Roles for the Black Pastor in Preventive Medicine

Jeffrey S. Levin, M.P.H.
University at Texas Medical Branch, Galveston, TX

ABSTRACT: In recent years, a new role for Black pastors has emerged. As agents of health-related social and behavioral change, Black ministers have taken active roles in preventive medicine at the tertiary, secondary, and primary levels of prevention, succeeding despite resistance by some physicians. The literature detailing these new health-related pastoral roles is reviewed, with special reference to the place of the Black Church in health care and to the place of the Black pastor in the Black experience. It is concluded that Black ministers are ideal people to take part in planning, promoting, and delivering preventive health care in the Black community.

Background

The Black Church in Health Care

A recent review of church-based preventive medicine activities asserted the relevance of basing such programs within the Black Church.[1] Four reasons were given supportive of the Black Church as a locus for community-wide health programs: first, the Black Church is the single most important social institution in the Black community, and is the conservator of the Black ethos; second, the ethic of service to fellow human beings inherent in this ethos is quite convergent with the "communitarian ethic"[2] of public health; third, there is historical precedent for acknowledging the Black Church as an agency of social welfare services delivery; and, fourth, Black Americans are, medically-speaking, both significantly at-risk and underserved relative to the dominant majority population. It was then pointed out that Black Church-based prevention has indeed seemed to have caught on in certain respects, as programs have existed for several years in the areas of primary care delivery, community mental health, health promotion and disease prevention, and health policy.

Address correspondence to Jeffrey S. Levin, M.P.H., Division of Sociomedical Sciences, Department of Preventive Medicine and Community Health, The University of Texas Medical Branch, Galveston, Texas 77550-2777.

The author wishes to acknowledge Dr. John W. Hatch of the University of North Carolina School of Public Health, who supervised the preparation of an annotated bibliography upon which this paper is based.

Pastoral Psychology, Vol. 35(2), Winter 1986

This article seeks to expand the discourse on Black Church-based prevention by engaging consideration of the roles, both current and emergent, of Black pastors in prevention-related health activities. In particular, three issues are addressed. First, the traditional historical role of the Black minister is discussed, with emphasis upon his importance both to the Black Church proper and to the community-at-large. Second, some consideration will be given to an emergent role for Black pastors: that of agent of health-related change. Finally, an overview will be provided of current and potential roles for Black pastors at each of the three levels of prevention: tertiary, secondary, and primary, the latter divisible further into specific prevention and health promotion.

The Black Pastor in the Black Experience

As "the unifier of its people,"[3] the Black Church traditionally has been the center of the Black community—historically, the primary (or perhaps only) truly autonomous social institution, as well as the conservator of the norms, values, folkways, and mores of the Black experience. The Church has filled many roles: community center; social welfare agency; training school in self-government, in financial matters, and in business management; patron of schools; the list is probably endless.[4] As the titular head of the Black Church, the Black pastor has had important leadership roles in the development and maintenance of each of these Church roles. Where the Black Church has filled the needs of Black Americans, the Black pastor has directed these efforts, and by his example has paved the way for his constituency—the Church—to become further involved in developing and filling newer roles.

In addition to these Church-based role expectations, which the Black pastor fulfills within the confines of the *cultus,* he has been a key figure in the Black community-at-large. As the Black Church is at its center, Black pastors "have traditionally been the leaders in the black community,"[5] and have worked for advancement of the status of Blacks in all avenues of life. Hamilton describes the vast array of community-wide roles occupied by the Black pastor as ranging from cultural leader, linking "the old with the new, the familiar with the unfamiliar, tradition with modernity,"[6] to social activist and political leader, to community organizer and agent of economic change. In short, at their best, Black pastors have sought the emancipation of the Black community and, in a certain sense, have fostered a model of self-help as the most effective path to this end. Indeed, Mitchell stresses this pastoral role as facilitator of lay empowerment when he claims that the "most obvious need" for the Black clergy is to mount a "mas-

sive assault on the practical limitations of the Black laity, so that they are enabled to take part in a broad range of practical efforts on their own behalf."[7]

