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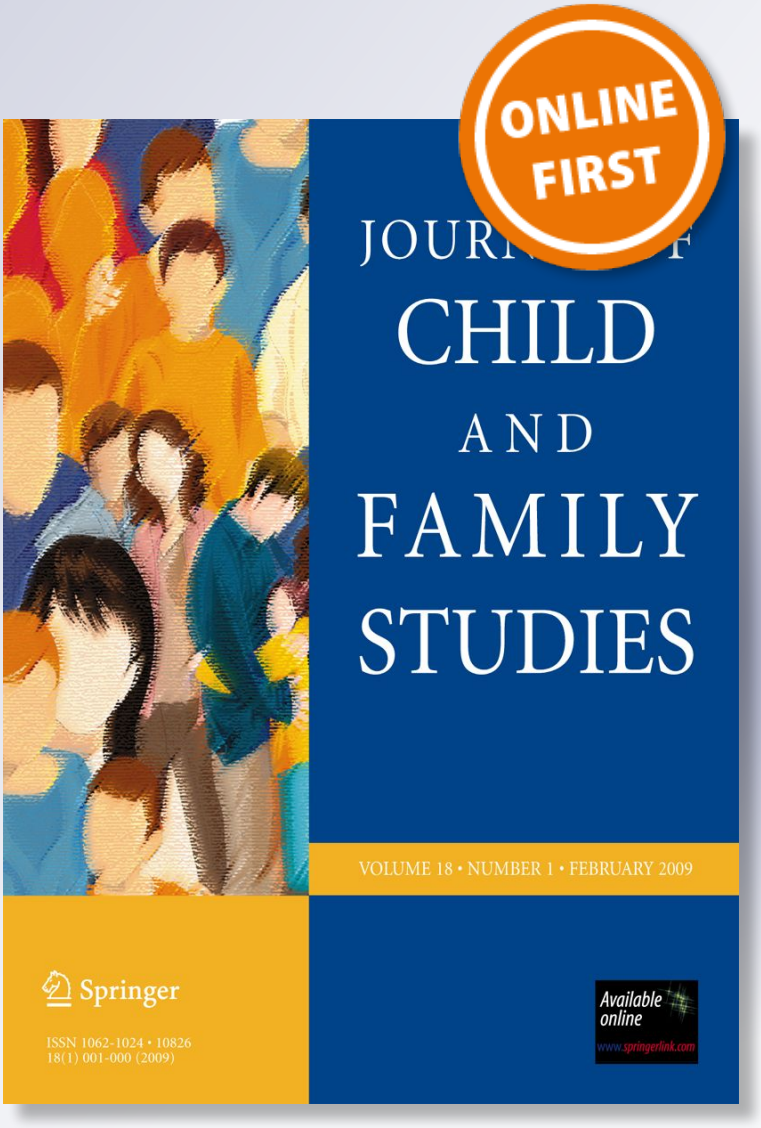
Journal of Child and Family Studies

ISSN 1062-1024

J Child Fam Stud
DOI 10.1007/s10826-012-9654-5



Springer

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ORIGINAL PAPER

Uplifting the Family: African American Parents' Ideas of How to Integrate Religion into Family Health Programming

Dominica F. McBride

Abstract Religion has been reported as a strong cultural-historical and protective factor in the African American community, particularly for African American youth regarding risky behavior prevention. Despite the historical and scholarly evidence of its utility, the opportunities for using religion and the Black Church in supporting the mental, emotional, and physical health of Black youth have not been fulfilled. Furthermore, partnering with the community to conduct research and program development increases the likelihood of use and success. The purpose of this study was to partner with the community and learn and conceptualize how to integrate or use religion in a family health program. Seven focus groups were conducted with African American parents/guardians regarding how a family health program could use religion to enhance the mental and physical wellbeing of Black families. A community sample of parents and guardians conveyed religious/spiritual values that a program should adopt and teach to participants (particularly parents) and ways that a program could use religion and the Black Church to function and succeed. These values include respect, love, prayer, fellowship/community, physical health, Scripture, faith, and empathy/understanding. Participants further provided specifics regarding how such programming might be implemented and offered real world implications for the development of religious family health planning. Parents/guardians indicated that religious values and methods should be used together to bolster family health, prevent risky behavior in youth, and support community functioning.

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Keywords Religion · Black church · Youth · Family strengthening · Health program

Introduction

African American youth are at a disproportionately high risk of delinquency and mental, emotional, and physical disorders given the multitude of factors directly impacting Black families (i.e., challenging socioeconomic conditions and increased parental work schedules). The development of the human brain may further complicate concerns for African American youth, as the frontal lobes (the thinking, reasoning and decision making part of the brain) are not fully formed until 26 years old, leading to skewed decision making and risky behaviors. These confounding factors are thought to obstruct affect regulation (the ability to manage emotion and decision making to reach a goal) and may exacerbate the aforementioned situations (Bell and McBride 2010). Helping professionals may support preventive interventions regarding these issues by intervening with a focus on the protective factors that support positive African American youth development (Institute of Medicine 2009; McBride and Bell 2011). Protective factors are variables that can buffer the effects of trauma and other risk factors and keep them from leading to risky behavior and disorders. These protective factors may include social fabric, strong family lies, and religion/spirituality. To be truly effective in preventing said phenomena, the use of protective factors, coupled with cultural competence (McBride 2011; Washington 2006) and evidenced-based practice, is essential.

