-esteem; Humilty AF = Affirmation of Fallibility; Humility SP = Systemic Perspective.

Table 2: Factor analysis results (continued)

Rotated Component Matrix[a]

BMMRS	Measure	Component					
ITEM		7	8	9	10	11	12
Even after I forgive, things come back to me that I resent.*	Forgive	**.732**	-.033	-.101	-.120	.015	-.062
I feel bitter about many of my relationships.*	Forgive	**.695**	.022	-.137	.021	.007	.045
People close to me probably think I hold a grudge too long.*	Forgive	**.689**	.070	-.022	.071	.025	-.051
If someone treats me badly, I treat them the same.*	Forgive	**.537**	.220	-.030	-.018	-.112	.307
I believe there are two sides to things and try to look at them both.	Empathy	-.050	**.713**	-.097	.106	.218	.001
I try to understand friends better by imagining their perspective.	Empathy	-.018	**.708**	-.048	.142	.055	.155
When I'm upset at someone, I put myself in their shoes.	Empathy	.154	**.645**	.134	.025	-.116	.029
I find it difficult to see things from "other's" point of view.*	Empathy	.222	**.557**	-.217	-.168	.083	.126
I tend to lose control during emergencies.	Empathy	-.125	-.015	**.847**	.018	.039	-.096
I am usually pretty effective in dealing with emergencies.	Empathy	.080	-.111	**.782**	-.019	.099	.113
When I see someone in an emergency, I go to pieces.	Empathy	-.299	-.052	**.721**	.081	-.088	-.083
I recognize I need help from other people.	Humility SP	.042	.091	.041	**.748**	.268	-.036
I need strength beyond my own.	Humility SP	-.079	.047	.063	**.605**	.078	.051
I am often quite touched by things that I see happen.	Empathy	-.164	.150	-.006	**.396**	-.081	.320
My way of doing things isn't always the best.	Humility SP	-.131	.143	.067	.078	**.763**	.108
I accept it that things don't always go my way.	Humility SP	.023	.142	-.177	.042	**.626**	.006
I wouldn't do as well as I do without help from others.	Humility SP	.115	.000	.209	.244	**.533**	.019
Other people's misfortunes do not usually disturb me.*	Empathy	-.031	.167	-.010	.006	.124	**.773**
When I see someone being treated unfairly I don't pity them.*	Empathy	.107	.046	-.063	058	.008	**.754**

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
[a]Rotation converged in7 iterations.

Table 3. Variable Means and Standard Variations

	Mean (Standard Deviation)
Personality (BFI-10)	
Extraversion	6.06 (2.12)
Agreeableness	7.21 (1.72)
Conscientiousness	7.37 (1.53)
Neuroticism	6.32 (2.06)
Openness	7.22 (1.79)
Virtue-Related Factors	
Hope	44.68 (17.62)
Gratitude	38.58 (6.55)
Forgiveness	18.06 (3.95)
Other-oriented Humility	21.34 (3.02)
Altruism	14.29 (3.63)
Selfless Humility	14.26 (3.18)
Lack of Resentment	14.37 (3.22)
Cognitive Empathy	15.52 (2.48)
Emotional Resilience	6.27 (2.24)
Admit needs help	12.10 (2.10)
Admit weaknesses	12.30 (1.93)
Affective empathy	8.20 (1.55)
Health (PROMIS)	
Physical Health	14.71 (1.89)
Mental Health	13.70 (3.00)

Table 4. Correlations among 12 Virtue-Related Factors

	Var 1	Var 2	Var 3	Var 4	Var 5	Var 6	Var 7	Var 8	Var 9	Var 10	Var 11	Var 12
Var 1												
Var 2	.35***											
Var 3	.31***	21***										
Var 4	.28***	36***	.24***									
Var 5	.06	.01	.13*	.19***								

Var 6	.08	.13*	.31***	.24***	.10							
Var 7	.17**	.25***	.32***	.07	.05	.10						
Var 8	.05	.21***	.21***	.31***	.14*	.20***	.25***					
Var 9	.01	-.13*	-.08	.01	-.12*	-.04	-.26***	-.21***				
Var 10	.40***	.40***	.32***	.46***	.07	.30***	.06	.20***	.05			
Var 11	.15**	.28***	.24***	.38***	.03	.39***	.07	.22***	.04	.47***		
Var 12	.11	14**	.02	.35***	.06	.01	.07	.25***	.09	.19***	.16***	

N = 398; * p < .05, ** p < 0.01, *** p < .001; Var 1 = Hope, Var 2 = Gratitude, Var 3 = Forgiveness, Var 4 = Other-oriented Humility, Var 5 = Altruism, Var 6 = Selfless Humility, Var 7 = Lack of Resentment, Var 8 = Cognitive Empathy, Var 9 = Emotional Resilience, Var 10 = Admit Needs Help, Var 11 = Admit Weaknesses, Var 12 = Affective Empathy

Table 5. Pearson Correlations between Virtues Factors and BFI

	BFI				
Variable	Extrav.	Agree.	Consc.	Neur.	Open.
Hope	.08	.22**	.26**	.00	-.07
Gratitude	.22**	.23**	.19**	-.16**	.05
Forgiveness	.13*	.38**	.18**	-.15**	.03
Other-oriented Humility	.26 **	.29**	.11*	.07	.07
Altruism	.21 **	.03	.12*	-.05	.02
Selfless Humility	.05	.15**	.12*	-.07	.12*
Lack of Resentment	.10	.36**	.17**	-.27**	.02
Cognitive Empathy	.13*	.13*	.12*	-.15**	.17**
Emotional Resilience	-.13*	.06	-.29**	.39**	-.02
Need Help	.19**	.30**	.13*	.02	.02
Admit Weakness	.11	.12*	.05	-.03	.10
Affective Empathy	.03	.15**	.15**	.14**	.08

Note: Extraversion (Extrav.); Agreeableness (Agree.); Conscientiousness (Consc.); Neuroticism (Neur.); Openness (Open.). * p < .05, ** p < .01

Part II: Hierarchical Regression Analyses

Pearson correlations were conducted to assess general relationships among health, personality, and virtue variables (Table 6). Results indicated that four of the five personality variables (all but openness) and 10 of 12 virtue factors (all but altruism, affective empathy) were significantly correlated with mental health. Pearson correlations indicated that only two predictor variables were significantly correlated with physical health (i.e., conscientiousness, neuroticism).

Predicting Mental Health

Demographic, personality, and virtue factors were used to predict the PROMIS Mental Health score (see Table 7). The full model for the regression on mental health was significant ($F = 12.17$, $p < .0001$; Adjusted $R^2 = .45$), indicating significant relationships exist among demographics, personality, virtues, and mental health.

In Model 1, results indicated that no demographic variables significantly predicted any of the variance in the PROMIS Mental Health scores.

In Model 2, personality factors were added to the regression to determine if personality explained any of the variance in the PROMIS Mental Health scores beyond that predicted by demographic variables. Results indicated that age and personality predicted 37% of the variance in mental health scores ($F = 19.42$, $p < .0001$; Adjusted $R^2 = .37$). Individuals who were younger ($\beta = -.14$) and reported being more extraverted ($\beta = .18$), more agreeable ($\beta = .14$), more conscientious ($\beta = .24$), and less neurotic ($\beta = -.41$) were more likely to report statistically better mental health.

In Model 3, results indicated that two virtue factors (i.e., gratitude, lack of resentment) predicted an additional 8% of the variance in mental health scores after considering demographics and personality ($F = 12.17$, $p < .0001$; Adjusted $R^2 = .45$). In this model, individuals who reported being more extraverted ($\beta = .14$), more conscientious ($\beta = .17$), less neurotic ($\beta = -.36$), more grateful ($\beta = .18$), and less resentful ($\beta = -.14$) were more likely to report statistically better mental health.

Predicting Physical Health

Demographic, personality, and the 12 virtue factors were used to predict the PROMIS Physical Health score (see Table 8). The full model for the regression on physical health was non-significant ($F = 1.32$, $p < .97$; Adjusted $R^2 = .02$), indicating no significant relationships existed among demographics, personality, virtues, and physical health in our non-clinical sample of undergraduate students.

Table 6. Pearson Correlations between Age, Personality, Virtue Factors and PROMIS Physical and Mental Health

	PROMIS Physical Health	PROMIS Mental Health
Age	-.03	-.06
Personality		
Extraversion	.10	.28**
Agreeableness	.02	.22**
Conscientiousness	.14**	.24**
Neuroticism	-.13*	-.48**
Openness	-.08	-.05
Virtue-Related Factors		
Hope	.03	.26***
Gratitude	.03	.38***
Forgiveness	.04	.31***
Humility (other-oriented)	.01	.20***
Altruism	.06	.01
Humility (selfless)	.09	.16**
Lack of Resentment	.09	.32***
Cognitive Empathy	.10	.11*
Emotional Resilience	-.05	-.23***
Humility (needs help)	.06	.27***
Humility (admit weakness)	.01	.22***
Affective Empathy	.02	.02

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Table 7. Summary of Hierarchical Regression Analyses for Variables Predicting Mental Health (standardized beta coefficients)

Variable	Mental Health		
	Model 1	Model 2	Model 3
Demographics			
Gender	-.08	-.03	-.05
Race	07	.02	.05
University Status	.00	-.02	-.04
Age	-.11	-.14*	-.09

Personality			
Extraversion		.18***	.14**
Agreeableness		.14**	-.01
Conscientiousness		.24***	.17***
Neuroticism		-.41***	-.36***
Openness		-.05	-.07
Virtue-Related Variables			
Hope			.10
Gratitude			.18**
Forgiveness			.08
Humility (other-oriented)			.07
Altruism			-.07
Humility (selfless)			-.01
Lack of Resentment			-.14*
Cognitive Empathy			-.08
Emotional Resilience			.00
Humility (need help)			.03
Humility (admit weakness)			.05
Affective Empathy			-.07
F	1.60	19.42***	12.17***
R^2 / Adjusted R^2	.02/.01	.39/.37	.49/.45

Note: * p < .05, p < .01, *** p < .001

Table 8. Summary of Hierarchical Regression Analyses for Variables Predicting Physical Health (standardized beta coeffictients)

Variable	**Physical Health**		
	Model 1	Model 2	Model 3
Demographics			
Gender	-.01	-.01	-.03
Race	-.04	-.05	-.04
University status	.02	.00	.00
Age	-.01	-.04	-.05
BFI-10			
Extraversion		.04	.05
Agreeableness		.03	.00

Conscientiousness		.14*	.12
Neuroticism		-.08	-.08
Openness		-.12*	-.13*
Virtue-Related Variables			
Hope			-.01
Gratitude			-.07
Forgiveness			-.09
Humility (other-oriented)			-.02
Altruism			-.01
Humility (selfless)			.11
Lack of Resentment			.10
Cognitive Empathy			.08
Emotional Resilience			.02
Humility (need help)			.14
Humility (admit weakness)			-.13
Affective Empathy			.02
F	.14	1.71	1.32
R2/Adjusted R2	.00/-.01	.05/.02	.10/.02

Note: * $p < .05$, ** $p < .01$

Discussion

Consistent with the suggestions of Wolfer and colleagues (2012; 2015), the current results suggest that it is important to address specific character traits and their relationship to mental health in Christian social work practices. The results are most specific in suggesting that certain positive character traits (e.g., gratitude) and the lack of specific negative character traits (i.e., resentment toward others) may be the most important variables to consider when offering Christian based clinical practices to promote mental health.

Part I: Character Traits as Distinct Constructs

Overall, contrary to previous research (Macdonald et al., 2008; Peterson & Seligman, 2004; Shyrack et al., 2010) and current hypotheses, the results suggest that the specific character traits of interest (i.e., altruism, empathy, forgiveness, gratitude, hope, humility) appear to be both theoretically and empirically distinct constructs, suggesting that individuals possess varying

degrees of distinct positive character traits. Stated simply, these results do not suggest that indivduals possess one general "goodness virtue" (i.e., not all individuals are of the same level of goodness/virtuousness), but rather possess various degrees of specific traits (i.e., some individuals are high in one trait but not others).

In addition, the results indicate that not only did each of the individual character traits emerge as independent, empirically distinct constructs, but several of these constructs were shown to have empirically distinct sub-constructs including empathy (i.e., cognitive empathy, affective empathy), humility (i.e., other-oriented, selfless, admit need for help, admit weakness), and forgiveness (i.e., willingness to forgive, lack of resentment). Whereas it was predicted that positive character traits would be best conceptualized as dimensions of higher order virtues, the results in fact indicate that some positive character traits serve as higher order constructs for their own sub-dimensions.

Following are the 12 identified factors and the characteristics that appear to make them distinct from one another.

Hope. The current factor analysis confirmed that hope is a singular, general virtue that can be best described as confident expectation that a particular good future will be fulfilled (in a religious context for the current study).

Gratitude. The current analysis suggests that gratitude is a distinct virtue that can be described as a positive disposition and general thankfulness one has for life.

Empathy. The results confirm the existence of empathy as a theoretically and statistically distinct construct. However, they also confirm the distinction between affective and cognitive empathy (Zaki & Oschner, 2012), suggesting a difference in the ability to cognitively understand another's situation and the ability to emotionally relate to them.

Altruism. The results tend to confirm the existence of a specific altruism construct that relates to the tendency to engage in behaviors for the benefit of others. It appears that altruism primarily differs from empathy in that the altruism items all emphasize a behavioral action engaged in for the benefit of others (e.g., helping strangers). In contrast, empathy (both affective and cognitive) involves only the emotional or cognitive identification with others (without behavioral action).

Forgiveness. The current analysis supports the identification of forgiveness as a distinct construct, consistent with other factor analyses (Idler, Musick, Ellison, George, Krause, Ory, & Williams, 2003; Johnstone, Bhushan, Hanks, Yoon, & Cohen, 2016; Johnstone, Yoon, Franklin, Schopp, & Hinkebein, 2019; Neff, 2006). This factor appears to reflect the behavioral intent/willingness to forgive.

Resentment. It is noted that items from the Trait Forgivingness Scale

loaded on two distinct factors, whereas only one was expected. The second factor, labeled as resentment, measures the tendency to harbor resentment one feels if they believe they have been wronged by others (whether they are willing to forgive or not). This distinction is important to note as it suggests that forgiveness should be conceptualized in terms of a positive trait (benevolent behavioral intentions and emotions) and lack of a negative trait (resentful, retaliatory, and bitter tendencies). The current results suggest that these constructs are not opposite ends of one "forgiveness" continuum (i.e., individuals high in forgiveness are automatically low in resentment), but rather that they represent two distinct character traits (i.e., tendency to be forgiving or not; tendency to be resentful or not). These results indicate that it is possible to be both willing to forgive and resentful.

Humility. The current findings supported the distinction of humility from the other character traits, although four distinct humility factors were identified. It is noted that the original Humility Inventory-15 proposed only three dimensions of humility (i.e., other-orientation, acceptance of fallibility, systemic perspective), and a previous factor analysis of this measure identified five dimensions of humility (i.e., other-esteem, systemic perspective, need for recognition, fallibility, pride; Brown, Chopra, & Schiraldi, 2013).

The current results support the distinction between the original Other-esteem (i.e., other-oriented humility) and Affirmation of Fallibility subscales (i.e., selfless humility). These two factors appear to subjectively distinguish between a tendency to focus on the promotion of others (i.e., other-oriented humility) versus the tendency to minimize focus on one's self (i.e., selfless humility), respectively. These results suggest that we possess psychological processes that variably focus on others versus the self.