The Black Pastor as an Agent of Health-Related Change

Consistent with the Black Church's roles in preventive medicine, and with the Black pastor's role in the Black Church as well as in the larger Black community, a new Black pastoral role recently has emerged: ministers as agents of health-related social and behavioral change. As institutional chieftain of the preeminent social institution in the Black community, the Black pastor is especially prepared to respond to the critical needs of his constituents. Indeed, according to Hicks, the literature suggests that over half of churchgoing Blacks "agree that in a crisis situation, they might turn to the Black preacher for advice."[8]

By virtue of their apostolic authority and their central place in the *cultus,* Black pastors are ideal folks to convey health-related information, and, in the broader sense, to effect *health-related behavioral change.* Not surprisingly, when health education and other preventive medicine activities are located within Black churches, the enthusiastic participation of pastors is absolutely critical to the success of these endeavors.[9] A major reason for this may be that fellow church members and church leaders, especially the clergy, represent the most important source of non-kin group support, as the cult fellowship may itself resemble a large extended family network (or, in some small rural communities, actually *be* a family network). As Saunders and Kong note, with respect to a ten-city church-based hypertension program, "Individuals who may reject or misunderstand information and advice from health professionals may trust and accept the recommendations of their peers."[9]

Broader still, these same contingencies appear supportive of a *health-related social change* role for Black pastors. It was pointed out earlier that the Black clergy has been a traditionally rich source of Black social change agents, and, given the barrier to health care-seeking mentioned by Saunders and Kong, many Black pastors have become involved in health-related change at supra-individual levels encompassing agendas beyond fostering healthy behaviors. Examples of this include Black pastors who have filled the roles of policymaker, institutional change agent, program developer, and environmentalist, all in health-related contexts. As interesting as the behavioral change agent role for clergy may be—especially when considering the possibility of the homiletic sub-role as an avenue of conveying health-re-

lated information—the real potential for clergy-facilitated change lies in social change agency.

An Overview of Pastoral Roles in Preventive Medicine

In the fifteen or so years that there have been organized programs for preventive medical care based in or affiliated with the Black Church,[1] Black clergymen have demonstrated ample ability to function as agents of health-related change, both behavioral and social. At every level of prevention—tertiary (i.e., rehabilitation,) secondary (i.e., screening and treatment), and primary (including both specific protection and health promotion)[10]—Black pastors have successfully engaged in health-related activities in a variety of settings and contexts. Many of these preventive medicine roles will now be examined, and the literature reporting on pastoral accomplishments in this area will be reviewed.

Tertiary Prevention

Several tertiary preventive roles for the clergy are identifiable. Pastors can serve as liaisons between hospitalized patients and their families.[11] This pastoral role involves serving as a communication link between both parties and, in the end, helping the latter to prepare for the time when the former returns to the family setting. In other words, pastors can help loved ones plan for the patient's rehabilitative period, much of which may involve a lengthy stay at home.

A similar role, yet one oriented to a very different situation, is that of working with terminally ill patients.[12] In this case, the unit of practice is not primarily the patient's family, but, rather, the patient. This is a very promising Black pastoral role, as the sort of care and counseling here entailed may be inaccessible to most Black Americans.

Another possibility for ministers is in providing family counseling and forming self-help groups for troubled families or those with members who suffer from mental illness.[13] Indeed, the entire field of community mental health has witnessed considerable pastoral activity, although primarily at the level of secondary prevention. However, at the tertiary level, the provision of counseling and social support is quite consistent with the mission of the Church. The nurturing nature of cultic fellowship is quite analogous to the therapeutic sequelae of self-help, and the encouragement of church-based support as a vehicle for medically-oriented self-help represents a promising path of pastoral action for the future.