Religion and spirituality are examples of constructs that lie at the intersection of protective factors, prevention, and

Published online: 09 September 2012

culture. Religion has historically and generally been a strong cultural protective factor in the African American community and continues to have this effect (Boyd-Franklin 2003; Frazier 1974; Molock et al. 2006; Taylor et al. 2004). Religion, regardless of culture, has been found to be a protective factor for youth against risky behaviors and other ill conditions, including smoking, depression, delinquency, sexual activity, and alcohol use (Goldston et al. 2008; Sinha et al. 2007), through the enhancement of affect and self-regulation (McCullough and Willoughby 2009). In studying the effects of religion and maternal parenting style on African American youth's academic performance and risk behavior, Abar et al. (2009) found that student religiosity was positively correlated with self and environmental regulation and academic achievement. This protective factor also negatively correlated with risk behaviors.

African American youth seem to gain even greater benefit than their Euro-American peers, as some have experienced greater psychological protection against racism and discrimination (Clark et al. 1999). Indirectly, the religiosity of the parent can also have positive effects on youth behavior. Pearce and Hayne (2004) found that parent religiosity has significant impacts on child delinquency—the higher the parent religiosity, the lower rate of child misbehavior. These findings indicate religiosity, either in parents or youth, can act as a strong buffer. The power of parents, in particular, has been well documented; thus, family programming is especially pertinent in youth development and has shown significant results in preventing risky behavior (Bell et al. 2002; Bell and McBride 2010, 2011; Brody et al. 2004). The use of family in programming is also a manifestation of cultural competence in that family is and has historically been especially relevant in the African American community (Sudarkasa 2007).

Such evidence creates a unique and promising opportunity for intervention, prevention, and youth strengthening in the Black community. Multiple researchers have suggested the import of the Black Church in programming for African American families. Molock et al. (2008) found that the Black Church would be an ideal place for mental health programming for youth, as has Boyd-Franklin (2003) who asserted that the incorporation of religion (and/or spirituality), when pertinent, increases the likelihood of therapeutic success, and if ignored, a higher probability of misunderstanding and attrition. Despite the potential and potency of religion, there has been little research done on church- or religious-based interventions for mental (and physical) health that target youth. Further, there is a dearth of culturally responsive and integrative mental health programming for African American youth (Molock et al. 2008). The plethora of evidence supporting the protective power of family and religion and lack of research on the intersection of religion and family (culture), mental health, and programming emphasizes the need for such research and intervention.

Including the community in research and program development is integral for creating a culturally competent program (Hood et al. 2005). This inclusion heightens the quality of programming, enhancing the development, implementation, evaluation, and dissemination of the program (Israel et al. 2001). This author partnered with African American parents (including guardians) to conceptualize of a culturally responsive family health program (FHP) targeting mental and physical health that integrates cultural historical factors, such as spirituality/religion. This paper focuses on the question: How can a FHP for African Americans incorporate religion/spirituality?

Method

Participants

A total of 54 African American parents participated in this study. Parents were of focus because of their powerful position in the family [i.e., their decision making power in the family; they socialize their children and their religiosity is integral in the child's religiosity and in their potential delinquency, Pearce and Hayne (2004)], lived experience in child-rearing, and knowledge base regarding family needs related to health programming. From this vantage point, they provided direction on program development, content, and structure.

The sample was 18.5 % male (N = 10) and 81.5 % female (N = 44) and ranged in age from 18 to 84 years, with an average age of 52. The majority of the parents were of low SES (socio-economic status), with 66 % having an annual family income of less than 30,000 dollars per year. Marital status was reported as 57 % married; 22 % currently single; and 21 % in a non-marital partnered relationship. The sample reported an average number of 3 children with a range of 1–10 children.

Measures

Each participant completed a demographic and informational survey which assessed age, marital status, income, gender, and relationship to dependent(s). The survey also included questions on the participants' perception of the significance and relevance of religion in their lives (see Table 1). All participants engaged in the focus group subsequent to completing the surveys. Seven focus groups were conducted with the parents, with the research team reaching saturation of new themes by the 7th focus group meeting (i.e., no new themes emerged at this point).

Table 1 Parents/guardians' views on religion/church

Survey question	Percentage
Importance of religion to you	
No importance	0
Little importance	0
Some importance	1.9
Important	3.7
Very important	94.4
Importance of religion to your family	
No importance	0
Little importance	0
Some importance	3.7
Important	9.3
Very important	87
Church attendance rate	
Never	1.9
Monthly	9.3
Weekly	35.2
More than once a week	53.7

Focus group questions included:

1. Can you think of 3 ways that the faith-based organization can help African American families?
2. Can you share some values of your spiritual beliefs or religion that could be incorporated in a family health program for Black families?
3. What could a family health program do to include these values and/or beliefs?
4. How could a family health program use a faith-based organization in helping Black families?

Procedure

The author (DM) conducted the study, including participant recruitment, the facilitation of focus groups, facilitator training, data analysis, and validity and reliability checking. This study was reviewed and approved by an Institutional Review Board. It took place with a relatively small community within a large Southwestern metropolitan area with the highest percentage of African Americans in this metropolitan area. In order to minimize researcher bias and ensure cultural sensitivity, the author first recruited and convened a Community Advisory Board (CAB) comprised of 4 leaders and residents from the target community. One worked with Black youth and families in the local community, focusing on mental, physical, and emotional development; one was the director of a center that provides assistance for young African American mothers; one was a reverend and Executive Director of a non-profit organization; the final member was the director of a child and family services unit that provided outpatient behavioral health therapy for low income children and families. They provided feedback and guidance in recruitment and the development of focus group questions and protocol.

Because this study focused on African American families, was culturally responsive and integrative, and the target participants were leaders of families, the criteria for parent participants were: (1) African American, (2) biological parents or the caretaker or legal guardian of a dependent, (3) over 18 years of age, and (4) live in the target area. From fliers to presentations, various methods were used to recruit participants. Fliers targeting parents were placed in locations where many African Americans in the target area frequent, including predominantly Black churches, a Black barbershop, a Black mechanic's shop, and two community centers. In addition, presentations were given to two additional Black religious institutions and a booth was constructed advertizing the study at a local health fair. One week prior to each group, the participants were called and notified and/or reminded of the date, time, and location of the focus group. In order to increase the ease of access for the participants, each focus group was held at a local community location, including two community centers, three churches, and one mosque.