However, the current analyses also identified two other humility factors (i.e., Needs Help; Admit Weaknesses) that were derived from the original Humility Systemic Perspective subscale. While the original test structure suggests that these items measure the same construct, the current factor analysis suggests they are empirically distinct. Review of the items from the Needs Help factor is suggestive of one's willingness to admit the need for help (e.g., "I need strength beyond my own"), while the Admit Weaknesses factor is suggestive of one's willingness to admit weaknesses (e.g., "My way of doing things isn't always the best"). These results suggest that there are conceptual differences between the willingness to admit weaknesses, and the willingness to ask for assistance (whether related to weaknesses or not).

Emotional Resilience. The current results also support the psychometric validity of the "Personal Distress" Scale of the Penner Prosocial Personality Inventory. Review of the items from this factor suggests that it assesses the manner by which individuals handle stress. Of note, the items reflect this coping style in terms of either a negative trait (i.e., "I tend to lose control

during emergencies") or a positive trait (i.e., "I am usually pretty effective in dealing with emergencies" [reverse scored]). Thus, this factor can theoretically be labeled in negative terms (i.e., Personal Distress) or positive terms (i.e., Emotional Resilience). Given the focus on character "strengths" in the VIA model, it is proposed that this identified factor may therefore be most appropriately conceptualized as a measure of Emotional Resilience.

In order to determine the divergent validity of the character strengths, they were compared to personality traits. The results presented in Table 4 suggest that the 12 character traits are related to five personality traits in an inconsistent manner (Macdonald et al., 2008), although it is noted that the character traits are most closely associated with the BFI conscientiousness and agreeableness scales, consistent with VIA hypotheses (Peterson & Seligman, 2004).

Part II: Character Traits and the Prediction of Health Outcomes

As expected the results indicate that personality characteristics are primary predictors of mental health, as they explained 37% of the variance. This highlights the importance of the manner by which we consistently behave and relate to others, both positively (e.g., being agreeable, acting conscientiously) and negatively (e.g., neurotically, resentfully). However, of significant relevance for Christian social workers, the results also show that certain positive character traits are significant predictors of mental health above and beyond traditionally considered personality characteristics (i.e., with an additional 8% of variance predicted). Specifically, the multiple regressions helped to clarify that gratitude and lack of resenting others are the only two virtues identified in the first part of this study that were predictive of mental health after consideration of demographics and personality. Thus, they are distinct from the other positive character traits and from the five main personality constructs, at least in their relationship to mental health. Considering Parts I and II together, overall these results suggest that the character traits of interest are empirically distinct from one another, and that gratitude and lack of resentment are unique predictors of mental health. This suggests that they are therefore worthy of study as unique variables to consider when offering evidence-basedbehavioral health services (e.g., counseling) and character development programs within private Christian educational settings.

Gratitude and Health

The current findings are generally consistent with previous research that has shown that gratitude is associated with multiple measures of health and well-being (Froh, Yurkewica, & Kashdan, 2009; Jones, You, &

Furlong, 2013; Park, Peterson, & Seligman, 2004), that gratitude accounts for happiness above and beyond that predicted by personality measures (McCullough et al., 2002), as well as studies that have shown that gratitude predicts happiness and hope to a greater extent than other virtues such as forgiveness (Witvliet, Richie, Root Luna, & Van Tongeren, 2018). They are also supportive of the contentions of Seligman and colleagues (2005) that positive character traits such as gratitude have relevance for psychological health. For Christian social workers, this suggests that gratitude interventions (e.g., gratitude diaries) may be particularly important to use in clinical settings to improve general mental health, and particularly when compared to other virtue-based interventions (Baker, Williams, Witvliet, & Hill, 2017; Kerr, O'Donovan, & Pepping, 2015). Other potential gratitude interventions for clinicians to consider, depending on context, setting, and population, include counting blessings (Emmons & McCullough, 2003), writing gratitude letters (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011), and leading gratitude groups (Froh, Bono, Fan, Emmons, Henderson, Harris, & Leggio, 2014). However, it is also very important to note that the current results also suggest the need to decrease negative attributes (e.g., resentment) in order to improve mental health.

These findings raise the question as to why gratitude is more related to mental health than other positive character traits. One possibility relates to the positive nature of gratitude, as psychoneuroimmunological models stress the impact of positive thoughts, actions, and behaviors on health. For example, gratitude has been suggested to promote mental health by focusing on the positive nature of situations and relationships (Witvliet, Knoll, Hinman, & DeYoung, 2010). In essence, this view suggests that grateful individuals focus on the positive nature of their experiences, regardless of any negative circumstances.

Lack of Resentment and Health

In addition to gratitude, the results indicate that lack of resentment towards offenders predicts mental health beyond demographic variables and personality characteristics. However, it is important to note that this factor (i.e., resentment) was based on items that are part of the Trait Forgivingness Scale. In fact, items on this factor are phrased in a manner in which negative attributes are prominently considered in terms of feeling resentful toward others (e.g., "I feel bitter about many of my relationships."). Furthermore, the tendency to be resentful may be better conceptualized as a negative personality characteristic/coping style than the lack of a positive character trait/virtue. When considered in this regard, the results suggest that Christian social workers may benefit from focusing on developing two positive personality characteristics (i.e., agreeableness, conscientiousness),

as well as reducing two negative personality characteristics (i.e., neuroticism, resentment) in order to improve the mental health of their patients. Importantly, the results suggest that gratitude is the one positive character trait (i.e., positive attribute) that uniquely contributes to mental health, and therefore is worthy of further investigation of social work practices within a Christian context.

Limitations and Future Directions

The results are limited in generalizability in that the sample was based on a relatively young, healthy sample of undergraduate students from the U.S. In addition, the current study investigated only six of the 24 character traits and three of the six virtues proposed in the VIA model. Additional research on the other 18 VIA model character traits and three virtues is warranted.

It is noted that no variables predicted physical health for this sample which may be related to the fact that the sample was relatively young and healthy (i.e., college-age students from a non-clinical sample). As such, it is likely that there was limited variability in physical health scores that were necessary to elucidate any existing relationships. It is also noted that this study was cross-sectional in nature, and as a result no causation can be identified (e.g., that having better mental health may allow one to be more grateful, and vice versa).

These results suggest that the six character traits of interest (i.e., altruism, empathy, forgiveness, gratitude, hope, humility) are in fact both theoretically and psychometrically distinct, and therefore should be studied as such. This may be particularly important when determining which character traits and virtues are primarily associated with different health outcomes (e.g., gratitude vs. forgiveness interventions; Seligman et al., 2005). This may be especially relevant given that virtues can be developed, and particularly when compared to personality traits which theoretically are innate and relatively stable over time. In fact, many private Christian colleges and universities offer "character development" and "virtue intervention" programs and initiatives to assist students in developing those behaviors/virtues for productively engaging with one another, their communities, society, and the global environment (Sandage & Hill, 2001; Tarakeshwar, Pearce, & Sikkema, 2005). ❖

References

Arnau, R. C., Rosen, D. H., Finch, J. F., Rhudy, J. L., & Fortunato, V. J. (2007). Longitudinal effects of hope on depression and anxiety: A latent variable analysis. *Journal of Personality, 75*(1), 43-64. https://doi.org/10.1111/j.1467-6494.2006.00432.x

Baker, J. C., Williams, J. K., Witvliet, C. V. O., & Hill, P. C. (2017). Positive reappraisals after an offense: Event-related potentials and emotional effects of benefit-finding and compassion. *The Journal of Positive Psychology, 12*, 373–384. doi:10.1080/ 17439760.2016.1209540

Banicki, K. (2014). Positive psychology on character strengths and virtues. A disquieting suggestion. *New Ideas in Psychology, 33*, 21-24. https://doi.org/10.1016/j.newideapsych.2013.12.001

Berry, J. W., Worthington, E. L., Jr., O'Connor, L., Parrott, L. III, & Wade, N. G. (2005). Forgivingness, vengeful rumination, and affective traits. *Journal of Personality, 73*, 183-225. https://doi.org/10.1111/j.1467-6494.2004.00308.x

Brown, S. L., Chopra, P. K., & Schiraldi, G. R. (2013). Validation of the Humility Inventory (HI), a five-factor, self-report measure of humility. *The International Journal of Educational and Psychological Assessment, 12*(2), 57-77. https://psycnet.apa.org/record/2013-27692-004

Chang, E. C., Yu, E. A., & Hirsch, J. K. (2013). On the confluence of optimism and hope on depressive symptoms in primary care patients: Does doubling up on bonum futurun Proffer any added benefits? *The Journal of Positive Psychology, 8*(5), 404-411. DOI: 10.1080/17439760.2013.818163

Emmons, R. A. & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*(2), 377–389. https://greatergood.berkeley.edu/pdfs/GratitudePDFs/6Emmons-BlessingsBurdens.pdf

Froh, J. J., Bono, G., Fan, J., Emmons, R. A., Henderson, K., Harris, C., & Leggio, H. (2014). Nice thinking! An educational intervention that teaches children to think gratefully. *School Psychology Review, 43*(2), 132–152.https://www.stir.ac.uk/research/hub/publication/537105

Froh, J. J., Yurkewicz, C., & Kashdan, T. B. (2009). Gratitude and subjective well-being in early adolescence: Examining gender differences. *Journal of Adolescence, 32*(3), 633-650. DOI: 10.1016/j.adolescence.2008.06.006

Hays, R. D., Bjorner, J. B., Revicki, D., Spritzer, K. L., & Cella, D. (2009). Development of physical and mental health summary scores from the patient-reported outcomes measurement information system (PROMIS) global items. *Quality of Life Research, 18*(7), 873-880. doi: 10.1007/s11136-009-9496-9

Idler, E.L., Musick, M.A., Ellison, C.G., George, L., Krause, N., Ory, M.F., & Williams, D.R. (2003). Measuring multiple dimensions of religion and spirituality for health research: Conceptual background and findings from the 1998 General Social Survey. *Research on Aging, 25*, 327-365. https://doi.org/10.1177/0164027503025004001

Johnstone, B., Bhushan, B., Hanks, R., Yoon, D., & Cohen, D. (2016). Factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality in US and Indian samples with traumatic brain injury. *Journal of Religion and Health, 55*, 572-586.

Johnstone, B., Yoon, D. P., Franklin, K. L., Schopp, L. H., & Hinkebein, J. (2009). Reconceptualizing the factor structure of the Brief Multidimensional Measure of Religiousness/Spirituality. *Journal of Religion and Health, 48*(2), 146-163. https://doi.org/10.1007/s10943-008-9179-9

Jones, C. N., You, S., & Furlong, M. J. (2013). A preliminary examination of covitality as integrated well-being in college students. *Social Indicators Research, 111*, 511-526. doi:10.1007/s11205-012-0017-9

Kerr, S. L., O'Donovan, A., & Pepping, C. A. (2015). Can gratitude and kindness interventions enhance well-being in a clinical sample? *Journal of Happiness Studies, 16*(1), 17–36. doi:10.1007/s10902-013-9492-1 https://doi.org/10.1007/s10902-013-9492-1

Kristjansson, K. (2010). Positive psychology, happiness, and virtue: The troublesome conceptual issues. *Review of General Psychology, 14*, 296-310. https://doi.org/10.1037/a0020781

Lee, H. S., Brenna, P. F., & Daly, B. J. (2001). Relationship of empathy to appraisal, depression, life satisfaction, and physical health in informal caregivers of older adults. *Research in Nursing & Health, 24*(1), 44-56. doi: 10.1002/1098-240x(200102)24:1<44::aid-nur1006>3.0.co;2-s.

Lyubomirsky, S., Dickerhoof, R., Boehm, J. K., & Sheldon, K. M. (2011). Becoming happier takes both a will and a proper way: An experimental longitudinal intervention to boost well- being. *Emotion, 11*(2), 391–402. doi:10.1037/a0022575

Macdonald, C., Bore, M., & Munro, D. (2008). Values in action scale and the Big 5: An empirical indication of structure. *Journal of Research in Personality, 42*, 787-799. 10.1016/j.jrp.2007.10.003

McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Socal Psychology, 82*, 112-127. 10.1037//0022-3514.82.1.112

McGrath, R. E. (2015). Integrating psychological and cultural perspectives on virtue: The hierarchical structure of character strengths. *The Journal of Positive Psychology, 10*, 407-424. http://dx.doi.org/10.1080/17439760.2014.994222

Neff, J. A. (2006). Exploring the dimensionality of "religiosity" and "spirituality" in the Fetzer Multidimensional Measure. Journal for the *Scientific Study of Religion, 45*(3), 449-459. https://doi.org/10.1111/j.1468-5906.2006.00318.x

Oman, D. (2007). *Does volunteering foster physical health and longevity?* In S. G. Post (Ed.), Altruism and health: Perspectives from empirical research (pp. 15–32). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195182910.003.0003

O'Sullivan, G. (2011). The relationship between hope, stress, self-efficacy, and life satisfaction among undergraduates. *Social Indicators Research, 101*(1), 155-172. https://doi.org/10.1007/s11205-010-9662-z

Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology, 23*(5), 603-619. https://doi.org/10.1521/jscp.23.5.603.50748

Penner, L. A., Fritzsche, B. A., Craiger, J. P., & Freifeld, T. R. (1995). Measuring the prosocial personality. In J. Butcher & C. D. Spielberger (Eds.) *Advances in personality assessment*. (Vol. 10). LEA.

Peterson, C. & Seligman, M.E.P. (2004). Character strengths and virtues: A handbook and classification. American Psychological Association. http://www.ldysinger.stjohnsem.edu/@books1/Peterson_Character_Strengths/character-strengths-and-virtues.pdf

Rammstedt, B. & John, O. (2007). Measuring personality in one minute or less: A 10-item short version of the Big Five Inventory in English and German. *Journal of Research in Personality, 41*(1), 203–212. doi: 10.1016/j.jrp.2006.02.001

Root Luna, L.M., Van Tongeren, D.R., & Witvliet, C.O. (2017). Virtue, positive psychology, and religion: Consideration of an overarching virtue and an

underpinning mechanism. *Psychology of Religion and Spirituality, 9*(3), 299-302. Doi.org/10.1037/rel0000127

Sandage, S. J. & Hill, P. C. (2001). The virtues of positive psychology The rapproachement and challenges of an affirmative postmodern perspective. *Journal of the Theory of Social Behavior, 31*(3), 241-260. DOI: 10.1111/1468-5914.00157

Seligman, M. E., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60*(5), 410.. doi:10.1037/0003-066X60.5.410

Shryack, J., Steger, M. F., Krueger, R. F., & Kallie, C. S. (2010). The structure of virtue: An empirical investigation of the dimensionality of the virtues in action inventory of strengths. *Personality and Individual Differences, 48*, 714-719. doi:10.1016/j.paid.2010.01.007

Tabachnick, B. G. & Fidell, L. S. (1996). *Using Multivariate Statistics*. HarperCollins.

Tarakeshwar, N., Pearce, M. J., & Sikkema, K. (2005). Development and implementation of a spiritual coping group intervention for adults living with HIV/AIDS: A pilot study. *Mental Health, Religion & Culture, 8*(3), 179-190. DOI: 10.1080/13694670500138908

Wade., N. G., Hoyt, W. T., Kidwell, J. E., & Worthington, E. L. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology 82*(1), 154-170. https://doi.org/10.1037/a0035268.

Witvliet, C.V.O., Chen, S., & Klotz, K. (May, 2015). The relationships among hope, meaning, spirituality, religiosity, and flourishing. Poster presented at Psi Chi at the Annual Meeting of the Midwestern Psychological Association, Chicago, IL.