Secondary Prevention

At the level of secondary prevention, a wide range of pastoral roles has proven viable in recent years. One of the most visible and successful of such roles has been that of diagnostician. A couple of articles report the value of using appropriately trained ministers as history-takers and diagnosticians in primary care settings,[14-15] and others report on a pastoral role in the diagnosis of mental and emotional disorders, as well.[13,16]

This diagnostic role for pastors is of especially salient relevance to Blacks with respect to hypertension. High blood pressure is a major source of morbidity in Black Americans, and the diagnostic contributions of Black ministers could be of the utmost value in the battle to insure early detection of hypertension. Several projects, in fact, have already recognized this potential, and throughout the United States Black pastors and Black Church congregants are already being trained and certified in large numbers as hypertension detection specialists.[9,17-22]

Other valuable secondary preventive roles for pastors are as allied health professionals operating as agents of entree for their congregants,[23] as referral agents,[13,16,24-25] and counselors of both other clergy[24] and patients.[16,25] Still another role involves using entire churches—not just pastors—as providers of primary care. That is, the actual church facilities may serve as loci for program operation. Programs can range from mental health interventions,[24] to hypertension detection,[19] to outpatient clinics and "wellness centers" with physicians' offices located on church grounds.[26]

Primary Prevention

In defining primary prevention, Leavell and Clark[10] distinguish between "specific protection"—prevention in the conventional sense of "measures applicable to a particular disease or group of diseases in order to intercept the cause of disease before they involve man"—and "health promotion"—measures employed in promoting health which "are not directed at any particular disease or disorder but serve to further general health and well-being." In other words, to make a rough distinction, the former type of primary prevention is directed at populations at-risk, while the latter targets relatively healthy populations. This distinction is useful in a heuristic sense, and will be applied here.

Specific Protection. The literature on pastoral roles in primary prevention identifies several avenues of clergy activity in specific protection. First, pastors have served as program developers for both community

mental health and health education interventions.[24] In this role, pastors have insured that programs remain socioculturally relevant and that they meet the needs of their congregants. Second, Black pastors and Black Churches have provided both information and other more general health education within the context of hypertension prevention programs.[9,17-18] Finally, such Black Church programs have even sought to modify patterns of health-seeking behavior,[27] a role quite consistent with the secondary preventive role of pastors as referral agents mentioned earlier.

Health Promotion. Of all the levels of prevention thus far discussed, health promotion may represent the most exciting domain of health-related social and behavioral change for Black ministers. Numerous pastoral roles at this level have proven effective in the past, and with the current federal emphasis—perhaps over-emphasis—upon health promotion as a means of improving the health of populations, the minister as a promoter of health should continue playing a necessary and a politically sanctioned health-related pastoral role for years to come.

Clergymen can also serve as consultants to and educators of laypeople. They may assume the role of public health educator or community psychologist and help reduce "psychological distances in society."[13] This role is geared to strengthen the fellowship networks already present within the Church.

Black clergy may even become directly involved in the promotion of health-related behavioral change and risk reduction.[1,19] By sanctioning the use of their churches as health promotion sites and by encouraging their parishioners to live right and maintain their bodies as temples of God, one might even optimistically envision pastors helping to achieve many of the behavioral objectives for health promotion set by the Surgeon General.[28]

Another health promotion role for pastors is in serving as a liaison between community health education programs and congregants. In other words, a pastor can operate as a bridge of recruitment between already established public health intervention and his or her flock. Bruder outlines this and several other similar roles in an excellent piece on clergy contributions to community mental health.[24]

Bruder also details yet another health promotion role for the clergy: that of social change agent. In this capacity, pastors can encourage their congregations to get involved in promoting and insuring their own health, and at levels beyond their own individual well-being. To wit, a Black Church-based health promotion program in the South[19] set about to transform scores of local churches into centers of hypertension detection and referral and lay advice-giving. In the church with perhaps the most successfully institutionalized program, the pastor

and many of the trained laypeople, as well as many other churchgoers, became involved in a toxic waste dumping controversy. Sit-ins were staged and the story eventually made the evening news. The pastor believed that the initial health education project had contributed in a way to the heightened health-directedness of his congregation.

Finally, Black pastors can become directly involved in health policy-making, either at the level of planning programs or at a community, state, or federal level. For example, a few years ago, a Black United Methodist Health Care Policy Consultation drafted a health care policy statement which addressed a number of health care concerns of Black Americans within the context of providing a "wholistic ministry."[29]

In considering all of these pastoral roles as a whole, what is most immediately apparent is that this listing of current and potential avenues of Black health-related ministerial activity is probably identical to any enumeration of what goes on in preventive medicine. In short —and this is the primary thesis which has been advanced—Black ministers are ideal and completely competent folks to engage in activities designed to plan, promote, and deliver preventive health care. At all levels of prevention, Black pastors have succeeded in the past, are succeeding now, and should continue to succeed in the future.