A trained and experienced facilitator conducted each group using the focus group protocol. For two of the groups, a co-facilitator assisted. The author trained the co-facilitator in the focus group protocol. The protocol included a description of the study at the beginning of each group, the distribution and completion of the consent form and a demographic survey, and the above-listed questions. The description of the study consisted of the purpose of the study—to conceptualize of a culturally responsive FHP that integrates religion/spirituality among other cultural historical factors (e.g., family). The facilitator followed informed consent procedures, which included explaining the study, recording procedures, and confidentiality to the group prior to the start of each group. Each group lasted approximately 1.5 hours, with an average of eight members. At the end of each focus group, the members were compensated with 20 dollars for their time, informed that a summary of the content could be disseminated upon request, and provided with the contact information for the author. Following the focus groups, the recordings were transcribed verbatim.

Data Analysis

In analyzing the focus group data, a combination of Kvale's (1996) and Krueger's (1998) qualitative data analysis methods was used. Two steps were added in the final stages of analysis to support the validity of the interpretation of data. According to Kvale, data analysis

begins during the interview; therefore, the verification process takes places throughout the discussion. During the focus groups, the facilitator asked each question, and the participants were given time to formulate and vocalize their ideas and experiences. The facilitator then condensed, interpreted, and reflected their thoughts for verification and left time for additional responses. Participants either affirmed or corrected the reflections and interpretations during the focus group.

For the transcribed data, NVIVO (i.e., a qualitative data analysis software program) was used to organize, categorize, and label the themes that emerged from the material. The data was coded by the author (DM). The first round of coding consisted of labeling words, phrases, and/or ideas. The second round of coding was used to verify the initial codes and label any missed data. Following this step, axial coding, where the initial codes were condensed and made into larger, more encompassing labels, was conducted. Themes that appeared across groups were counted as major themes. Validity and reliability were established through a member checking focus group, consisting of a sample of 15 previous members, conducted after initial analysis. In this group, the participants were presented with the themes and interpretations (Lincoln and Guba 1985). The group gave feedback, verified findings, affirmed interpretations, and added new thoughts. Their feedback was included in the final report.

Results

Perceptions of the Relevance of Religion

The participants' survey responses indicated that they agreed that religion should be part of an FHP. A majority of the parent participants indicated that religion is very important in their and their families' lives. Table 1 presents their responses to the survey questions. Most parent/guardian participants (88.9 %) also indicated that they attend church on a regular basis.

Integrating Religion/Spirituality into an FHP for African Americans

This section includes the participants' responses on how to integrate religion and spirituality into a family health program. Here, participants' responses are reported as themes and their suggestions are delineated and supported with their direct quotes. Although there were many ideas as to how religion and spirituality can be integrated into a program, there were several strong themes that arose out of the discussions. There were two overarching, meta-themes that arose: one which placed focus on the family level and the other which focused on the use of the church as an institution. (Please note that participants did not support proselytizing or trying to convert youth and families but suggested values and ways the faith-based institution could be used to bolster health.) The focus group participants discussed possible program methodologies to increase the likelihood of realizing spiritual/religious values within the lives of the future program participants. The methodologies consisted of: (a) structured education and training on: (1) religious/spiritual values and the application of values and (2) communication and (b) using the religious institution as a conduit for outreach. The following subsections will delineate these methodologies as well as describe the values for which the participants advocated. In answering the research question, *how can the religious institution, religion, and/or spirituality be integrated into a FHP for African Americans*, the participants offered the following suggestions for program strategy, process, and content.

Education on Living a Holistic and Healthy Lifestyle

Education emerged as a predominant programmatic element and ancillary tool for spiritual development, healing, empowerment, character building, and family cohesion. The participants defined education as the process of teaching and learning, beginning with an understanding, then manifesting in one's life as consistent thoughts, feelings, and behavior. The purpose of education, according to the participants, is to gain and apply knowledge through behavior. For instance, a teacher can educate on math, including numbers, formulas, mathematic principles, and application. However, the education of the student is null if the student is unable to apply mathematical skills in daily living. Within this series of discussions, education not only encompassed the traditional meaning but also was synonymous with edification (i.e., to improve or uplift morally, spiritually, and/or intellectually). Edification of future program participants was also stated as a goal: that each participant learns and lives or consistently manifests religious/spiritual values, which are described below. The following participant's response represents the groups' focus on education and training as a programmatic strategy:

> I would say the great importance is having someone that's educated appropriately and taking proactive measures in dealing with just treatment but proactively treating and educating, as how to eat to live and how spirituality ties into our physical health as well and the importance of an enlightened mind, a healthy mind, clearly defining what those terms are, just educating our people. I see that's the greatest hindrance to a healthy community is ignorance. So, without proper education

> and the cultivating of the mind, the whole total being of the person, then you're going to have those imbalances in a person which is going to allow an avenue for those diseases to come in.