Witvliet, C. V. O., Knoll, R. W., Hinman, N. G., & DeYoung P. A. (2010). Compassion-focused reappraisal, benefit-focused reappraisal, and rumination after an interpersonal offense: Emotion-regulation implications for subjective emotion, linguistic responses, and physiology. *The Journal of Positive Psychology, 5*(3), 226-242. DOI: 10.1080/17439761003790997

Witvliet, C.V.O., Richie, F.J., Root Luna, L.M., & Van Tongeren, D.R. (2018). Gratitude predicts hope and happiness: A two-study assessment of traits and states. *The Journal of Positive Psychology, 14*, 271-282. doi.org/10.1080/17439760.2018.1424924

Witvliet, C.V.O., & Root Luna, L. M. (2018). Forgiveness and well-being. In Dana Dunn (Ed.) *Positive psychology: Established and emerging issues*, pp. 131-152, Chapter xiv, 351 Pages) Routledge/Taylor & Francis Group, New York, NY.

Wolfer, T.A. (2012). Religion and spirituality in health social work. In S. Gehlert & T.A. Browne (Eds.), *Handbook of Health Social Work* (2nd Edition, pp. 263-290). John Wiley & Son.

Wolfer, T.A., & Brandsen, C. (2015). *Preparing Christians for Social Work: Forming Character and Fostering Virtue* (Eds.). North American Association of Christians in Social Work.

Zaki, J., & Oschner, K.(2012). The neuroscience of empathy: progress, pitfalls, and promise. *Nature Neuroscience, 15*, 675-680. 10.1038/nn.3085

Dong Pil Yoon, Ph.D., is Associate Professor of Social Work, University of Missouri. Phone: (573) 882-0916. Email: yoond@missouri.edu

Patricia Bruininks, Ph.D., is Professor of Psychology, Whitworth University. Phone: (509) 777-4717 Email: pbruininks@whitworth.edu

Erin I. Smith, Ph.D., is Associate Professor of Psychology, California Baptist University. Phone: (951) 552-8626. Email: esmith@calbaptist.edu

Charlotte V.O. Witvliet, Ph.D., is Professor of Psychology, Hope College. Phone: (616) 395-7167. Email: witvliet@hope.edu

Daniel Cohen, Ph.D., is Assistant Professor of Religious Studies, University of Missouri. Phone: (573) 884-1796. Email: cohenda@missouri.edu

Laird R.O. Edman, Ph.D., is Professor of Psychology, Northwestern College. Phone: (712) 707-7075. Email: ledman@nwciowa.edu

Joseph Bankard, Ph.D., is Professor of Philosophy, Northwest Nazarene University Phone: (208) 467-8538. Email: jabankard@nnu.edu

Katherine Little, B.A., Children's Division, Phone: (573) 751-3448. Email: kjlitle96@gmail.com

Brick Johnstone, Ph.D., Shepherd Center Phone: (404) 367-1240. Email: brickjohnstone47@gmail.com

Acknowledgments: We would like to acknowledge the excellent help on the formatting of this article by Ms. Taelor Lamansky and Ms. Jordanna Kruse, Northwestern College, Iowa.

Perception of Mental Health on Christian College Campuses: A Case Study

Ling Dinse, Summer Weaver, Victoria Gehman, Nancy Esh, Valerie Koeshartono

The perception of mental health directly impacts an individual's acceptance and utilization of counseling services. Mental health challenges are increasingly common among college students. The purpose of this case study is to examine the perception of mental health and the receptiveness to receiving mental health services among Christian college students. This study surveyed both professors and students from a Christian college in Central Pennsylvania. The two key themes that emerged from this study were a perceived stigma attached to mental health challenges and receiving mental health services and a lack of support from the Christian community. The survey results inform the recommendations including expanding education surrounding mental health and mental health services, accessibility of mental health services, and destigmatizing mental health.

***Keywords*:** Stigma, mental health, mental health services, counseling, mental health perception, barriers to receiving services, Christian community, theology of suffering, Christian college students

THE NATIONAL ALLIANCE ON MENTAL HEALTH (2019) estimated that one in five adults were impacted by mental illness. In addition, mental health concerns among college students are projected to be even higher than in the general population. Lipson et al., (2019) estimated that one in three college students could be diagnosed with a mental health condition. Cheng and fellow researchers (2018) stated that roughly 50% of college students met the diagnostic criteria for a mental health disorder, and findings by Xiao and colleagues (2017) also supported the claim that mental health issues among college students were on the rise.

According to the American College Health Association's national college

Social Work & Christianity, Vol. 49, No. 2 (2022), 164-180
DOI:10.3403/swc.v.49i2.238
Journal of the North American Association of Christians in Social Work

health assessment (ACHA, 2019), 65.7% (*n* = 67,972) of the surveyed students reported an overwhelming sense of anxiety in 2019 compared to 54% in 2014 (ACHA, 2014). There was also an increased report of depression in 2019 (45.1%) when compared to the 2014 statistics (32.3%). The same survey also found that 13.3% of the college students had seriously considered suicide in the past year compared to 8.9% in 2014. Lipson et al.'s (2019) study of a 10-year trend in college students' mental health found a pattern of both increased mental health diagnosis and treatment. Hibbs and Rostain (2019) found this increased trend alarming and stated that "colleges and universities across the country are reporting an explosion of mental health problems verging on an epidemic, with a skyrocketing number of students seeking help" (p.5). The COVID pandemic compounded the problem regarding access to mental health. A 2020 study conducted by American College Health Association (ACHA, 2020) on the impact of COVID-19 reported that 60% of the college students found the pandemic posed a challenge in accessing mental health services.

Mental Health Concerns and Christian Campuses

The Lifeway Research Group (2014) found that Christians who suffered from mental illness often felt a sense of shame due to social stigma. Kinghorn (2015) asserted that some Christians struggled with understanding mental health challenges from a psychological perspective while integrating a biblical worldview. An over-emphasis on spiritual health and neglect of mental health could result in invalidating an individual's legitimate mental health challenges and increase the sense of shame. The upward trend of mental health distress and Lifeway's research indicate the need to further examine the perception of mental health, especially on faith-based college campuses.

Perception of Mental Health

Perception of Mental Health Among College Students

As discussed in the section above, there is an upward trend of mental health concerns among college students. However, existing research has found a lack of an increased utilization of mental health services among college students (Turetsky & Sanderson, 2018 Xiao et al., 2017). Cheung et al. (2018) estimated that 64% of college students who have struggled with mental health difficulties within the past year have chosen not to use professional services. A student's misconception about mental health could hinder the utilization of mental health services. Holland (2016) found that many students were obtaining their understanding of mental health from

social media and the news, which often does not portray mental health in a helpful or accurate way, thus contributing to the inaccurate perception of mental health.

Perception of Mental Health Among College Faculty

Professors on college campuses have the unique opportunity to offer support to students and to encourage the utilization of mental health services. A study conducted by Ossa et al. (2015) found that many college professors did not have a clear understanding of the impact of mental health on college students. White and LaBelle's (2019) study also found that professors expressed a sense of inadequacy in identifying students' mental health needs and a desire for increased training and awareness of the services available to students struggling with mental health concerns. An incorrect understanding of mental health issues can increase a professor's bias and negatively affect interactions with students who struggle with mental health challenges.

Christian Community's Perception of Mental Health.

The Lifeway Research Group's (2014) study on the perception of mental illness in the Christian community revealed a culture of stigma and judgment, which stemmed from a lack of conversation and understanding regarding the subject of mental health. Lifeway's research found that congregants with mental health struggles frequently turned to their pastors for help. However, Smietana's (2014) study revealed that churches and pastors were often ill-equipped. The study emphasized that "[t]here is a need for honest conversations that bring clarity to the topic. Conversations about mental illness need to change in frequency and in tone" (Lifeway Research Group, 2014, p. 4).

A study conducted by Adams and colleagues (2018 among Christians with mental illness mirrored the findings from the Lifeway Research Group's 2014 study. The Adams et al. (2018) study identified a lack of awareness on mental health issues within the Christian community, stating "... the relationship between religious beliefs and stigmatizing attitudes toward people with mental illness has been largely ignored" (p. 105). In the same study, 30% of the Christian participants with mental illnesses did not have a positive experience within the Christian community, and churches often lack a holistic view of mental health issues. For example, some Christian churches attributed the cause of mental illness to the individual's spiritual deficiency. Despite the prevalence of mental health concerns, some church communities continue to perpetuate misconceptions regarding mental health issues.

The existing research pointed to the importance of examining the perception of mental health among the college population and identifying ways to remove barriers to receiving services. This study aimed to evaluate the perception of mental health among college students and professors on a Christian campus and to identify potential barriers to utilizing mental health services. With the data collected in this study, the authors hope to offer insight to inform service providers in supporting college students' mental health needs.

Methodology

Type of Study

This case study utilized a mixed method research approach to examine the perception of mental health and the receptiveness to receiving mental health services among college students at a small Christian college at Central Pennsylvania.

Sample

The convenience sample for this study was recruited from the undergraduate student body and the professors at the college. Of the eighty-one participants in this study, 57% (n = 46) of the respondents were students and 43% (n = 35) of the respondents were professors.

Data Collection and Data Analysis

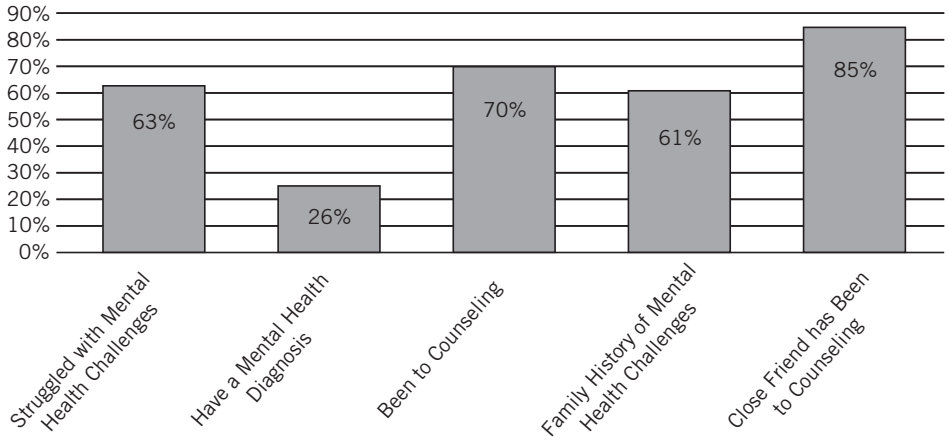
Two surveys consisted of both open-ended and close-ended questions which collected data from the professors and students respectively (see Appendices A & B). The college's Student Affairs office assisted in the distribution of the student survey electronically. The students who agreed to participate in the study were entered into a drawing to receive a gift card as an incentive for participation. The faculty survey was hand-delivered to each academic department in hard copies and collected by the research team. The Microsoft Excel program was used to analyze quantitative data and to generate descriptive statistics. Qualitative data collected from open-ended questions were organized into recurrent themes based on the patterns that emerged.

Research Findings

Students' Personal Mental Health Experience

Among the forty-six participants, 63% (*n* = 29) of the students acknowledged that they have struggled with mental health challenges, 26% (*n* = 12) reported that they have a mental health diagnosis, and 70% (n = 32) of the students responded that they have been to counseling. In addition, 61% (*n* =28) of the students indicated that there was a history of mental health challenges in their family. Furthermore, 85% (*n* = 39) of the students reported that they have someone in their close circles who have been to counseling, and 54% (*n* = 25) of the students reported that a family member has taken medication for a mental health diagnosis (see Figure 1).

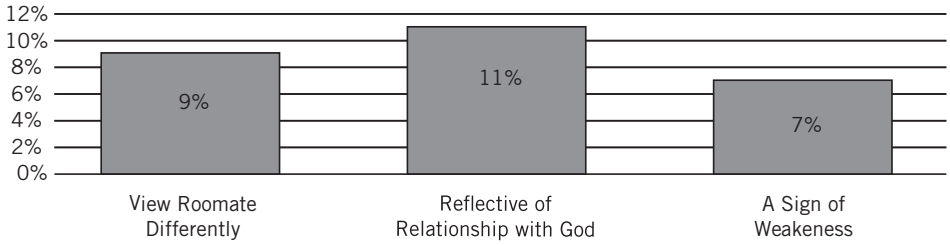
Figure 1
Students' Experience with Mental Health



Students' Receptiveness of Others' Mental Health Experience

As shown in Figure 2, questions regarding the students' perceptions of others' mental health challenges found only 9% (*n* = 4) of the participants agreed that they would look at their roommate differently if they knew they were going to mental health counseling. The percentage of the students in agreement with the statement "Most of the time, a person's mental health is reflective of their relationship with God," was 11% (*n* = 5). There were 6.5% (*n* =3) of students who affirmed the statement that "It is a sign of weakness to seek mental health counseling."

Figure 2
Students' Perception of Mental Health



Professors' Personal Mental Health Experiences

Out of the thirty-five professors who responded to the survey, 60% (*n* =21) indicated that they themselves have received counseling. In addition, 9% (*n* =3) of professors said that they have been diagnosed with a mental health condition, and 34% (*n* =12) of professors say they have struggled with mental health challenges. The survey also inquired about the professors' mental health experiences within their family and social circles. The survey results indicated that 46% (*n* =16) of professors responded positively to the statement that there was a history of mental health challenges in their family, and 89% (*n* =31) responded that someone within their close circle has been to counseling.

Professors' Receptiveness of Others' Mental Health Experiences

Among the thirty-five professors who responded to the survey, 9% (*n* =3) stated that they would look at a colleague differently if the colleague received mental health counseling, and 6% (*n* =2) reported that they would view a student differently if the student received mental health counseling. Only 3% (*n* =3) of professors indicated that they believe it is a sign of weakness to seek mental health counseling.

Students' Perception of Mental Health Counseling

An open-ended survey question asked participants to state a word that came to their mind in association to the phrase "mental health counseling." Responses were separated into three main categories: positive, negative, and neutral. Out of the forty-six student responses, 52.2% (*n* =24) used a positive word to describe mental health counseling and 41.3% (*n* =19) of the students chose a negative word as shown in Table 1. The remaining 6.5% (*n* =3) of the respondents used a word that was neither positive nor negative.

Table 1
Positive and Negative Words from Students

Positive	Negative	Neutral
Necessary/needed -5	Anxiety - 2	Counselors
Healing - 4	Depression - 2	Therapy
Help/helpful - 4	Stigma/stigmatized - 2	Deep
Beneficial - 2	Taboo - 2	
Confusing	Confusing	
Freedom	Lots of work	
Hopeful	Sad	

Thoughtful	Secret	
Willing	Intimidating	
Positive	Weakness	
Strength	Challenging	
Under-utilized	Difficult	
Progression	Flawed	
24	19	3

Professors' Perception of Mental Health Counseling

Out of thirty-five professors who responded, 77.1% (*n* =27) used a positive word to describe mental health counseling and 20% (n =7) of the professors selected a negative word. One respondent used a word that was neither positive nor negative (See Table 2).

Table 2
Positive and Negative Words from Professors

Positive	Negative	Neutral
Necessary/needed - 7	Challenging 3	Therapy
Helping/helpful - 7	Conflicted	
Essential - 3	Depression	
Valuable	Stronghold	
Compassion	Expensive	
Stability		
Important		
Open		
Discernment		
Relief		
Beneficial		
Hope		
Progression		
27	7	1

Barriers to Seeking Mental Health Counseling

This study also collected qualitative data concerning potential barriers that prevent students from seeking mental health counseling. Two main themes emerged from the students' responses: stigma of mental health and a lack of support from the Christian community.