Conclusions

Professor C. Eric Lincoln, America's foremost scholar of the Black experience in religion, once remarked:

> A society or a community that is religiously alert will invariably react to whatever may be perceived as a religious innovation because whatever is new is perceived as an implied threat or contradiction to what has already been settled by history and confirmed by tradition.[30]

Or, in other words, "religious innovation" presents a severe threat to the entire social order. If we may take the liberty of projecting down to the much more "micro" social cosmos of Modern Medicine, then Lincoln's warning suggests the possibility of serious conflict resulting from the expansion of clergy roles into the medical domain. Add to this the potential for additional conflict between the pastor and the physician—the High Priest of his own Medical Church, as Mendelsohn has claimed[31]—and the odds of acceptance of this pastoral role declines further yet. Finally, add, too, the discordant territorial disputes between curative allopathy and preventive medicine—even between preventive medicine and public health—and throw in the likelihood of

racial tensions resulting from the encroachment upon the space of White physicians by Black pastors, and it is easy to see why the Black pastoral role of health-related agent of change is such a potentially threatening development.

This potential for clergy-physician conflict is borne out in a rather strident article extremely critical of a pastoral role in medicine.[32] The author suggests that clergymen are dangerous to patients because of their "inability to respond adequately when confronted with a hospital stress situation." In addition, certain acute problems (e.g., attempted suicide) may "affront their orthodoxy." Furthermore, states the author, such acute situations could be exacerbated by ministers wasting their time engaged in lengthy prayer in lieu of summoning a physician. Clearly, the assumptions posited here—the emotional fragility of clergymen, the intellectual primacy of physicians, the subordination of traditional religious insight into well-being to current medical beliefs —are dubious, to say the least. However, such attitudes may remain persistent even with the expanding visibility of successful pastoral activity in health care.

Despite the pessimistic scenario painted above and evinced by the narrow-minded opinion just cited, there nonetheless are reasons for optimism that the Black pastoral role of health-related change agent will prosper.

First, and most important, this article has detailed the exciting experiences of pastors—many of them Black pastors—in health-related activities at the tertiary, secondary, and primary levels of prevention. In other words, the major reason for optimism is simply the continued existence and growth of Church-based prevention. As these programs expand; as evaluative research demonstrates their effectiveness; and, as interventions become methodologically more sophisticated with the increasing prevalence of liaisons between churches or religious denominations and academic schools of medicine and public health, this pastoral role should continue to gain professional acceptance by government funding agencies, private foundations, and, eventually, by the medical establishment.

Second, as this particular pastoral role becomes increasingly accepted by laypeople—both religiously and medically-speaking—and as ministers themselves come to view pastoral activity focused about health-related concerns as a legitimate "calling," religious denominations may begin to institutionalize this health-oriented role within the curricula of seminaries. Many divinity schools already offer graduate degrees in counseling or psychology, and perhaps courses on health-related topics will eventually find their way into M.Div. and B.D. programs, or at least into the Christian Education curricula of denominations sponsoring health projects.

In conclusion, there are many opportunities for Black pastors in preventive medicine. At the tertiary, secondary, and primary levels of prevention, ministers have fulfilled the roles of counselor, provider, health promoter, referral agent, policymaker and planner, hospital liaison, allied health professional, and social and behavioral change agent, to name just a few. With sufficient support and enthusiasm, this list of Black pastoral roles in preventive medicine should continue to expand.