This participant emphasizes education as the means for an FHP to lead to a mental, spiritual, and physical health end. This quote not only reflects participants' notions that education and training should be used to edify but also an FHP should have a holistic focus—mind, body, and spirit. This process of education—moving one from "ignorance" to an "enlightened mind" and healthy whole being—should include tools such as self-reflection, teaching/communication, study, and modeling, per focus group participants. When applied to the integration of religion, religious values become the soil in which this education is cultivated. The focus group members highlighted three steps for future FHP participants in this education and edification process: (1) self-reflection, (2) self-discovery and understanding, and (3) teaching. A parent, for example, should first become introspective, reflecting on past challenges, mistakes, solutions, and insights. In addition, the parent should contemplate her/his present values, weaknesses, emotional obstacles, and mental barriers. According to the parents, this process of self-discovery or uncovering will aid an individual in self-development, and self-development was seen as an integral component of both religion and overall health of parents and children. According to focus group participants, through the knowledge of self and the consideration of one's values implementation, the program participant will be better able to communicate the process of embodying values to their youth. The participants perceived this dynamic to directly impact the children and help to enhance family bonds and improve behavior. These sentiments are represented though the following response:

> Well, I think that there needs to be something there that, let's say that if it's a group like this where someone is leading us to reflect on our own. There really needs to be [the question asked—] where are we? Do we have past hurts and past fears and whatever and really get grounded with that and so therefore, our communication with kids will be, 'hey, I dealt with this and my challenge is this…' So, actually talk to kids about what some challenges are that we dealt with at some young age.

This quote represented participants' emphasis on explicit and overt communication of values and life lessons from parents to children. This was given in the context of a discussion on how experiences can shape values and current behavior and those life lessons can be transmitted from parents to children and bolster good familial relationships, which were seen as encouraged by religion.

Values

The most prominent strategy that emerged through this study in religious/spiritual integration was the teaching of spiritual or religious values. As threads constitute and bind the tapestry, values are the pieces and the glue that comprise religion and spirituality. The focus group participants identified, defined, and elaborated on specific values that they proposed should be transmitted through and supported by the program. The following values spanned most focus groups: (a) Respect, (b) Love, (c) Prayer, (d) Fellowship/Community, (e) Physical health, (f) Study of Scripture, (g) Faith, and (h) Empathy/Understanding.

Respect

Respect was viewed as an integral piece of a strong foundation for personal, familial, and community development. One participant summarized others' sentiments in stating that, "We all know, in an ideal family home, like this sister said and I agree wholeheartedly with, that the first thing you have to teach a person is respect, the first thing. Respect is important!"

To respect means to feel or demonstrate one's value or sense of esteem and/or to show consideration towards something or someone. To the participants, respect often encompasses a portrayal of nicety, consideration, and, in some cases, a tabling of selfish motives. One participant concisely conveyed this by stating, "…respect each other, you know. Have patience with the next person instead of being selfish and 'it's all about me, me, me, me, me.'" In other cases, respect does not or should not revolve only around others. The participants relayed that not only is it vital for respect to be shown to others, but it is a personal and spiritual imperative that respect be shown to oneself, including one's body, mind, and life:

> Don't you think that it has to start with self respect, somehow trying to instill? I think that would have to be at the very beginning.

> If we teach them to respect their bodies then they won't be as likely to take drugs or things that will do damage to their body if they're proud of that, if they're taught that their bodies are holy temples of God.

The above quotes represent parents' emphasis on self respect and the possible effect it can have on youth. Respecting one's body included both maintaining physical health as well as the concern for appearances (the female body in particular), as eloquently conveyed by a female participant:

> Being taught the knowledge of myself helped me to understand that what I was seeing on TV which was a bunch of black women were being exposed. This is how you dress, get a man, get ahead in the corporate world. Things that I was seeing on TV was not necessarily, in hindsight, the way of being a true civilized woman. So, being in the Nation of Islam has taught me the value of myself and that I don't have to expose my body. I don't have to tell lies or be sexually in someone's face to move ahead in life. But to know that what's in my head and the knowledge that I gained in my head will actually advance me, will help me. Before I came into the Nation, that's something I didn't think about. Oh, pretty face, throw some make up on, show some body and we're making things happen. That's not what is actually the mark of a civilized [respectable] woman.

According to this message, self respect shown through conduct and self worth is yet another spiritual/religious lesson to be conveyed through an FHP to support child development, prevent risky behavior, and enhance family health.

Love

Love was defined as a verb, instead of a noun, in the dynamic discourse of the participants. Love, as a projected value to be embedded into an FHP, is an action, with less emphasis on being a feeling:

> …train [the youth] up in the way they should go; when they are old, they will not depart….then when you bring them up, like they say, you bring them up in love and teach them how to love one another, how to love your neighbor.

Participants emphasized that the parents should be trained in how to show love and how to train their children in how to love others. According to the participants, loving one another is imperative, especially when attempting to bolster family cohesion. This action included sharing with one another, caring for one another, and respecting each other, as represented by one participant's narration of her past familial experience:

> They say the charity begins at home and in our home, we had a lot of love. We didn't have very much but we had a lot of love. And it was love that made us come together as one. My mother taught us to share, whatever we had, to share with one another and to love one another in spite of; love your brothers and sisters, respect your elders.

This participant conveyed the importance of love in her family and how it was conducive to family cohesion. Self love was also perceived as equally important to loving others. Participants were particularly optimistic regarding the potential impact of this concept of love; the love of oneself is purportedly conducive to internal healing and future positive behavior. Although in the case of loving oneself there was still emphasis on action, there was an equal focus on feeling a sense of self worth. This power is represented in the following quote:

> I think that would be something to explore. I don't know about you but I find it interesting to find out what people's definition of love is. And also what they think of themselves, what is their self worth, what do they think of themselves because a lot of that misunderstanding of love is because they don't have a value on themselves and you look for another person to validate you. When you grasp onto that as love, out of the desperation of wanting it to be that way but it's not. Also, when you're temporarily with that boy, and you think everything is going to be forever. The outcome is pretty slim that you're going to be with him forever but that girl is truly convinced that that is love. You can't invalidate that but if she had more of a love for herself, an importance, then it would be like, 'I won't settle. I will continue until I get what I need from this person.' They won't truly know what that is but if they did love themselves then they wouldn't be thinking that way then maybe you wouldn't have to tell them not to have sex because they'd have self respect. If you respect and love yourself, you're not going to be out look for it or expecting love from somebody else.