Stigma as a Key Barrier

The students' responses to the open-ended question regarding "the biggest barrier for students seeking mental health counseling on campus" is stigma stemmed from a fear of others' perceptions. This statement from one of the students reflected the barrier of stigma: ***"Fear of judgment, because even here [College's name] the mental health stigma is real."***

Table 3 illustrated some of the statements shared by the students highlighting the barrier of stigma to seeking counseling services on campus.

Table 3

Students' Statements on Barriers to Seeking Mental Health Services

The stigma portrayed by those who do not battle with mental health. Also, the spiritual/genetic argument, where most people in Christian circles believe that mental illness is the result of a poor relationship with Christ.
Stigma against mental health, especially in Christian circles.
I think the biggest barrier to actually seeking help is the stigma that is still associated with mental health...
The embarrassment and shame that they place on themselves when they say that people can see that they don't have their life together.
Stigma, of being one of 'those people'
Being ashamed and not wanting others to know their struggles.

A Lack of Support from the Christian Community

Another notable finding was that the negative perception of mental health issues in the Christian community created significant barriers in seeking the support needed. This student shared a common misconception among the Christian community and the simplistic response to addressing mental health concerns: ***"I think people see mental health as reflective of their faith and believe that if they just did some things differently and got in a better place with God, it would go away."*** This false assumption perpetuates the stigma that mental health struggles are reflective of one's faith. Another student shared the pain caused by the Christian community's simplistic connection between faith and mental health.

> I believe/have experienced personally that the Christian community (in general) tends to stigmatize mental illnesses and make other Christians feel inadequate for struggling with these. Mental illnesses are real illnesses that can come from chemical imbalances and traumas, not just 'a lack of my faith or that I'm not praying enough.' I love Jesus and have anxiety and depression, and I believe He loves me too through it

> all- and that God can use my brokenness and illness. In my classes here at [college name] and amongst peers at times I have been made to feel like a 'bad Christian' who Christ cannot 'adequately use' because of my anxiety and depression- but when someone suffers on the outside physically, we do not tell them that it is because of their 'lack of faith.'

Professors' Perspective on Barriers to Seek Help

The qualitative data gathered from the professors' surveys also identified common themes of barriers to students' seeking mental health counseling on campus. The professors' responses echo the sentiment of the students in identifying stigma as the key barrier in seeking mental health care. Of the thirty-five professors who responded, 22% (n = 8) identified students' perceived stigma as a barrier, 16 % (n = 6) of the professors pointed to a lack of education about mental health counseling services, 13% (n =5) recognized a lack of time, and 11% (n = 4) expressed that the perception of the Christian community might be a barrier to seeking mental health services. The table below illustrates four key themes identified by the professors (see Table 4).

Table 4
Professors' Statements on Barriers to Students Seeking Mental Health Services

Stigma	Lack of education	Lack of time	Perception of the Christian Community
The stigma that it carries at a Christian college.	Lack of familiarity with the process...	Students are too busy to prioritize their health.	Belief that seeking help is 'unspiritual.
The mental health stigma is real!	While not positive, I suspect it is a combination of time and lack of awareness of available resources.	Often they feel that they don't have the necessary time to seek out the services, feeling overwhelmed with classes, coursework and extra-curricular activities	Fear of unknown, fear of stigma, the idea that faith should be enough.
Although changing, the stigma associated with mental health issues continues.		While not positive, I suspect it is a combination of time and lack of awareness of available resources.	Students may see their struggles as a lack of faith and therefore don't want to get stigmatized by others.
I think the biggest barrier for students seeking mental health counseling is stigma...			...too many people try to make them feel like it's all in their head or it is a spiritual deficiency.

...stigma about mental health from their church tradition...			

Discussion

This research study provided valuable insights regarding Christian college students' perceptions of mental health services. A significant finding was that the utilization of counseling services did not necessarily result in a positive perception of mental health services. This study found that 70% (n = 32) of students reported that they had utilized counseling services, but nearly half of the students chose a negative word to describe mental health counseling. A positive finding was that a majority of the students (91.3%, n = 42) indicated that they would not view their roommate differently if they knew they received counseling services. While the fear of negative perception from others may be unfounded, this study reflected students' tendencies to internalize the stigma. Stigma, whether perceived or real, has the potential to create barriers to receiving the needed care in addressing mental health challenges.

The professors' responses reflected a more positive view of mental health services but recognized the barriers faced by the students due to stigma, especially in the Christian community. Students and professors both stated that over-spiritualizing mental health created a significant barrier to pursuing mental health services. The Christian community often perceived mental health as a lack of faith or inadequate spiritual disciplines.

Implications for Practice

This study pointed to a need to address the stigma of mental health and students' negative perception of the utilization of mental health services. The following discussion identified recommendations for practice in addressing the barriers in receiving mental health services, especially on Christian campuses.

Education is the Key

Education serves as a valuable tool in addressing stigma in receiving mental health services. A study conducted among college campuses in Canada emphasized the importance of community-wide initiatives to combat the concern of mental health stigma. These initiatives included educational forums, surveys, literature distribution, and campus campaigns (Giamos et al., 2017). College personnel and student leaders with

frequent and direct contact with the student body should be included in a training program that addresses topics such as common misconceptions about mental health, resources available in assisting with mental health challenges, and suicide risk factors. In addition, the college can proactively provide opportunities for the student body to engage in open and honest conversations on the topic of mental health through various campus settings such as dorm meetings and support groups.

There are ample free or low-cost resources available to assist a college campus on addressing mental health stigma. One such example is National Alliance on Mental Illness's (n.d.) StigmaFree on Campus campaign. This campaign raises awareness of mental health issues with a focus on erasing stigma on campus. Active Minds (n.d.), nationwide non-profit organization, encourages young adult mental health advocacy with the focus on suicide prevention. Active Minds also offers resources to erase mental health stigma with impactful exhibits and speakers.

Increased Accessibility of Services

This study found a lack of time as an identified barrier for students to access mental health services. A professor observed that students "... feel that they don't have the necessary time to seek out the services, feeling overwhelmed with classes, coursework, and extra-curricular activities." Easy access to mental health resources may encourage college students' willingness to pursue the needed services. School closures due to the COVID-19 pandemic have expanded the usage of telemental health services to promote students' access to mental health services.

Telemental health services (TMH) is an effective and creative way to expand mental health access to college students. Hadler and colleagues' (2021) survey of literature found that college students responded well to TMH in addressing mental health concerns including depression, anxiety, PTSD, and eating disorders. In addition, this report noted that college students found TMH addressed the existing barriers to mental health services such as schedule limitations and stigma relating to mental health services. The Higher Education Mental Health Alliance (2018) also identified increased access, the removal of stigma, ease of sharing deeper emotions, and client empowerment as the potential benefits of TMH. Seidel and colleagues' (2020) study amongst Metropolitan New York City colleges and universities pointed to the helpfulness of offering online resources about mental health services available in the community to promote access. The use of an online platform will be an increasingly vital approach to expanding mental health accessibility on college campuses.

Theology of Suffering

The responses from both the students and professors pointed to the faith community's incorrect understanding of mental health as one of the key barriers to addressing mental health concerns. One student who responded to the question on barriers to receiving mental health counseling said: "The stigma portrayed by those who do not battle with mental health. Also, the spiritual/genetic argument, where most people in Christian circles believe that mental illness is the result of a poor relationship with Christ." Similarly, a professor stated that the main barrier to pursuing mental health services is "the stigma it [mental health counseling] carries at a Christian college." Another professor stated: "Students may see their struggles as a lack of faith and therefore don't want to get stigmatized by others." Barna Groups' (2020) recent study on Christians' response to trauma also found that a higher percentage of practicing Christians experience guilt and shame when compared to non-practicing Christians. These results revealed the faith community's respond to mental health issues to be much like Job's friends as "miserable comforters" (Jobs 16:2, New International Version, 1978/2011).

A theology of suffering recognizes brokenness in this world as a result of the Fall. It also recognizes God's redemptive plan in our lives and the restoration to come. The faith community needs to convey hope and compassion instead of inflicting pain to those suffering from mental health struggles. Christian college campuses have the unique opportunity to nurture students in the development of a correct theology of suffering. At the time of the study, the college in this study offers a theology of suffering course that is co-taught by a theology professor and a social work professor. The course surveys the biblical perspective on suffering and offers practical ways to support sufferers compassionately. A correct understanding of the theology of suffering can help correct the Christian community's misconception of mental health struggles and offer the much needed support to individuals battling with mental health concerns.

Conclusion

Mental health challenges pose as a significant barrier for individuals of all ages and especially for college students. Perceived stigma, incorrect perception of mental health, and lack of services have increasingly led to isolation for those in need of mental health services. While mental health challenges may present a significant struggle for college students, there is hope. With the development of proactive strategies such as a proper understanding of mental health challenges through education, with fair and equitable access to mental health services, and with a correct view of

the theology of suffering, individuals facing mental health challenges can experience grace and hope amidst their mental health struggles. ❖

References

Active Minds (n.d.). https://www.activeminds.org/

Adams, K. S., Tost, J. R., Whatley, M. A., Brown, M. C., Dochney, B. J., Taylor, J. M., & Neal, M. H. (2018). Relationship of Christian belief to attitudes towards people with mental illness. *The American Journal of Psychotherapy, 71*:104-109. https://doi.org/10.1176/appi.psychotherapy.20180022

American College Health Association (ACHA;2014). *National college health assessment II: University of Louisville Executive Summary*. American College Health Association. http://louisville.edu/healthpromotion/files/NCHAIISPRING2014UofLExSummaryAddOnQuestionsCombinedforWebsite.pdf

American College Health Association (ACHA;2019). National college health assessment II: Reference group executive summary. American College Health Association. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

American College Health Association (ACHA;2020). *The impact of COVID –19 on college student well-being*. American College Health Association. https://www.acha.org/documents/ncha/Healthy_Minds_NCHA_COVID_Survey_Report_FINAL.pdf

Barna Group (2020). *Trauma in America: Understanding how people face hardships and how the church offers hope*. American Bible Society. https://traumainamerica.bible/

Cheng, H., Wang, C., McDermott, R. C., Kridel, M., & Rislin, J. L. (2018). Self-stigma, mental health literacy, and attitudes toward seeking psychological help. *Journal of Counseling & Development, 96*(1), 64–74. https://doi.org/10.1002/jcad.12178.

Giamos, D., Lee, A. Y. S., Suleiman, A., Stuart, H., Chen, S.-P., Pullman, A., and Pidgeon, M. (2017). Understanding campus culture and student coping strategies for mental health issues in five Canadian colleges and universities. *Canadian Journal of Higher Education, 47*(3), 136–151. https://doi.org/10.7202/1043242ar.

Hadler, N. L., Bu, P., Winkler, A., & Alexander, A. W. (2021). College student perspectives of telemental health: A review of the recent literature. *Current Psychiatry Reports, 23*(2), 6. https://doi.org/10.1007/s11920-020-01215-7

Hibbs, B. and Rostain, A. (2019). *The stressed years of their lives: Helping your kids survive and thrive during their college years*. St. Martin's Press.

Higher Education Mental Health Alliance. (2018). *College counseling from a distance: Deciding whether and when to engage in telemental health services*. HEMHA.

Holland, D. (2016). College student stress and mental health: Examination of stigmatic views on mental health counseling. *Michigan Sociological Review, 30*, 16–43. http://www.jstor.org/stable/43940346

Kinghorn, W. A. (2015, September 15). *American Christian engagement with mental health and mental illness*. /doi/10.1176/appi.ps.201400542.

Lifeway Research. (2014). *Study of acute mental illness and Christian faith*. Retrieved from http://lifewayresearch.com/wp-content/uploads/2014/09/Acute-Mental-Illness-and-Christian-Faith-Research-Report-1.pdf.

Lipson, S., Lattie, E., and Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-Year population-level trends (2007–2017). *Psychiatric Services, 70* (1). doi/pdf/10.1176/appi.ps.201800332

National Alliance on Mental Health. (2019). *Mental health by the numbers*. Retrieved from https://www.nami.org/learn-more/mental-health-by-the-numbers.

National Alliance on Mental Illness (n.d.). *StigmaFree on campus*. https://www.nami.org/Get-Involved/Pledge-to-Be-StigmaFree/StigmaFree-Community/StigmaFree-on-Campus

Ossa, C. J., Quintana, I. M., & Rodriguez, F. F. (2015). Mental health assessment in professors' training in two Chilean universities. *Journal of Educational Psychology - Propositos y Representaciones, 3*(1), 153–176. https://eric.ed.gov/?id=EJ1135334

Seidel, E. J., Mohlman, J., Basch, C. H., Fera, J., Cosgrove, A., & Ethan, D. (2020). Communicating mental health support to college students during covid-19: An exploration of website messaging. *Journal of Community Health, 45*(6), 1259–1262. https://doi.org/10.1007/s10900-020-00905-w

Smietana, B. (2014, September 22). *Mental illness remains taboo topic for many pastors*. Life Way Research. https://lifewayresearch.com/2014/09/22/mental-illness-remains-taboo-topic-for-many-pastors/

Turetsky, K. M., & Sanderson, C. A. (2018). Comparing educational interventions: Correcting misperceived norms improves college students' mental health attitudes. *Journal of Applied Social Psychology, 48*(1), 46–55. https://doi.org/10.1111/jasp.12489.

White, A. & LaBelle, S. (2019). A qualitative investigation of instructors perceived communicative roles in students' mental health management. *Communication Education*. Retrieved from https://doi.org/10.1080/03634523.2019.1571620.

Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services, 14*(4), 407–415. https://doi.org/10.1037/ser0000130.

Appendix A
Professor Survey

1. Age – Circle one.

- o 30 and under
- o 31-40
- o 41-50
- o 51-64
- o 65+

2. Gender – Circle one.

- o Male
- o Female

3. Race - Circle one.

- o White
- o Hispanic, Latinx, or Spanish
- o Black or African American

- o Asian
- o American Indian or Alaska Native
- o Middle Eastern
- o Other _____
- o Prefer not to say

4. Which department are you associated with? Circle one.

- o Arts and Sciences
- o Communication and Media Arts
- o Bible and Theology
- o Business Administration
- o Church and Ministry Leadership
- o Counseling and Social Work
- o Health and Physical Education
- o Music, Worship, and Performing Arts
- o Education

5. What is one word that comes to mind when you think about mental health counseling ?

_____

Please choose whether you agree or disagree with the following statements and circle your answer.

6. There is a history of mental health challenges in my family.

Agree Disagree

7. Someone in my close circle has been to counseling.

Agree Disagree

8. I have been to a counselor.

Agree Disagree

9. I have a mental health diagnosis.

Agree Disagree

10. I have not been diagnosed with a mental health illness, but I have struggled with mental health challenges, such as anxiety or depression.

Agree Disagree

11. I have taken medication for a mental health diagnosis.

Agree Disagree

12. I have a family member who has taken medication for a mental health diagnosis.

Agree Disagree

13. I would look at a student differently if they told me they go to counseling.

Agree Disagree

14. I would look at a colleague differently if they told me they were going to counseling.

Agree Disagree

15. I believe that most of the time, a person's mental health is reflective of their faith in God.

Agree Disagree

16. I think it is a sign of weakness to seek mental health counseling.

Agree Disagree

17. In one sentence, describe what you think is the biggest barrier for students seeking mental health counseling on campus?