References

1. J.S. Levin, "The role of the Black Church in community medicine," *Journal of the National Medical Association, 76,* (1984), 477-482.
2. J.L. Forster, "A communitarian ethical model for public health interventions: an alternative to behavior change strategies," *Journal of Public Health Policy, 3,* (1982), 150-163.
3. J.R. Bryant, The Black Church as unifier of the Black community. In L.S. Yearwood, ed., *Black Organizations: Issues on Survival Techniques,* (Washington, D.C.: University Press of America, 1980), p. 6.
4. B. Quarles, *The Negro in the Making of America,* (New York: Collier Books, 1964), p. 162.
5. S. Carmichael and C.V. Hamilton, *Black Power: The Politics of Liberation in America,* (New York: Vintage Books, 1967), p. 102.
6. C.V. Hamilton, *The Black Preacher in America,* (New York: William Morrow and Company, Inc., 1972), p. 35.
7. H.H. Mitchell, *Black Preaching,* (New York: Harper and Row, Publishers, 1979), p. 215.
8. H.B. Hicks, Jr., *Images of the Black Preacher: The Man Nobody Knows,* (Valley Forge, PA: Judson Press, 1977), p. 135.
9. Saunders, E., and Kong, B.W., "A role for churches in hypertension management." *Urban Health, 13* (7), (1983), 49-55.
10. H.R. Leavell and E.G. Clark, *Preventive Medicine for the Doctor in His Community: An Epidemiologic Approach,* 2nd ed., (New York: McGraw-Hill Book Company, Inc., 1958), pp. 20–29.
11. S.M. Aronson, "Conversations between the clergy and practicing physicians," *Rhode Island Medical Journal, 58,* (1975), 329–330.
12. P.K. Quinn and K. Talley, "A clergy training program in a mental health center," *Hospital and Community Psychiatry, 25,* (1974), 472–473.
13. K.C. Haugk, "Unique contributions of churches and clergy to community mental health," *Community Mental Health Journal, 12,* (1976), 20–28.
14. G.E. Westberg, "Can the clergy help overworked physicians?" *Postgraduate Medicine, 53,* (1973), 165–169.
15. C. Marwick, "Religion and medicine draw closer," *Medical World News, 19,* (1978), 26–33.
16. W.K. Bentz, "The clergyman's role in community mental health," *Journal of Religion and Health, 9,* (1970), 7–15.
17. B.W. Kong, J.M. Miller, R.T. Smoot, "Churches as high blood pressure control centers," *American Journal of Public Health, 71,* (1981), 1173.
18. E.J. Perry and B.J. Williams, "Memphis TN: the Memphis church-based high blood pressure program," *Urban Health, 10,* (1981), 69–70.
19. J.W. Hatch, and C. Jackson, "North Carolina Baptist church program," *Urban Health, 10,* (1981), 70–71.
20. J.W. Hatch, A.E. Callan, E. Eng, C. Jackson, "The General Baptist State Convention Health and Human Services Project," *Contact,* 77, (1984), 1–7.

21. J.W. Hatch and K.A. Lovelace, "Involving the southern rural church and students of the health professions in health education," *Public Health Reports, 95,* (1981), 23-25.
22. "Health and Human Services Project, Raleigh, North Carolina," *Focal Points, 2,* (1984) 6–7. Division of Health Education, Center for Health Promotion and Education, CDC, PHS, DHHS, Atlanta, GA.
23. J.A. Smith, The role of the Black clergy as allied health care professionals in working with Black patients. In D. Luckraft, ed., *Black Awareness,* (New York: American Journal of Nursing, 1976).
24. E.E. Bruder, "The clergyman's contributions to community mental health." *Hospital and Community Psychiatry, 22,* (1971), 207–210.
25. C.M. Kaseman and R.G. Anderson, "Clergy consultation as a community mental health program," *Community Mental Health Journal, 13,* (1977), 84–91.
26. G.E. Westberg, "Churches are joining the health care team," *Urban Health, 13* (9), (1984), 34–36.
27. E. Eng, J.W. Hatch, C. Jackson, R. Young, B. Dixon, Social support in the Black Church as a health promotion intervention (Paper presented at the annual meeting of the American Public Health Association, Dallas, November 1983).
28. *Promoting Health/Preventing Disease: Objectives for the Nation.* PHS, DHHS (Washington, DC: U.S. Government Printing Office, 1980).
29. L. Ranck, "Upgrading the Black health care status," *Engage/Social Action, 8,* (1980), 6–8, 41–42.
30. C.E. Lincoln, *The Black Church Since Frazier,* (New York: Schocken Books, 1974), p. 105.
31. R.S. Mendelsohn, *Confessions of a Medical Heretic,* (New York: Warren Books, 1979), p. 185.
32. D. Kasanof, "Clergymen can be bad medicine," *Medical Economics,* March 2, (1970), 211–215.