This participant's musing represents other participants' perspectives that self love in and of itself is a protective factor and can prevent risky behavior in youth. Thus, an FHP should place focus on supporting the act of love and bolstering self love.

Prayer

Prayer can mean many things to many people. Although the definition of prayer was not elaborated, participants described the subject, context, and importance of prayer. Participants expressed that the subject of prayer should be oneself and others, including friends, family, and acquaintances. It is apparent that one can engage in prayer at any time and at any place; however, the participants highlighted the importance of prayer being done with family, especially one's children. This time of prayer could serve as both family time and an educational opportunity for the youth, per participants. Finally, the importance of prayer was also defined by the perceived effects of prayer.

Fellowship/Community

In the focus group discussions, fellowship transcended the traditional religious meaning and context and had a spiritual and social component. Value was placed on the community and overcoming differences and a tendency to compete; it was important to bring the congregation and/or community together as one unit, with a shared purpose. This was especially true when youth were the focus of discourse. The participants highlighted the importance of teaching them the imperatives of nonviolence, working together, and sharing. The sentiment and adage, "It takes a village to raise a child" was used on several occasions as a way to manifest these imperatives with children and in the community.

The concepts of fellowship and community were not only associated with the church, mosque, or temple but also neighborhoods. Participants accentuated the importance of converging as family members, church members, neighbors, and communities, including members of different ethnic groups and cultures. "Fellowship" encompassed both time and energy; participants perceived the necessity of both elements in overcoming competition and a lack of true community. They also asserted that community was necessary in mental and physical health and wellbeing, as well as healthy child development.

Physical Health

Physical health arose as a prime religious and/or spiritual value in 50 % of the focus groups. The value of physical health was not only perceived for its inherent importance in longer living and a higher quality of life but also as a spiritual or religious symbol. For some participants, the body is viewed as a "temple of God" and is to be cared for as such, as represented by the following quote:

> Like it says in the Bible, your body belongs to God and he paid for it, so you're basically a renter, so you keep it up. That brings the church aspect into it as far as being able to be sensitive to their spiritual needs also with taking care of themselves physically along with emotionally.

Additionally, according to some participants, the physical body can manifest spiritual and emotional disease. This alludes to an underlying running theme, within and between all the groups, of a sacred trinity—the body, mind, and spirit. These sentiments are demonstrated by the following participant's response:

> I was wondering the emotional part of it. So, basically, it's finding out where kids are so you can do some emotional healing because it's hard to respect your body if you're really hurting inside or if you have regret or anger or sadness or whatever, so pulling in that emotional healing part of it and showing how you feel affects your body and how you treat your body but it also affects how you feel. If you're really sad, you may feel sick. Just showing that connection and of course, with spiritual healing, hurt, sadness, forgiveness because I think a lot of [people] have to deal with that, with a loss….

Study of Scripture

The study of scriptural text is often central to any religion. No matter if the participants were of Baptist, Methodist, or Muslim belief systems, or if the scripture was the Bible or Qur'an (i.e., Islamic spiritual text equivalent to the Christian Bible), the study and integration of Scripture was a central value of focus. However, within this subcategory, the mere study of scripture was viewed as insufficient. The application of the study is the completion of this concept—the Study of Scripture—with stated focus on the messages conveyed through Holy Scripture, instead of the scripture itself. These embedded messages within scriptural texts were seen as guides to living. One participant summarized these reflections in the following statement:

> We have to annihilate, if I can say, and go to war against the number one enemy, which is ignorance….How is a methodology, so we have to get into the thorough method on how it is that we can change our lives. So, another thing I would actually add as far as our values and beliefs – it has to always be from a scriptural reference, whether it be a principle that undergirds other religious denominations, like principles of the Bible, and the principles of the holy Qur'an, we cannot be just mere [readers] but we have to practice them and there's so many of them that that is where we're falling short. We're actually not practicing those principles.

This quote conveys the value of the scripture—a source of information for enhancement and optimal human development.

Faith

Per the participants, faith, "an unquestioned and unwavering belief", can be applied to a religion, one's self, others, or one's future. For the parents, it is faith alone that has healing powers, not necessarily the object of one's faith. However, when applied to various objects, the results can vary but be equally beneficial, surmised participants. For instance, faith applied to a religion can guide one in

leading a "moral" and just life; faith in one's self, can propel one forward to better oneself and accomplish life goals. Although the effects of the focus of faith may differ, the ancillary and anecdotal attributes of faith persist, according to participants.

Empathy/Understanding

Similar to the categories of respect and love, empathy and understanding has implications for the treatment of others. However, unlike the constructs of respect and love, empathy and understanding, in the context of an FHP, serves more as a lens and form of communication. The participants perceived empathy and understanding as a perspective from which a person peers out into the world and views other people. Related concepts that also fall under this category are being nonjudgmental and unconditionally accepting of others. These ways of thinking, and thus, communicating and behaving, were said to attract individuals to each other and, thus, build family cohesion. For instance, participants gave examples of churches that turned them or others away. Conversely, individuals who did manifest empathy and understanding served as magnets, attracting others to themselves or their organization/institution. Participants highlighted the necessity of the program having an air of empathy and understanding towards all future participants of the program. These qualities, conveyed participants, are likely to grow the program and maintain participation.

Through individuals and organizations alike, these constructs of empathy and understanding are portrayed through listening to one another, welcoming others into one's space (e.g., church, program, personal space), and responding to others kindly. According to participants, each stated demonstration of empathy/understanding can be coupled with simple words of acknowledging, understanding, looks of warmth, and/or time spent with the person. Although each of these examples is an act, the underlying sentiment the participants conveyed was one of perception and way of thinking. Each aspect of empathy/understanding has an implication for communication.