Appendix B
Student Survey

1. Age
- o Under 18
- o 18-21
- o 22-25
- o 26+

2. Gender
- o Male
- o Female
- o Prefer not to say

3. Race - Circle one.
- o White
- o Hispanic, Latinx, or Spanish
- o Black or African American
- o Asian
- o American Indian or Alaska Native
- o Middle Eastern
- o Other _____
- o Prefer not to say

4. Which department is your major associated with?
- o Arts and Sciences
- o Communication and Media Arts
- o Bible and Theology
- o Business Administration
- o Church and Ministry Leadership
- o Counseling and Social Work
- o Health and Physical Education
- o Music, Worship, and Performing Arts
- o Education
- o Undecided

5. What is one word that comes to mind when you think about mental health counsel ing? _____

Do you agree or disagree with the following statements?

6. There is a history of mental health challenges in my family.
Agree Disagree

7. Someone in my close circle has been to counseling.
Agree Disagree

8. I have been to a counselor.
Agree Disagree

9.I have a mental health diagnosis.
Agree Disagree

10. I have not been diagnosed with a mental health illness, but I have struggled with mental health challenges, such as depression or anxiety.

Agree Disagree

11. I have taken medication for a mental health diagnosis.
Agree Disagree

12. I have a family member who has taken medication for a mental health diagnosis.
Agree Disagree

13. I would look at my roommate differently if they told me they go to counseling.
Agree Disagree

14. I believe that most of the time a person's mental health is reflective of their faith in God.
Agree Disagree

15.I think it is a sign of weakness to seek mental health counseling.
Agree Disagree

16. (Optional) To be entered to win a gift card, please enter your Stop #: _____

17. In one sentence, describe what you think is the biggest barrier for students seeking mental health counseling on campus?

_____

_____

_____

Ling Dinse, DSW, LSW, is Assistant Professor of Counseling & Social Work, Lancaster Bible College Phone: 717. 569.7071 ext. 5530. Email: ldinse@lbc.edu

Summer Weaver, BSW, Permanency Caseworker, COBYS Family Services. Phone: 717-598-1312. Email: summer@cobys.org

Victoria Gehman, BSW, Family Support Caseworker, Lancaster County Children and Youth Agency. Phone: 717-940-834. Email: victoriagehman836@gmail.com

Nancy Esh, BSW, is a Paraprofessional in Special Education, Lampeter-Strasburg School District Phone: 423.779.2903. Email: nancy_esh@l-spioneers.org

Valerie Koeshartono, BSW, Case Coordinator and Case Aid, PA Child. Phone: 719-425-0796. Email: vacito@pachild.org

PRACTICE ARTICLE

Trauma and Congregations: The Importance of Trauma Sensitivity in Local Religious Congregations

Erin Albin Hill, Gaynor Yancey

Local congregations are vital resources within communities. They serve an important function in the lives of community members and especially those who have experienced trauma. This article examines current literature about the interaction between faith communities and trauma, the reasons why it is valuable for local congregations to understand trauma, and the role that faith and congregations can have in helping individuals who have experienced trauma. Rather than focusing on the role of faith in the healing of trauma (which is a separate area of study), this article focuses on the importance of positively creating congregational systems to be mindful of those who have experienced trauma. There is a significant gap in the current literature on how congregations can be trauma sensitive.

***Keywords*:** trauma, congregations, trauma ministry

CONGREGATIONS CAN BE TRUSTED PLACES WHERE individuals access spiritual care and overall support; ministers and other congregational leaders must also become educated on the effects of trauma on persons who come to them seeking care. This specific article focuses on trauma and not on other needs for care and support. As discussed below, trauma affects people in a number of ways. In order for congregational leaders to best serve their congregational and community members, they must have a basic understanding of trauma

Social Work & Christianity, Vol. 49, No. 2 (2022), 181-196
DOI: 10.3403/swc.v.49i2.191
Journal of the North American Association of Christians in Social Work

and how to be a trauma-sensitive congregation. Trauma sensitivity in congregations can happen through various avenues as we will see below. For the purposes of this article, a congregation is defined as the people who come together regularly and voluntarily for worship at a particular location (Ammerman, 1997, 2005; Chaves, 2004; Warner, 1994; Wind & Lewis, 1994). While the following information could be applied to various faith backgrounds, the scope of this article is limited to Christian congregations. Gingrich (2018) focuses on three main avenues within local congregations: education, establishing support systems, and providing resources. Education can be in the form of preaching as well as educating volunteers and staff. Support systems include psychoeducational support groups within the congregation as well as outside support group programs that exist in the broader geographic community. Streets (2015) also adds that a trauma ministry includes collaboration with other community members, increasing coping skills, reducing stress, and an understanding of the vulnerability of people because of their traumatization. A trauma ministry is ministry through a congregation that recognizes that people have experienced trauma and adjusts their structure, worship, and practices to be mindful of those who have experienced trauma. Trauma ministry can be difficult because trauma manifests itself differently in each individual, but congregations need to be aware of and sensitive to those manifestations. People often look to the faith community for care and support, in times of crisis. Faith communities have a unique role and opportunity when caring for those who have experienced trauma, yet there is a lack of research on how a congregation can be sensitive to those who have experienced trauma and what impact that may have on a congregation.

Numerous people have experienced trauma (Kilpatrick et al., 2013) and the societal stigma that often comes with trauma and mental health. It is imperative that congregational leaders are trained in how to respond to trauma that is identified with their congregants. There is a lack of research that looks at the intersection of trauma and local congregations. The literature that can be found on this topic is focused on four areas: foundational trauma information, the scriptural and theological foundation of trauma ministry within congregations, coping skills used within congregations to assist individuals, and practical application of a trauma-sensitive ministry. Due to the broad audience (social workers, congregational leaders, lay leaders, etc.) and context of this manuscript, trauma-informed care, trauma ministry, and trauma-sensitive ministry are used interchangeably to describe congregations creating an environment that is mindful of and intentional towards those who have experienced trauma.

Trauma Literature

Foundational Trauma Information

Kilpatrick et al. (2013), conducted a study of 2,953 individuals to look at prevalence of traumatic events in the lives of the individuals. The highly structured online survey found that about 90% of the sample of individuals had experienced at least one type of trauma in their lives, and the majority had been exposed to multiple traumatic events. In this study, trauma is defined as an event or series of events that is experienced by an individual as physically or emotionally harmful or life- threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. This can be an event such as an accident/fire, disaster, combat or presence in a warzone, physical or sexual assault, witnessing physical or sexual assault, harm to a family member or close friend due to violence or accident, death of a family member or close friend due to accident or violence, or repeated or extreme exposure to aversive details of a traumatic event (Kilpatrick et al., 2013). Trauma can also include long-term distress such as poverty, neglect, or presence in a war-torn country. This study (Kilpatrick et al., 2013) shows the prevalence of trauma in our society even though that trauma might not be visible to those who experience the overall church community of hospitality and care. For instance, a physical trauma might result in a bodily injury that is visible while the emotional trauma, which is the focus of this article, can result in mental health conditions which are not visible to others. In the well-known study on Adverse Childhood Experiences (ACES), Anda et al. (2006) studied the rate at which individuals experienced trauma in their childhood and how it impacted them as adults. The categories of trauma within the ACES study included emotional abuse, physical abuse, sexual abuse, and household dysfunction including mental illness, substance abuse, and parental separation. This study found that at least one ACES was reported by 64% of respondents (Anda et al., 2006). Most importantly for congregations to understand, this study found a strong relationship between adverse childhood experiences and negative experiences during adulthood including substance abuse, sexual promiscuity, depression, anxiety disorders, relational problems, along with physical health issues such as a hypertension, obesity, and cardiovascular disease (Anda et al., 2006). This literature was also supported in a study by Oh et al. (2018) where it was also found that childhood adverse experiences were associated with delays in cognitive development, asthma, infection, somatic complaints, and immune and inflammatory responses in adulthood. This tells us that even though a traumatic incident might have happened

many years previously, the individual is likely to experience the effects from that incident for years to come in ways that go beyond mental health concerns. Van Der Kolk (2006) also does research around the relationship with Post-Traumatic Stress Disorder (PTSD) and trauma and has found that it not only influences mental and emotional health, but it also impacts physical health, as well. Van Der Kolk (2006) has found that not only are traumatized individuals "experiencing the present with physical sensations and emotions associated with the past" (p. 289), but the traumatic incident is also reenacted in breath, gestures, and movement. Van Der Kolk (2006) explains further by describing the sympathetic nervous system (SNS) that is primarily used to prepare the body for physical action which includes increasing cardiac output, inhibiting the gastrointestinal tract, and stimulating sweat glands. When an individual has experienced trauma in the past and starts experiencing a PTSD episode, their whole body, including that within the SNS, breath, movement, etc. is reliving the trauma that was experienced. This is why congregational leaders must know the importance of deep breathing exercises, meditation, and grounding exercises to assist the individual who has been triggered in sending a message to their brain that they are not currently experiencing the traumatic event.

Streets (2015) says that trauma results from adverse life experiences that then overwhelm someone's capacity to adapt positively and cope with internal and external stimuli. Traditionally, congregations are safe places, with an established sense of trust between the ministerial staff and the lay people. They are often a source of care and support during all of life's circumstances but especially times of crisis when someone is overwhelmed and does not have the capacity to adapt and cope. The prevalence of trauma that is mentioned above shows that ministers need to assume that a large percentage of their congregation has experienced trauma, that the trauma can manifest in unique ways in each person, and that the ministerial staff needs to be prepared to respond appropriately.

Scriptural and Theological Foundation for Trauma Ministry

Although often not named as traumatic events, the Christian Bible is filled with traumatic events. For example, the murder of Cain and Abel (Genesis 4), the rape of Dinah (Genesis 34), forced migration and infanticide (Psalm 137), the stoning of Paul (Acts 14), and the crucifixion of Jesus (Matthew 27) just to name a few (*English Standard Version Bible*, 2001). Not only do scriptures give us tangible examples of trauma, but they also suggest theological and scriptural practices that impact those who have experienced trauma. Arjona (2017) focuses on the practice of communion and how the sacrament can "significantly contribute to the healing of traumatized persons" (p. 180). This can be done in three ways.

Arjona says that trauma comes about when "severe emotional pain cannot find a relational home in which it can be held" (p. 184). First, he makes the argument that the sacrament of communion can establish a relational home because not only is it truly nourishing, but it also affirms a sense of trust and satisfaction. Next, communion can also provide a space for truth-telling within the congregation which creates a sense of trust and safety. Last, communion can bring healing by providing a life-sustaining absolutism, meaning that it is a reminder of unconditional love and safety within the faith relationship. Those who have experienced trauma might find that healthy and consistent relationships can be a conduit to healing from their trauma (Smith, 2004). Communion can be a reminder of the unconditional love and safety found within a relationship with God and, therefore, be a positive healing aspect.

Hunsinger (2011) looks at how the gospel can bring healing to those who have suffered a traumatic loss. The core of Hunsinger's argument is that "the cross becomes gospel for the traumatized only if they are able to see that there's a divine love willing to bear what is unbearable for mortal, fallen human beings" (p. 19). Throughout the article, Hunsinger reiterates that ministers cannot simply tell those who have experienced trauma to simply "get over it" or work through it. However, scripture gives us an example of a suffering Savior that bore what we see as unbearable. Hunsinger makes the argument that through Christ, humans have unconditional support, love, and salvation so "healing, whether physical, emotional, or spiritual, is always set within this larger context of the unimaginable reaches of God's salvation" (p. 19). Since the basis of healing from trauma is the presence of healthy, safe, and unconditional relationships (Smith, 2004), one can find that in Christ. Hunsinger further states:

> While ministry cannot replace the work of psychiatry or psychotherapy, it can nevertheless function as an indispensable part of the healing process. When human trust has eluded them, the traumatized desperately need an anchor, a point of reference, something or someone reliable in which to place their trust. Scripture attests again and again that by the power of the Spirit, God comes to those who cry out for help (p. 21).

Just as Arjona (2017) stated about severe emotional pain needing a home, Hunsinger (2011) reiterated this point by stating that "ministers of the gospel…provide a relational home for all those who have suffered trauma" (p. 23).

Looking specifically at scripture, Khan (2018) focuses on how the Psalms can be used as a source of comfort and strength for those who have experienced trauma as well as a guide for pastoral care. Khan says that scripture tells us that "God promises Christ to be with us, at our side

and on our side, even and especially in the midst of our afflictions" (p. 4). The Psalms show us that God is our "shepherd," our "strength," our "refuge and fortress" and that God is always with us which, once again, is a source of comfort and unconditional love for those who have experienced trauma. These specific scripture passages are ones that trauma survivors can relate to and will hopefully give them a sense of peace, belonging, and understanding. They remind them that there is a higher power that loves them, cares for them, and brings them strength. Khan (2018) also points out that *2 Corinthians* tells us that we are made new in Christ. Passages like these remind trauma survivors that there is hope in Christ and that through Christ and outside resources, such as therapy, an individual can be made new. Khan says that:

> Christians may learn that a new, God-given identity can be restored to them, because the brokenhearted may be healed and their wounds be bound up. For God in his profound compassion confers to these human beings such a new identity (p. 13).

Spiritual Coping Skills to Assist Individuals

Not only can scripture and theology be a helpful foundation for congregations to utilize as they walk alongside those who have experienced trauma, it can also be used as a coping skill that assists with healing from the trauma. Khan (2018) listed how attributes of God that are seen in Psalms can be a coping skill. There are a number of other examples in literature.

In a study done by Blakey (2016), it was found that faith in God was a critical factor to healing and recovery for those who experienced trauma. Blakey used a case study approach to observe how 26 African American women who had experienced trauma used spirituality during their recovery process. Blakely (2016) defines spirituality as an "individual's belief, faith in, and personal relationship with God/higher power that transcends human limitations, restores them to well-being, and loves them unconditionally" (p. 40).

The study found that the women used four spiritual strategies to "facilitate healing and recovery: reclaiming spirituality, finding meaning, trusting the process, and active faith" (p. 47). These strategies could take the form of a renewal in their own personal faith with a higher power, assigning a positive meaning to their own trauma, trusting the higher power that there was a reason that the trauma happened, and having a faith that influenced their daily life in practice. Each of these strategies were used by the women who relied on their own personal faith in God, but the women also felt that it was necessary for a congregation to be a resource for them as well. Blakey found that being part of a local congregation "increased their social support

network and connection to other people and God which may give them added emotional and practical support" (p. 54). Van Hook (2016) agrees with what Blakey (2016) found. Van Hook (2016) found that spirituality positively impacts trauma healing by giving a source of comfort, hope, and meaning as well as "a sense of reclaiming the spiritual self" (p. 5). In this article, Van Hook (2016) defines healing as "the process of becoming whole or finding some way to adapt and compensate for losses" (p.13) while also recognizing that people can heal emotionally and spiritually even though they cannot undo the traumatic event that occurred. All of these strategies, from personal faith to involvement in a local congregation, can be a catalyst towards healing from trauma.

Specific coping skills Going back to the idea that Jesus suffers alongside humanity, Dura-Vila et al. (2013) conducted a research study of five nuns that experienced sexual abuse by priests. These researchers wanted to try to understand the relationship between trauma and spirituality. One of the common experiences in the group was that they felt that Jesus was suffering their abuse alongside them and was also a victim of the abuse that they suffered which helped them with their own pain. Dura-Vila et al. said that one nun stated that she "felt very close to His suffering" (p. 34) throughout her healing process. Another common theme was that all five of the nuns rejected and fought the abuse they suffered and were not complacent in it. By doing this, they were able to utilize a variety of coping strategies, including seeking help from their faith community and expressing their emotions to God. Dura-Vila et al. found that, despite the fact the traumatic event happened within the church congregation, there was also healing found within the congregation. A key reflection that the researchers found was the importance of contextualizing the trauma to each survivor's specific circumstance and background. This is important for congregations to remember as they work with members on an individual basis.