Communication

Communication arose as a method of transmitting said values within the program to future participants, which should ultimately include the whole family, as parents suggested. According to the participants, this use of communication (i.e., the teaching of values) should be implemented in the family home, with the parents communicating their values both through verbally and nonverbally. However, before a person is able to effectively express an idea or efficaciously teach the implementation of a value, he/she must know how to effectively communicate. Participants conveyed the importance of first teaching and exploring the values within an FHP with parents. Via the program, whether the how is simply talking in a way the listener understands (verbal communication) or modeling the desired behavior (nonverbal communication), the person (or parent) should first be aware and conscious of the methodology. Thus, the participants proposed that education on communication should be a core program element. This program component was twofold: the teaching of effective verbal communication, which includes listening and the teaching of effective nonverbal communication, which includes modeling or personifying the education itself (e.g., loving).

Verbal Communication

Teaching verbal communication included how to both verbally convey and listen. The following participant expressed the importance of verbal communication and the impact that it had on his life:

> I feel communication is something very important in family structure. And I think the truth, because somebody told me 'the truth will set you free and a lie will keep you in bondage.' I think my father was telling me the truth. He would never sugarcoat stuff…. He just came out with it, whether it hurt my feelings, whatever it did to me, he told the truth. Now that I'm older 'the truth will set you free, but a lie will keep you in bondage.'

His father used verbal communication to transmit values and, thus, the values were embraced by this participant. This very sentiment was echoed by other participants, making this one of many examples of the power of verbal communication, especially within families. Through an FHP, this power should be highlighted and the skill of verbal communication honed. Specifically, through the program, adult program participants (e.g., parents) would be encouraged and trained to effectively communicate and armed with tools in guiding the implementation of the previously stated values.

An integral part of verbal communication, according to the participants, is a certain type of listening. Some listen with a critical ear, creating barriers to fully understanding and incorporating the information. This type of listening often leads to the speaker feeling judged and impedes future effective verbal communication, per participants. Others listen in order to analyze, which could lead to debate in place of discussion. Participants agreed that future program participants should be taught to listen openly and empathically, with an understanding and nonjudgmental mindset. This type of listening is one way participants stressed the use and integration of the values of

empathy and understanding. One participant conveyed that this type of listening and mindset was effective with her own children and advised that other parents do the same:

> I feel that, I used to do with my kids coming up where there's something going on, let's just call it hot or mild, where we had certain days we'd sit down and eat together. Everybody was active in sports and all that kind of stuff, so we used to settle at Sunday dinner or something like that and everybody can express what's going on, reassure them that anything going on, don't be afraid to call to the parent and sit down. Because a lot of kids something's happening and they want to talk to the parent so they end up going outside. I used to reassure them that they can come to you and talk to you no matter what it is. I used to tell mine all the time, 'there's nothing too good or too bad that you can't come to me.'

Other participants echoed the efficacy of empathic listening and underscored the consequences: Children will likely be more forthcoming after such a conversation. Many participants accentuated the problem of the lack of communication. This impact is hindering "this generation" of youth, for many are growing up with little guidance. According to the participants, open communication is a pivotal way to break relational barriers and provide direction. Thus, parents, grandparents, and the like, should be educated and trained in engaging in open and empathic communication with their youth.

Nonverbal Communication

A more potent form of communication, per the participants, is nonverbal communication or modeling:

> Can I ask a question? The bigger question - How are values, how do you learn them? How are values modeled, the modeling of the values? What my parents showed me, what my music teacher showed me – all of those individuals became a source of my learning how to act.

This participant captured and stressed the importance of showing and modeling over telling. He conveyed that the more efficacious form of education and rearing for him was witnessing the modeling of the desired behavior and implementation of values. Another participant's response summarized others' reflections, conveying the necessity of modeling:

> Yeah, motivation is part of it. It is part of the motivation process. You have to have that. We have to be dependable because they're watching us. We have to set the example because they're going to be watching. We can talk all we want to talk but if we don't perform, so to say. The children watch the parents. A lot of times the parents are not aware the children are seeing a lot of things that they don't think they're hearing or seeing. And they may not speak out well you've done and they're acting out. A lot of problems come from this, you can have a so-called functional family and there'd be dysfunction. A lot of it is due, they mentioned before, role models in the home and a lot of the problem is because we don't have definitive role models in the home. The mothers are working and there's no one there. The men – what happened to the men? Even if a male or female's not there, they need specific role models.

As this participant poignantly stated, youth are in need of proper models. He, as well as other participants, asserted that a root of problematic behavior and familial dysfunction is the lack of modeling. Other participants stressed the role the media plays in disordered behavior; participants perceived that the media has become the model for youth in the absence of models in their personal lives. Therefore, many have witnessed the actions, clothing, and verbiage of celebrities being mimicked by youth in daily living. The participants purported that someone (e.g., the parent) in the child's "real" life, if trained properly, can become a much more influential model.

Again, the training of parents took precedence over the training of children in the context of religion and spirituality as program elements. The focus group participants conveyed that, prior to the parent teaching the youth, the parent must be taught themselves. They should be taught how to consistently manifest their values in their own lives, becoming the ever-present, optimal example of what they want to see in their children.

Participants described a multifaceted process in edifying parents, aiding them in becoming their best selves for both themselves and their children. One method in accomplishing this feat was educating the parents on said values, including definitions and possible manifestations. Another strategy was self and values exploration, where program participants list, define, and uncover/discover their values, regardless of religious orientation. The following participant highlighted the importance of defining one's own values, as well as one's strengths:

> I think it's important to find out what people's definitions are in the end, not from a religious standpoint but helping people to understand actually where they are or what works for them, what gives them encouragement or what they could do, their testament.

Some participants thought it was also important for the program participants to examine if and how they are implementing their values in their lives and if they are consistently doing so. One participant succinctly summarized this component:

> But I guess what I was thinking – get in touch with who we are and what we really value, what message are we really sending? What I mean by looking at what we value and how we're sending the message is are we saying one thing and doing another? So, [our children are watching] us do one thing even though we're saying 'no, don't do that.'

Participants also expressed the importance of parents exploring the messages they communicate nonverbally. Parents should learn to explicitly communicate their values and incorporate said values into their daily communication (e.g., love, respect, empathy, and understanding). This sentiment led to multiple discussions on the imperativeness of parents implementing the values and behaviors in their lives.

A key method advocated for by the participants in educating parents was the facilitators being the example themselves. The program leaders should manifest what they hope to see the parents and youth become:

> …we need competent educators – those who can have and can set an example because basically we're living in what we call, or I believe is secular humanistic type of society where permissiveness is being programmed through the media is just being bombarded. … How do we go about doing this? What are our suggestions? One of the suggestions I would have is competent educators.

Here, competence includes actively applying the knowledge, instead of simply knowing it, and being knowledgeable about the context and culture (cultural competence). Competent facilitators, in this case, are engaging in a process of self exploration, have defined, effectively communicate, and consistently manifest their values. The facilitators are to personify the goals of the program, which encompasses the effective and consistent implementation of the values. Therefore, the facilitators not only are models themselves, but also demonstrating the act of modeling.

The following section addresses how an FHP can integrate the religious institution into the program. In this section, the participants explained how the program can partner with and/or use the institution to accomplish the program goals of enhancing health and preventing risky behavior. Using the religious institution as a conduit for information on health and resources was the main theme.

The Religious Institution as a Conduit of Knowledge and Outreach

Participants focused on both parts of this institution, including the physical structure or building and the pastor and congregants. They suggested the building be used to conduct outreach and health activities, such as group meetings.

The second aspect of the religious institution, the people, is inclusive of both the minister and congregation. One participant, in particular, repeatedly stressed the importance of employing the minister as a channel for health information:

> I know how religion can play a part of it. I feel like being raised by my grandmother and my grandmother looks up to her minister for guidance. Some kind of way you can teach the ministers how important a lot of ministers [are], a lot people that value [them]. Teach them how important is it – health, mental health, physical health – and what they do is preach to their congregation or one on one, preach to them. And the head of the family, it basically trickles down through her because she looks at the minister as I would look at the president. That's where she gets her guidance from, her religious guidance and anything else. And if you could reach the head of the family, they would make sure that everybody underneath [receives that knowledge].

This particular participant, a member of Generation X, conveyed how the religious leader can be used in a way that would affect him, even if he does not regularly attend a religious institution. Other participants also stated the importance and impact the religious leader has in the community. If the minister talks about a supposed taboo topic, this topic then becomes open to discussion. For instance, one participant described a pastor that, with his congregation watching, was tested for HIV. Following his test, his congregation aligned to follow suit.

Therefore, training these leaders as part of an FHP arose as yet another core element and way to integrate religion/spirituality into programming. Participants suggested these leaders be educated on the different aspects of physical and mental health, as well as cultural competence in teaching within the topic areas. They should further be trained in the value of unconditional acceptance. Some focus group participants recounted their or others' encounters with churches where they were not accepted due to their casual or poor attire or were turned away without resources or referrals when asking for help. These experiences left them feeling resentful and avoidant of religious institutions.

In addition to utilizing the minister, participants conveyed that the congregation can also be quite useful in disseminating vital information. The congregation was mainly identified as outreach support. In this case, the people of the church would step outside the church walls and into the community, in direct contact with its residents. For an FHP, the religious institution should be perceived as a tool in helping the community blossom. One participant summarized this sentiment well:

> I think in order to stop these young folks from going crazy out here, to stop all of this stuff that going on, we need to get out there ourselves.

Discussion

The purpose of this study was to conceptualize of a culturally responsive family health program for African Americans with a specific focus on religion and spirituality, particularly examining how a program could integrate religion/spirituality. This study took a step forward in filling the gap in research on the intersection of religion and family, mental health, and programming, especially for African American youth and families. In partnering with parents to conceptualize how religion/spirituality can be infused in an FHP, academia and community were able to synergize and begin to build a model for further development. In seven focus groups, parents explored and emphasized various ways in which family health programming can integrate religion, including using religious teachings and values to enhance family functioning, thus, creating a strong protective factor for Black youth. Specifically, values exploration, consistently adhering to values in family life, enhancing communication between parents and children, and using the religious institution as a conduit for health related knowledge were said to be viable strategies. Participants expressed that the internalization and outward manifestation of stated values, such as love, acceptance, empathy, communication, prayer and scripture, should be the goal of the program. Said values should be taught and consistently integrated in the lives of parents/family and program leaders. Furthermore, parents proposed a structure or training model for the program, including education and explicit training to achieve holistic health and family cohesion. Figure 1 presents a logic model demonstrating how education on values and communication will purportedly lead to cohesive families. This model begins with the inner workings of an FHP, where parents are guided in self-reflection and effective communication. The consistent demonstration of these values in parents was seen to not only transform them but also present models for their children; the children would then follow suit. Theoretically, when both the parents and children implement their values consistently and engage in effective communication, family functioning is enhanced and durable. The use of the church was also integral in implementing the program, for the church was seen as a necessary cultural historical artifact. Both the edifice and the congregation and religious leader could be used to implement the program.