Impact of trauma on spirituality Up to this point, the focus has been on how spirituality impacts trauma. It is also important to look at how trauma also impacts spirituality. Smith (2004) says that "concepts such as identity, responsibility, justice, guilt, suffering, and forgiveness must be reexamined…a person's sense of trust and security in the world is damaged" (p. 233). This is linked to trauma because, as Smith puts it,

> A spiritual relationship with a higher power is based on the expectation that the higher power will be protective in times of difficulty or danger, the same as a parent is for a child. This basic agreement was breached when the relationship with the higher power did not prevent the traumatic event. There can be a strong sense of a contract with the entity one relied on most having been broken (p. 233).

Despite those negative impacts, trauma can also be a catalyst for spiritual growth as well. Smith (2004) found that "processing a traumatic event almost always leads to a search for new meaning and purpose…which may indirectly serve as a stimulus for spiritual growth that may not occur otherwise" (pp. 233-234). While we have seen how spirituality can be a positive coping skill, Smith also found that it has the potential to negatively impact coping as well. When the trauma is said to be a punishment for individual sins or the blame is placed on the survivor of the trauma, then an individual has a higher rate of Post-Traumatic Stress Disorder (PTSD), depression, and psychological symptoms (Smith, 2004).

Taking all of that into consideration, we see that spirituality, when employed in a healthy way, has the potential to have a greatly positive impact on one's healing from trauma. This can be seen by a decrease in PTSD symptoms, strong spiritual growth, giving a source of hope and comfort, and finding meaning (Van Hook, 2016). However, if used in an unhealthy manner, spirituality can also negatively impact an individual and lead to higher rates of depression, higher psychological symptoms, and greater risk of PTSD (Smith, 2004). When local congregations work closely with local organizations and with mental health providers, survivors are more likely to have a positive impact healing from the trauma that they have experienced (Nason-Clark et al., 2017). Nason-Clark et al. (2017) suggests that each community has programs that are already in place around trauma and mental health education – local congregations just have to connect with those established programs.

Practical Application of Trauma Ministry

Now that the scriptural and theological foundation is laid and literature has described how spirituality and trauma are related, it is important to look at how to practically apply this information to ministry. Of the general population, 90% have experienced trauma of some kind (Kilpatrick et al., 2013) which shows how important it is for congregations to be trauma-sensitive. Something as simple as a worship service or church policy has the potential to re-traumatize or trigger someone. While the term "trigger" gets discussed frequently, it simply means a stimulus such as a smell, sound, or sight that brings about feelings of trauma which can cause a person to feel overwhelming sadness, anxiety or panic, or experience realistic flashbacks (Center for Substance Abuse Treatment, 2014). An example of how a service can be triggering is a worship service where the lights are kept dimmed and worship includes physical touch. An example of a church policy being retraumatizing for an individual is a policy that requires the pastor to do marriage counseling with a couple after one of the individuals discloses abuse to the pastor.

Attributes of trauma sensitive ministry

When looking at specific characteristics that represent a trauma-sensitive ministry, there are a few attributes that Streets (2015) says are specifically trauma-sensitive. First, it is a ministry where "providers have a basic understanding of trauma and how trauma impacts an individual" (p. 478). For this to happen, congregational leaders must be educated on what trauma entails, including what trauma is, trauma responses, and grounding exercises in order to be able to know how it impacts an individual on a daily basis. Next, a congregation must seek to use that understanding of trauma to recognize the implications on faith traditions such as preaching, worship, etc. as well as the implications that it has on an individual and their livelihood (p. 478). For instance, a dark sanctuary where a worship service includes physically touching each other (i.e., laying of hands for prayer) could be triggering for someone who has experienced trauma. Next, Streets says that a congregation utilizing trauma-informed ministry will "collaborate with other community members who can provide resources… in coping" (p. 478). Local congregations are not equipped with everything that they need to best assist those who have experienced trauma. It is not a congregation's main role and purpose to directly assist those who have experienced trauma since ministers play a different role than mental health providers. It is the role of the congregation to make sure that individuals are cared for, feel supported, and are safe within a congregational setting. There are always community members or organizations that fill that role; congregations just have to partner with them and the agencies with congregations. This is yet another reason why congregations need to be partners with local mental health practitioners, such as social workers and therapists. Through social workers, congregational leaders can learn important skills and information on boundaries, referrals, etc. in order to provide the best care possible to their congregants. For instance, if an individual discloses that their spouse is abusive, it is not the pastor's role to provide therapy to that individual, but it is the social worker's role to work in that therapeutic environment of care. The pastor can provide pastoral care and support to that individual while also connecting them to a social worker to provide mental health services. Last, Streets says that "a trauma-informed ministry aims to increase the skills of coping with or reducing stress that can otherwise lead the sufferer to feel like they can no longer manage the experience" (p. 478). Once again, this is where the congregational leader can provide support and connect the individual to support if they know how to do so appropriately.

As mentioned above, for a congregation to be trauma-sensitive, it is imperative that it partners with mental health practitioners such as social workers. Another option is for a congregation to have a congregational social

worker on its staff. This is a social worker whose professional practice takes place in the setting of a congregation and puts the teachings of Jesus and scripture into action (Garland & Yancey, 2014). Ideally, these individuals would have both the theological training of a minister and the social work training of a professional social worker, and the congregation and community with them would be the "client." A congregational social worker on the staff at a local congregation would be able to connect congregants to local resources in addition to making sure that the congregation, as a community within itself, is a healthy and thriving system that serves and cares for all.

A study done by Nason-Clark et al (2017 looked at those who experienced the trauma of domestic violence and how relationships between local congregations and domestic violence shelters can lead to more positive outcomes for the survivors. Nason-Clark et al. found that 98% of pastors have counseled a woman who has experienced verbal aggression from her husband. She also found that pastors are "slow to suggest dissolution of even a violent marriage and quite optimistic about the possibility of change in the life of a man who has acted abusively" (p. 387). This reinforces the necessity for partnership with agencies and shelters that work with domestic violence victims. In a practice that Nason-Clark et al. calls "paving the pathway between the steeple and the shelter" (p. 389), personnel from both entities must recognize the need to work together. This is important not only for physical partnership and resources, but also so that the language being used with survivors is inclusive of both practices. Nason-Clark et al. says:

> Curbing violent behavior amongst religious men who believe they are entitled by their tradition to behave in this way must include spiritual language condemning the violence and religious resources to empower hope and change. Correspondingly, the language of the spirit must also include references to practical resources and secular knowledge. Otherwise, spiritual language alone may compromise a *victim's* need for safety, security, and financial resources to care for herself and her children or a *perpetrator's* need for justice and restraint (p. 389).

The Nason-Clark et al. (2017) article only talks about domestic violence in the stereotypical roles of the female being the survivor and the male being the abuser. However, the main emphasis is on the idea that partnerships between local organizations and local congregations can have a positive impact on the care that survivors receive which can then lead to healing for the survivor.

More than anything, a congregation utilizing trauma-informed ministry understands that this population is vulnerable because of the trauma that

these individuals have experienced. They always need to feel safe in their environment. Streets (2015) also explains that those that have experienced trauma feel a great deal of shame which creates a barrier to seeking help. The best thing that religious leaders can do is remind those individuals that there is nothing shameful about getting help; it is a sign of strength to ask for that help.

Trauma ministry models

Another approach to trauma ministry is a scripture-based trauma healing model such as the one that Schultz et al. (2016) piloted in Nicaragua. The sample in this study was 23 individuals in Nicaragua who experienced trauma of some kind such as robbery, natural disaster, and sexual trauma. The curriculum that these researchers used was created within the Trauma Healing Institute where they utilized a small group format that were about 90 minutes per session. This curriculum is meant to combine Biblical principles and traditions with research-bas therapeutic interventions. Schultz et al. (2016) state that the "workbook focuses on several topics including five core lessons entitled: If God loves us, why do we suffer? How can the wounds of our hearts be healed?; What happens when someone is grieving?; Bringing our pain to the cross; and How can we forgive others?" (p. 616). It was found that this curriculum, which combined therapeutic intervention and spirituality, not only reduced post- traumatic symptoms for those who were Christian but also showed "an upward trend in spiritual well-being" (p. 120). While this intervention would have to be facilitated by a trained mental health practitioner, it would still be a program that could be hosted in a local congregation for the congregation to serve those who had experienced trauma.

For a congregation to be trauma-sensitive, congregational leaders must first be trained on how to respond to trauma. In a study done by Rudolfsson and Tidefors (2009), clergy in Sweden were studied to examine how prepared they were to respond to trauma within their congregation. For this study, 150 questionnaires were sent to clergy and 95 were returned. Of those who responded, Rudolfsson and Tidefors found that 77% had met with survivors of sexual abuse and said that their readiness for that meeting was high. However, there was a low rate of openness, knowledge on practical resources, and cooperation with social authorities (p. 12). While this research study is in a different context and country, it shows that individuals are coming to clergy, but clergy often do not know how to best assist them in connecting to local resources. This shows the need for more training directed at clergy regarding trauma, abuse, and mental health as well as the strong necessity of clergy and professional mental health professionals getting to know each other.

One more example of how trauma-sensitive ministry can be employed in local congregations can be found in a model explained by Danielson et al. (2009). This model is a four-part model that Moody Church in Chicago started in order to serve women in domestic violence situations. Danielson et al. (2009) describe the four parts as accepting the call, engaging in intercessory prayer, developing the program proposal, and then faith-centered implementation. The first part, accepting the call, is done by answering a "call from the Lord" to start the ministry, which became named Set Free Ministry (Danielson et al., 2009). In the next phase, engaging in intercessory prayer, Moody Church implemented prayer groups in order to start praying for the program, the women involved, and the individuals running it (Danielson et al., 2009). The third phase, developing the program proposal, was implemented at the same time as the intercessory prayer. During this time, the congregation researched other programs, literature, and models to decide what would fit their congregation and population best. Danielson et al. (2009) said that this program development phase was imperative because this phase informed issues such as confidentiality, liability, and communication which are topics that full-time pastors might not necessarily receive. In this third stage, church staff were also given introductory training on what the survivors might have experienced, how that might have affected them, and the best way for the church to come alongside them. The fourth and final phase was faith-centered implementation which focused on beginning services and implementing the vision and mission that came about throughout the first three phases but also with an emphasis on their faith that God would bless the model and implementation of services (Danielson et al., 2009).

Throughout the program, the congregation was educated on domestic violence and trauma, and its members learned from the testimonies of those who had experienced abuse in various forms. Danielson et al. (2009) said that "the direct services offered in Set Free Ministries were the hotline crisis response, risk assessment, physical safety planning, spiritual and emotional safety planning, a women's recovery support group, prevention and follow-up programming, individual counseling sessions, and court support" (p. 483). Within the actual program, there are four key educational topics: boundaries, emotional abuse and love, anger, and forgiveness. Each of these topics was based in therapeutic treatment groups, but also included scripture. Just like Schultzet al. (2016) posited that this mixture of scriptural support and therapeutic intervention is connected to high positive impact on the individual.

One last model of trauma ministry is one on a more macro level that was implemented in Central Texas. With this model, The Center for Church and Community Impact (C3I) through Baylor University was the convening organization. The main goal of this model was to educate congregational

leaders (paid and volunteers) on how trauma might impact an individual, how to create an environment mindful of those who have experienced trauma, and to provide local resources to which to refer individuals within the community. These trainings provided congregational leaders with foundational information on various types of trauma (sexual abuse, immigration, collective trauma, etc.) that they could then apply to their own congregations. The model is based on the Ecological Systems Theory which is based on the understanding that there are systems within a community, and that every aspect of the system impacts all other aspects (Onwuegbuzie et al., 2013). The hope is that if congregational leaders are positively impacted and gain education through the trainings, then each part of the system within the community such as families, church community, and local community are all positively impacted as well. Not only did these trainings educate congregational leaders on trauma and trauma-sensitive practices, but they also connected them to mental health professionals within the community. For instance, at the training on clergy sexual abuse, there were staff members there from a local center that worked with sexual assault survivors. The trainings showed mental health professionals the value in working with local congregations while also connecting congregations to trusted local agencies which would lead to a more positive experience for the congregant needing support.

As seen in the above literature, there are various ways for local congregations to have trauma-sensitive ministries within their congregation. When taking into consideration the need in the community, the capacity of the local congregation, and the partnerships established in the community, local congregations have the potential to create a wide assortment of trauma-sensitive programs.

Conclusion

It is imperative for congregations to be sensitive to individuals who have experienced trauma. In order for individuals within the congregation to be physically, emotionally, mentally, and spiritually healthy, congregational leaders must be aware of how to respond to the trauma.

Congregations have a unique opportunity to serve others through trauma sensitivity or trauma ministry. A fundamental part of this ministry is simply recognizing that people have experienced trauma, which, in turn, makes them experience the world differently than someone who has not experienced trauma. Trauma ministry also focuses on physical, psychological and emotional safety while helping individuals rebuild a sense of control and empowerment. It is imperative for those who have experienced trauma to feel safe and in control of their environment. Congregations need to become aware of how worship, Bible studies, and

other ministries may be experienced by someone who has been traumatized.

Every person who walks into the church building has a story, a story that likely includes both joy and pain. We are neither called to, nor capable of, "fixing" this pain. However, we are called to affirm that their pain is valid. We are called to be present and walk alongside them as they gradually heal from that pain. We are called to create an environment of empowerment to help them heal. The literature on trauma sensitivity in congregations is extremely limited and must be expanded. As authors, it is our hope that as society continues to learn and experience more trauma, more literature is likely to be produced. ❖

References

Ammerman, N. T. (1997). *Congregations and community*. Rutgers University.

Ammerman, N. T. (2005). *Pillars of faith: American congregations and their partners*. University of California Press.

Anda, R., Felitti, J., Bremner, J. D., Walker, J., Whitfield, C., Perry, B., Dube, S., & Giles, W. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174–186. https://doi.org/10.1007/s00406-005-0624-4

Arjona, R. (2017). John Calvin on the Lord's Supper: Food, rest, and healing for shivering souls. *Pastoral Psychology 66*(2), 177–90. https://doi.org/10.1007/s11089-016-0740-2

Blakey, J. M. (2016). The role of spirituality in helping African American women with histories of trauma and substance abuse heal and recover. *Social Work and Christianity 43*(1), 40–59.

Center for Substance Abuse Treatment (US). (2014). Understanding the Impact of Trauma. https://www.ncbi.nlm.nih.gov/books/NBK207191/.

Chaves, M. (2004). *Congregations in America*. Harvard University Press.

Congregation [Def.]. (n.d.). In Merriam Webster Online, http://www.merriam-webster.com/dictionary/congregation.

Danielson, T., Lucas, P., Malinowski, R., & Pittman, S. (2009). Set free ministries: A comprehensive model for domestic violence congregational interventions. *Social Work and Christianity 36*(4), 480–93.

Durà-Vilà, G., Littlewood, R., & Leavey, G. (2013). Integration of sexual trauma in a religious narrative: Transformation, resolution, and growth among contemplative nuns. *Transcultural Psychiatry 50*(1), 21–46. https://doi.org/10.1177/1363461512467769

English Standard Version Bible. (2001). Crossway Bibles.

Garland, D. R., & Yancey, G. I. (2014). *Congregational social work: Christian perspectives*. North American Association of Christians in Social Work.

Gingrich, H. D. (2018, October). How to become a trauma-informed congregation; these suggestions will help your church better care for survivors of abuse. *Christianity Today, 62*(8), 19A+.

Hunsinger, D. (2011). Bearing the unbearable: Trauma, gospel, and pastoral care. *Theology Today 68*(1), 8–25. https://doi.org/10.1177/0040573610394922

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress 26*(5), 537–547.

Klan, W. R. A. (2018). He heals the brokenhearted and binds up their wounds (Ps 147:3): Perspectives on pastoral care. *HTS Teologiese Studies 74*(4). http://dx.doi.org/10.4102/hts.v74i4.5116

Nason-Clark, N., Fisher-Townsend, B., Holtmann, C., & McMullin, S. (2017). *Religion and intimate partner violence: Understanding the challenges and proposing solutions*. Oxford University Press.

Oh, D., Jerman, P., Silverio Marques, S., Koita, K., Sukhdip, B., Harris, N. B., & Bucci, M. (2018). Systematic review of pediatric health outcomes associated with childhood adversity. *BMC Pediatrics, 18*(1), 83–19. https://doi.org/10.1186/s12887-018-1037-7

Onwuegbuzie, A. J., Collins, K. M. T., & Frels, R. K. (2013). Using Bronfenbrenner's ecological systems theory to frame quantitative, qualitative, and mixed research. International *Journal of Multiple Research Approaches,* 7(1), 2-8. DOI: 10.24297/ijrem.v5i2.3910

Rudolfsson, L., & Tidefors, I. (2009). Shepherd my sheep: Clerical readiness to meet psychological and existential needs from victims of sexual abuse. *Pastoral Psychology 58*(1), 79–92. DOI: 10.1007/s11089-008-0173-7

Schultz, T., Vuncannon, J., & Bump, K. (2016). A pilot study of a scripture-based trauma healing model for adults in Nicaragua. *Mental Health, Religion & Culture 19*(6), 613–25.

Smith, S. (2004). Exploring the interaction of trauma and spirituality. *Traumatology 10*(4), 231–43. https://doi.org/10.1177/153476560401000403

Streets, F. (2015). Social work and a trauma-informed ministry and pastoral care: A collaborative agenda. *Social Work and Christianity, 42*(4), 470–87.

Updegraff, J. A., Silver, R. C., & Holman, E. A. (2008). Searching for and finding meaning in collective trauma: Results from a national longitudinal study of the 9/11 terrorist attacks. *Journal of Personality and Social Psychology, 95*(3), 709–722. https://doi.org/10.1037/0022-3514.95.3.709

Van Derk Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *Annals of the New York Academy of Sciences, 1071*(1), 277–293. https://doi.org/10.1196/annals.1364.022

Van Hook, M. P. (2016). Spirituality as a potential resource for coping with trauma. *Social Work and Christianity, 43*(1), 7–25.

Warner, R. S. (1994). The place of the congregation in the contemporary American religious configuration. In Wind, J. P., Lewis, J. W. (Eds.), *American congregations*. Vol. 2: New perspectives in the study of congregations (pp. 54-99).

Wind, J. P., & Lewis, J. W. (Eds.). (1994). American congregations (Vol. 2). University of Chicago Press.

Erin Albin Hill, M.Div., LMSW, serves as Coordinator of Research Projects at The Center for Church and Community Impact (C3I) at Baylor University's Diana R. Garland School of Social Work. Phone: (361) 463-5083. Email: Erin_a_hill@baylor.edu

Gaynor Yancey, DSW, MSW, MRE serves as Professor of Social Work, Director of the Center for Church and Community Impact (C3I), and the Lake Family Foundation Endowed Chair in Congregational and Community Health at Baylor University's Diana R. Garland School of Social Work and Truett Seminary. Phone 254-710-6424 and 254-710-6085. Email: Gaynor_Yancey@baylor.edu

Alive After Academia: Post-Career Reflections of Social Work Educators
Spencer J. Zeiger (2019). Oxford University Press.

Alive After Academia: Post-Career Reflections of Social Work Educators by Spencer J. Zeiger is a slim volume of work that combines current knowledge on aging and retirement with personal reflections from social work educators who have either retired or are in the process of transitioning into retirement. Zeiger supports the idea that although, as a culture, we do not spend adequate energy preparing for retirement, we should.

Zeiger's work builds on his premise that a reframing of retirement from a strengths-based perspective can catapult social work educators into a successful and satisfying life outside of academia. Rather than the term 'retirement,' which carries some negative connotations, Zeiger posits the phrase 'The Next Chapter,' which "provides an antidote to the notion that traditional work roles define who we are" (p. 2). In addition, he draws attention to the difference between 'living life for a purpose' vs. 'living life for meaning.' According to Zeiger, 'living life for a purpose' is about fulfilling the duties and obligations our work, and society, expects. 'Living life for meaning',' on the other hand, is defined by "what we want to do….and connotates a search for what really matters in life" (p. 4). This is particularly salient for Christians in social work, since the essence of a broad-based definition of spirituality focuses on meaning-making, and for those of us who identify as Christian, our religious traditions contribute to our sense of meaning.

This book is useful for the purposes of self-reflection and personal growth and development, which are key elements of social work practice. Several well-known social work scholars are among those interviewed for the book. It is a short volume and a relatively easy and quick read. The personal reflections offer practical tips that are helpful in planning one's own exit strategy from academia, like maintaining community connections, having plans for meaningful activities to do during The Next Chapter, and the importance of financial planning.

Regarding Zeiger's strategy as a qualitative researcher in this process of interviewing, the number of interviews he secured (n=39) is impressive. True to the concept of reflexivity in qualitative research, Zeiger included his own reflections on the interview questions after having been interviewed by subject 38! Other strengths of the book include the provision of operational definitions of the concepts used to frame the study (pp. 2-3), and the use of direct quotes in each chapter to illustrate the themes of each chapter.

It appears that each of the twelve chapters represents one of the interview questions.

Although Zeiger has conducted a qualitative research study, there does not seem to be a clear description of the methodology used for data analysis. For example, there are perhaps too many themes in each chapter, and it is not clear how consistent those themes are across the interviews. There are a couple of technical issues that are noticeable, including the table on page 90 where one of the calculations does not match the narrative that follows the table (p. 92). On page 68, there is a reference to a photograph that should appear on the back cover of the book, but it does not.

The potential role of religion in The Next Chapter is not specifically mentioned in the book, but Zeiger does hint at the connection between spirituality and meaning-making, particularly when he urges the reader to consider these questions near the end of the book: "Now is the time to become a spiritual seeker in new and interesting ways. How and where do you want to spend the rest of your life? How many good years do you have left? What will The Next Chapter be like for you? How will you shape your future?" (p. 103). Zeiger makes the case that a satisfying Next Chapter involves spiritual considerations.

This book seemingly targets a narrow audience—that of social work educators. However, the scope is broader in that it has application for all faculty across academia. It is a unique contribution to both the social work literature on older adults and the literature on social work education. Zeiger ends his book with the following thought: "I hope that this book has given the reader useful tools to explore a personal sense of life's meaning, and the inspiration to pursue the joy and richness of a deepening sense of humanity" (p. 104). Was the author successful? The answer is yes. ❖

Reviewed by ***Stacey L. Barker, MSW, PhD.****, Professor of Social Work and Director of the MSW Program, Nyack College. Email: Stacey.Barker@nyack.edu.*

Introduction to Competence-Based Social Work: The Profession of Caring, Knowing, and Serving, 2nd Ed.
Michael E. Sherr & Johnny M. Jones (2020). Oxford Press.

This textbook provides a framework for students to learn competence-based professional social work, and at the same time provides instructors a way to change how they teach the introductory course. This book is superior to other introduction books which are content-based and "tend to be anthologies of general, summarized material…[and] do little to help students prepare for competence-based social work" (p. 4).

Competence-based learning is unlike content-based learning. Competence-based education prepares students for "agreed-on knowledge, values, and skills needed to enter and thrive in the workforce as professional social workers" (pp. 52-53). It follows a *Why we do* (purpose), *What we do* (practice) framework. In other words, competence-based social work is what students should be able to do upon graduation. Competent social workers *apply* "knowledge, values, and skills tailored to and used within the context of authentic caring relationships" (p. 34). In this second edition the authors updated the framework to be in line with the 2015 Educational Policy and Accreditation Standards (EPAS), a change from the first edition which was in line with the 2008 EPAS.

As an instructional method and to enhance students' understanding, the book provides case-based learning throughout. For example, one vignette details a social worker employing her dedication to a client's well-being. Afterward students are asked to think about what makes her a social worker (what she does). Not only that, but the authors ask students to dig deeper, to think about what macro-level influencers might drive her service delivery (why does she do what she does?).

Topics to help students think about how to formulate competence-based social work include, but are not limited to, developing self-awareness, professional identity, ethical practice, and critical thinking. Discussion questions and spaces for self-reflection provide opportunities that enact a higher order of thinking, setting the book apart and yielding indispensable value for both student and educator.

As a bonus, the book points readers to ancillary resources for instructors and students. It is intended to be used with supplemental resources such as mini-podcasts and PowerPoint slides to help enhance learning and to prepare students for classroom discussions with possible integration to learning platforms such as Canvas and Blackboard.

To be a competent social worker it is important to understand its practical definition. I appreciate that the authors posit a definition:

> Social work is the profession of caring and intervening in the

> interactions between individuals, groups, and communities to enhance or restore well-being and to create societal conditions that help individuals, groups, and communities enhance their own well-being. Social workers select, use, and develop interventions based on the best available evidence (p. 29).

The authors agree with the International Federation of Social Workers (IFSW) that "social work is and will remain a dynamic profession that precludes arriving at a single universal definition" (p. 29).

Although this is not a textbook for Christian social work per se, it is indeed relevant to Christians in social work. Enhancing and restoring others' well-being are at the heart of competent social work practice. As the authors point out, caring and serving are rooted in spiritual and religious beginnings. Social services developed in the United States during the 19th century were heavily influenced by Christian ideas of ministry. Many social workers are called to the profession because of their faith. In Hebrews 10:24 we are called to be proponents of love and good works. In Hebrew 13:16 we are asked to not neglect in our sharing with others and in doing good, for these sacrifices are pleasing to God. It's an honor to learn, teach, and practice the principles that embody the values and commissions of Christ. ❖

*Reviewed by **James E. Phelan, MSW, BCD, MBA, Psy.D.**, Program Coordinator, Veterans Health Administration, Columbus, OH. Email: james.phelan@va.gov.*

Families in Motion: Dynamics in Diverse Contexts
Clara Gerhardt (2020). Sage.

Clara Gerhardt, MBA, Ph.D., is a licensed clinical psychologist and a licensed marriage and family therapist. Dr. Gerhardt is a professor at Samford University and past chair in Human Development and Family Science. She is a systemic family therapist. She has presented and received training internationally. She speaks five languages fluently and considers herself the product of three continents.

The purpose of this book was to provide a response to students who wanted a readable textbook about families that is understandable and accessible. In her book, Dr. Gerhardt identifies a framework for the dissemination of knowledge that is grounded on theory. Real-life stories are peppered throughout demonstrating the application of theory and knowledge about families in a global context.

The textbook is comprised of three parts with 15 chapters. Part I provides knowledge and a framework for the dynamic family system. Part II examines the dimensions of communication and the dynamics of family language. Part III discusses the diverse experiences of family life over the lifespan.

Learning outcomes are identified at the beginning of each chapter. These outcomes contribute to the building of a theoretical knowledge base defining the dimensions of family interactions in a changing environment and changes that occur in families. Professional colleagues have contributed to the book with insights on the application of theory through case vignettes, and discussions on the meaning behind family interactions.

Noteworthy is the spotlight on theory summarizing each chapter. The theoretical spotlight critiques how the theory is used, contributing to the development of a structured and accessible knowledge base for practice. Among the discussions on theory Dr. Gerhardt offers insight about how theories are applied and utilized in practice. She uses a social and cultural perspective when discussing how the theoretical lens offers a stable structure to observe and assess the diversity of families across cultures. Her global insight on the diversity in families is one of the factors that makes this text useful to those working with families in today's diverse global context.

Impressively, Dr. Gerhardt peppers the text with metatheories that provide a theoretical lens and language to describe family behaviors. The metatheories provide language supporting the assessment and analysis of family structure, interactions, and communication. These theories help to name what is observed and provide a justification for interventions. These metatheories are an important contribution that are not often seen grouped in textbooks for practice.

Building on the knowledge in the preceding chapters, Part III is particularly helpful because it covers many of the issues that are of concern today. Among the discussions are issues of power and control in families, bullying, adverse childhood experiences and their consequences, loss and grief, hoarding, addictive behavior, intergenerational relationships, blended families, international families, enculturation and acculturation, anxiety and others. Issues of faith in multiple cultures are interspersed throughout the book, contributing another dimension of complexity in the structure for working with families.

The final chapter, chapter 15, addresses the dynamics of happiness. Dr. Gerhardt offers a historical and cultural perspective on happiness. The dimensions of happiness are concepts rarely seen in social work textbooks. Her discussion on the dimensions of happiness provides a framework for assessment and reflection on the family, and an opportunity to reflect on one's self. This chapter is worth the read for academics, students, and practitioners. The content of this chapter would make a good assignment for students at all levels.

Families in Motion is a graduate level textbook appropriate for the specialization curriculum in social work. Additionally, it would be helpful to practitioners working with families. The material about families is educational. The theory and metatheories support the building of a knowledge base for practice and is appropriate for working in a culturally diverse society.

I would recommend this book for academic social work programs focusing on children and families, clinical practice, child welfare, and advanced generalist. It would be a contribution to academic programs in social work, family therapy, and psychology. I found the book to be engaging and interesting. It is a must-read for those interested in families. ❖

Reviewed by ***Elizabeth Peffer Talbot, Ph.D., LCSW****, Associate Professor & Chair, Department of Social Work, Wright State University, Dayton, OH. Email: ebtalbot@gmail.com.*

Rural Social Work in the 21st Century: Serving Individuals, Families, and Communities in the Countryside, 2nd Ed
Michael R. Daley (2020). New York, NY: Oxford University Press.

The newly released second edition of Michael R. Daley's *Rural Social Work in the 21st Century* was a timely read for me. I not only grew up on a sixth-generation corn and soybean farm in northwest Illinois, but my siblings and I are in the process of liquidating parts of our family farm to pay down the hefty debts of our deceased parents. This has been hard for a myriad of reasons, but Daley's description of the unique aspects of rural life helped to elucidate aspects of our struggle. Identifying rurality as a form of diversity of which social workers should be familiar, the author aptly describes American and Canadian rural values. Among others, his list of values includes: an attachment to the land, the importance of the family, the strong role of local institutions such as churches and schools, the richness of informal helping networks, the sense of community closeness and pride, a reliance on tradition, a sense of self-reliance, and a strong work ethic.

But as is so often the case, one's strengths can also represent one's weakness. Daley rightly suggests that community closeness can also breed gossip, stigma, and enmeshment. Rich informal helping networks can engender distrust of professional assistance. And self-reliance can create an unhealthy pride that refuses the help that may be desperately needed. Challenges aside, the author is optimistic about rural social work's potential and calls on the profession to prioritize a practice area that touches 1 in 5 people. Beyond the expected definition of those living in rural areas, he adds the important distinction that migration for employment means that people with rural roots and values also reside in cities.

Daley is clear that while rural life can be romanticized, it carries unique realities, perhaps particularly economic ones. Despite common perceptions, agriculture and manufacturing are no longer the largest players in rural economies. Education, health care, and social assistance account for a greater proportion of the rural work force with traditional jobs in agriculture, forestry, fishing, hunting, and mining accounting for less than 10 percent of employment. That said, rural communities bear the particular brunt of economic downturns and the subsequent relocation of jobs. Having fewer employment options in general means that the outsourcing of jobs and industries significantly impacts rural communities, sometimes in permanent ways.