There are various limitations within this study. Like all research studies, the methods and analysis are influenced by the research; however, it is the researcher's job to minimize bias. In this study, there were various factors that potentially affected the results, including recruitment, those who chose to participate, the questions asked, and the data analysis. Although the recruitment was spread out over various locations, including secular and religious establishments, there was more emphasis on religious establishments, given the access to African American parents this avenue provided. Therefore, there may have been a disproportionate number of parents who were religious or religiously affiliated in relation to the greater African American community. Thus, the results may not be as acceptable to those families who are not religious or spiritual, albeit some of the values and methods proposed could apply regardless of religious or spiritual slant. Regarding participants, the demographics of the parents did not represent the demographics of the greater African American community or Black communities who are at-risk (e.g., high crime, poverty). Over half of the participants were married (57 %) and a majority of the participants were older adults. Given that over 70 % of African American families are headed by single mothers, this sample is not representative of the larger African American population. Further, there was not a representative sample of young mothers who were able to include their feedback in the program. The sample was also predominantly female, which is both a telling indicator of the lack of male engagement in the community but also a limitation of the study. Also, the study focused on parents and did not include youth, who would have added a unique perspective and would have been directly applicable to the youth components. Finally, the focus group questions and the data analysis were driven by this author; however, steps were taken to minimize bias, including constructing a Community Advisory Board that reviewed and provided feedback on the questions and conducting a validity and reliability check focus group to validate or invalidate initial interpretations and analysis.

Regardless of the limitations, the participants were clear in that religion can and should be used to help African American youth and families. All program elements, from education and facilitation to the use of the religious institution, should combine to empower and heal families

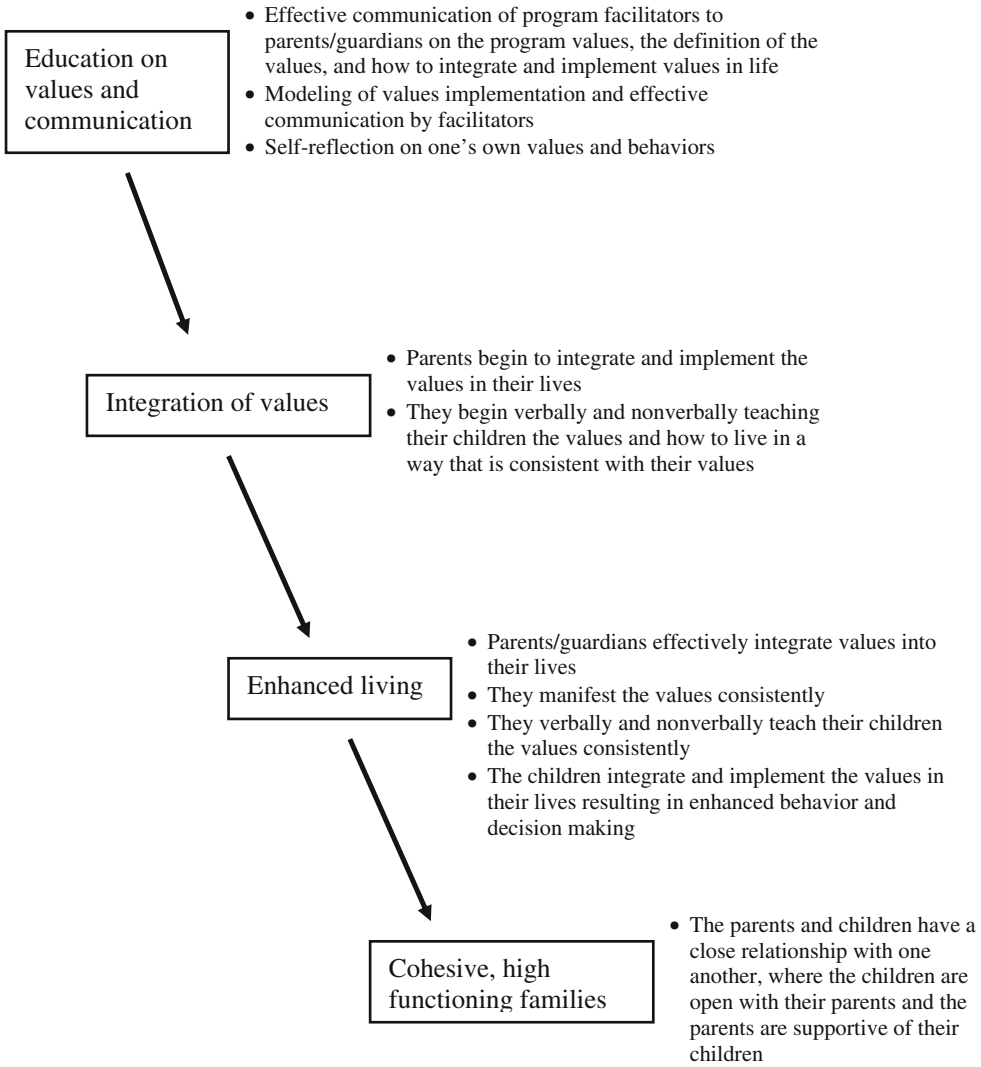

Fig. 1 Religion/spirituality program component logic model: a visual model of participants' suggestions of program parts and the purported effects

through the actualization of spiritual values. An FHP can integrate religion/spirituality by teaching values to the participants, especially parents, helping them to become the examples for their children. Finally, the religious institution can be used as a conduit for the program lessons, outreach, and recruitment.

This research can serve as a springboard for further research in program development and religion. Future research could examine the implementation of such a program in and with the religious institution as well as in secular settings with nonreligious families. Most of the values parents conveyed through this study, even though spiritually or religiously based, can be applied regardless of belief system due to their common implications for humanity (e.g., love, acceptance, communication). Further research could examine values-based programming and the impact of teaching and training parents to infuse such values in the home.

In sum, the parent participants in collaboration with academe conceptualized of how to integrate religion/spirituality in family health programming in order to bolster the health of parents and children and prevent youth from engaging in risky behavior. According to the literature, parents' experiences, and their surmising, such a program or set of tactics has the potential to achieve such results. The next step is taking this research and turning it into action—implementing these ideas and measuring impact.

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