In terms of social work services, there are additional realities including the tendency of rural areas to have sizable older adult populations, the challenge of needing transportation to access social services, a shortage of highly skilled social workers and other professionals, and a general lack of specialized health or mental health care as low population density

makes services more expensive per capita. Issues with service accessibility and availability are unfortunately matched by higher rates of depression, suicide, and substance abuse among rural communities.

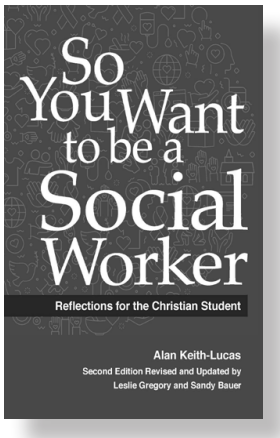
Despite this sobering picture, social services are present in rural areas and Daley offers some ideas to address the perennial challenge of having more needs than services. He mentions, for example, fully integrating mental health with primary healthcare services, using mental health courts to divert those with mental illness from jails and prisons, and using telemedicine to provide specialized forms of psychotherapy. Daley is also clear that the flexible generalist practitioner model best fits rural contexts as a social worker is often working alone or with a small team. The author additionally calls on rural social workers to draw upon the strengths of a rural community—especially relational closeness and informal helping networks—through intentional coordination of resources. He terms this approach the *down-home model* as it adapts the generalist method to the context of a rural community. Finally, to be effective, rural social workers must themselves emulate the values of the communities they serve—resourcefulness, autonomy, and flexibility.

The author highlights work with rural populations as requiring social workers—at least those of differing backgrounds—to adopt the spirit of humility that is required of any cross-cultural work. An intentionality toward the strengths of rural communities—especially relational closeness and informal helping networks—is equally critical. A strengths-based mentality may be particularly salient to rural social work in light of the mistaken tendency of some to minimize the importance of "flyover country," to stereotype the political views of rural communities, or to view persons in rural communities as intellectually inferior. Rural social workers of faith must particularly guard against any tendency to see their work as lacking significance, especially if they work in small agencies or contexts. They must instead repeatedly calibrate their work according to kingdom values that prioritize obedience and faithfulness in every context and calling.

At risk of sounding cliché, reading this book reminded me that rural life is unique, and frankly, special. It helped me to identify and to validate the grief I am experiencing in letting go of land that has supported my family and our ancestors for generations. It reminded me that despite my family's current circumstances, I am proud of my rural background. While rural social work is not easy, nor for everyone, this informative text rightly identifies it as a rich practice arena—richer than one might dare to imagine—for those who embrace it. ❖

Reviewed by ***Lisa L. Hosack, PhD, LCSW****, Associate Professor and Director, Social Work Program, Grove City College. Email: hosackll@gcc.edu.*

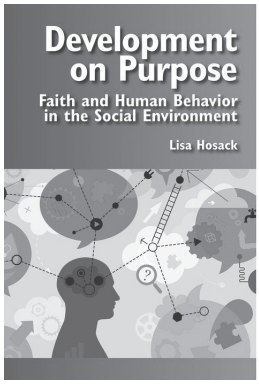
PUBLICATIONS AVAILABLE FROM NACSW



SO YOU WANT TO BE A SOCIAL WORKER: REFLECTIONS FOR THE CHRISTIAN STUDENT (2ND EDITION)

Alan Keith-Lucas, Leslie Gregory, and Sandy Bauer. (2021). Palos Heights, IL: NACSW. $14.95 U.S. ($11.95 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 is 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.



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

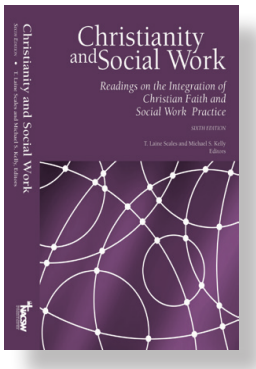
(2019) BY LISA HOSACK , MSW, PH.D.

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 andthe 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.



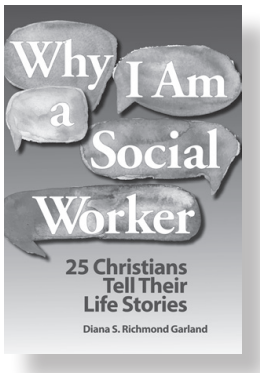
Christianity and Social Work: Readings on the Integration of Christian Faith & Social Work Practice (Sixth Edition)

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.



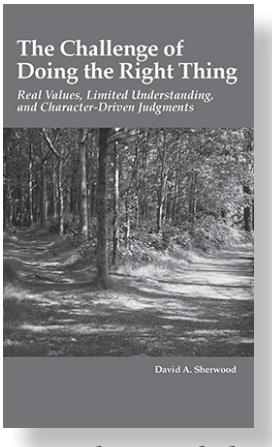
Why I Am a Social Worker: 25 Christians Tell Their Life Stories

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 dolloars, 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.

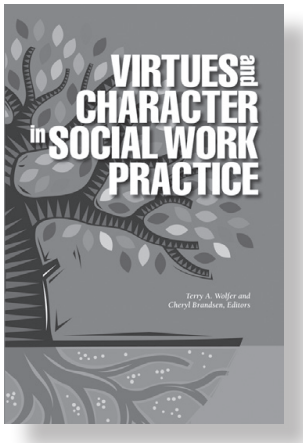


The Challenge of Doing the Right Thing: Real Values, Limited Understanding, and Character-Driven Judgments

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

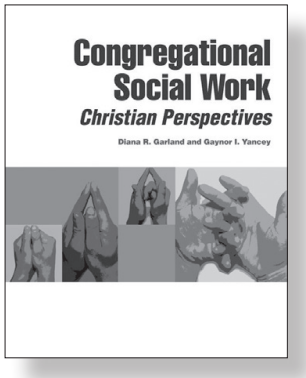
ethical decision-making, decisions frequently involve making judgments that functionally prioritize legitimate values that are in tension with each other. He contends that the mission of NACSW and *Social Work & Christianity* has been to walk the difficult middle road—clearly committed to both Christian 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.



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.

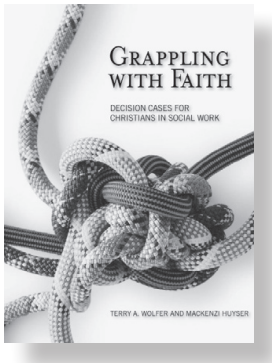
Virtues and Character in Social Work Practice offers a fresh contribution to the Christian social work literature with its emphasis on the key role of character traits and virtues in equipping Christians in social work to engage with and serve their clients and communities well.

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.

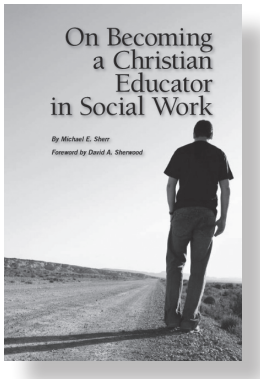
Congregational Social Work offers a compelling account of the many ways social workers serve the church as leaders of congregational life, of ministry to neighborhoods locally and globally, and of advocacy for social justice. Based on the most comprehensive study to date on social work with congregations, *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.

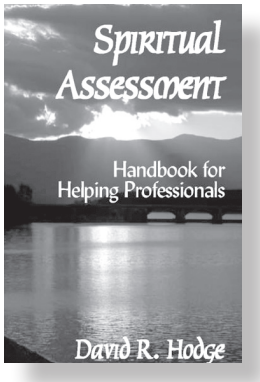
Grappling with Faith: Decision Cases for Christians in Social Work presents fifteen cases specifically designed to challenge and stretch Christian social work students and practitioners. Using the case method of teaching and learning, *Grappling with Faith* highlights the ambiguities and dilemmas found 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.

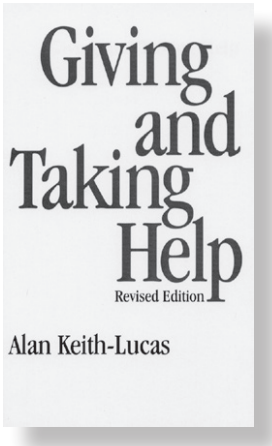
On Becoming a Christian Educator is a compelling invitation for social workers of faith in higher education to explore what it means to be a Christian in social work education. By highlighting seven core commitments of Christian social work educators, it offers strategies for social work educators to 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.

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 or call 203.270.8780.

NACSW

North American Association of Christians in Social Work

NACSW Member Services & Benefits

- Publications with an Integrative Focus
- Chapters and Small Fellowship Groups
- Quarterly Newsletter
- Monthly eNewsletters
- Three-Day NACSW Annual Convention
- Connection to Liability Insurance
- Website Links and Resources page
- Local Workshops and Regional Conferences
- Online Membership Directory
- Multiple Listservs
- Member Interest Groups
- Internet Job Postings
- Members' Section on the NACSW Website
- Connections with Christian Social Service Organizations
- Online Bibliography
- Monthly Podcasts & Access to Podcast Archives Free to Members
- Quarterly Webinars Free to Members
- Access to NACSW Facebook, LinkedIn, Twitter and Other Social Media Accounts

For additional information

Visit NACSW's website at: **www.NACSW.org**

Contact the NACSW Office Tollfree at: **888–426–4712**

Email NACSW at: **info@nacsw.org**

NACSW JOBNET
The Christian Career Connection

Looking to fill an open position?

Visit NACSW's website or call/fax at 888-426-4712

Searching for a new job?

visit http://www.nacsw.org and click on the JobNet Career Center link

72ND ANNUAL CONVENTION
OCTOBER 27–30
CHICAGO, IL

Doubletree Hotel, Oak Brook, IL
1909 Spring Rd., Oak Brook, IL 60523

Please join social workers and social service members and friends of faith to the 72nd Annual NACSW Convention. Our workshop program features over 100 workshops and poster sessions.

NEW FOR THIS YEAR
Responsibility and Entrepreneurship (New Track)

Presentations in this track may focus on (but are not limited to) case studies on formal and informal programs that address basic unmet needs or solve social or environmental problems through a market-driven approach, innovative approaches to developing businesses that engage client groups with barriers to employment, creative programs that help entrepreneurs launch ideas and build business that serve a greater good, etc.

OCT 27 THURS

NACSW PRE-CONVENTION PRESENTERS
Laura Zumdahl, PhD, President and CEO of New Moms
Timika Anderson-Reeves, PhD, MSW

OCT 28 FRI

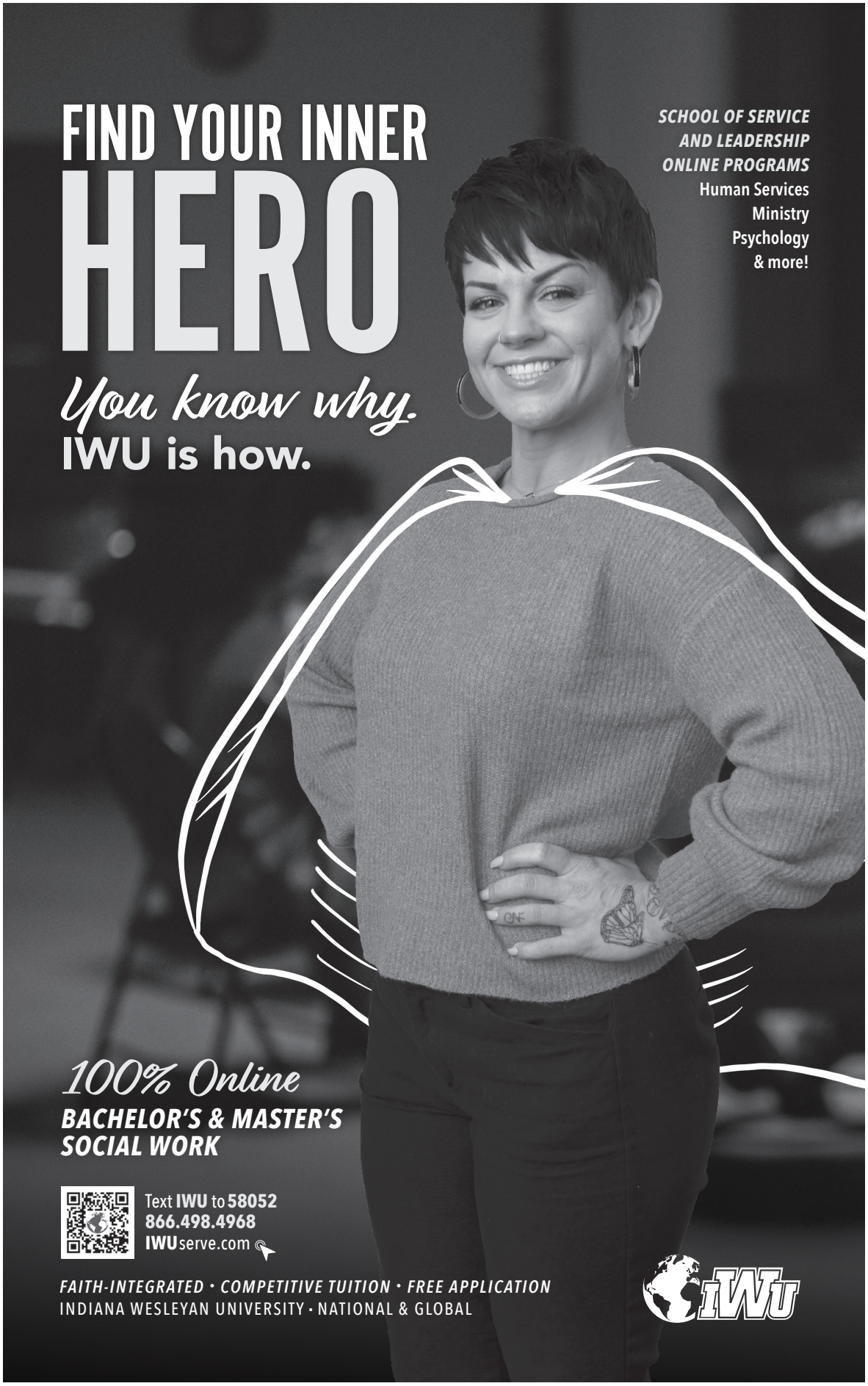
ALAN KEITH LUCAS LECTURE
Lawrence Ressler, PhD, MSW

OCT 29 SAT

BANQUET SPEAKER
Jonathan Brooks, M.Div., Lawndale Christian Community Church,Trinity Christian College/Chicago Semester, CCDA

For details on how to register, exhibitor or sponsor information, please visit our website at nacsw.org/annual-convention

There are many reasons to attend NACSW's Annual Convention, network with those is social work/social services, earn over 20 CEs and participate in faith and fellowship throughout the 3 day event.
Register now for Convention 2022, at www.nacsw.org/registration-2022-2


FIND YOUR INNER
HERO
You know why.
IWU is how.
SCHOOL OF SERVICE
AND LEADERSHIP
ONLINE PROGRAMS
Human Services
Ministry
Psychology
& more!
100% Online
BACHELOR'S & MASTER'S
SOCIAL WORK
Text IWU to 58052
866.498.4968
IWUserve.com
FAITH-INTEGRATED · COMPETITIVE TUITION · FREE APPLICATION
INDIANA WESLEYAN UNIVERSITY · NATIONAL & GLOBAL
IWU

North American Association of
Christians in Social Work
6601 W College Dr
Palos Heights, IL 60463

Change Service Requested

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.

NACSW
North American Association of Christians in Social Work