Health and the Black Church

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ABSTRACT: The purpose of this review is to provide the reader with a religiously based examination of the literature that may suggest a relationship between Black people and their health behavior. Comparisons are made that suggest a relationship between increases in church attendance and a decrease in blood pressure, stress, coronary health disease, and promiscuity. This review is broken down into four areas: 1) Historical and philosophical; 2) church attendance; 3) the church as a depositor of health information, and 4) scriptural influence and related literature. Scriptural references are provided that support the dialogue over health behavior and the church. There are numerous health references within all 66 books of the Bible. The Black church, as with so many other race classifications, supports the notion of presenting itself as a depositor of health information. However, the literature does suggest some resistance to the actual receiving of health care. This review of the literature emphasizes using Scripture as a basis for giving health information to church attendees. Resistance to health care among certain ethnic minorities may be lessened with the use of the church, and of health-related Scripture. This review suggests possibilities for further research and provides a scriptural road map for the dissemination of different health topics using the Bible as a source.

This article has been organized into four sections, each providing an examination and comparison of those health and biblical variables thought to influence Black church attendees’ attitudes toward health-related Scripture. Those sections are (a) historical and philosophical perspectives of religion and health; (b) aspects of church attendance; (c) the church as a depositor of health information, and (d) scriptural influence and related literature.

Historical and philosophical perspectives of religion and health

Most of the current literature supports religiosity as a means of describing health when religion and health are compared. King, utilizing Glock’s ways in which religiosity may be measured, recommends evaluation in three divisions:

1. Religious knowledge concerning church history is suggested as a means of determining if church attendees are knowledgeable about their church’s origins.
2. Religious effects inducing euphoria about one's belief and the rewards this belief may bring. These rewards could take the form of praise and the sharing of accomplishment among fellow-believers.

3. Religious practices that bring about involvement in church organizations and church-sponsored events have operationally defined health and religion in Black churches.

Many different definitions of health and religion are discussed in the literature. King has reviewed and elaborated on several, ranging from Leavell's reading of health as a prevention approach to Dunn's and Maslow's state-of-well-being and self-actualization approaches. Many approaches to defining health and religion can be used as springboards for guiding further research into the health behavior of Black church congregations. Members of the Black community constitute a core of resistance to, and nonparticipation in, many of the more advanced medical and educational health programs. According to Riessman, the poor have also used preventive services less than others, and are less knowledgeable about appropriate health behavior because they belong to a culture which does not place a high value on health. Black people have not been very trusting of traditional medical practices. Consequently, this had led to longer periods between visits to health-care facilities. Thus, conditions such as cancer, hypertension, mental illness, and morbidity and mortality are given every chance to gain a foothold in a susceptible host. Reasons for this mistrust are widely indicated in the literature. For instance, Cooper suggests that institutional racism may explain the exclusion of Blacks from the medical system. Blacks also see their economic inequality as having direct effects upon determining how much care they will receive.

Historically, religion has always played an important role in the lives of many different kinds of people. Equally important has been a concern for better health. A combination of the two, religion and health, has been discussed in nearly all academic disciplines, regardless of the absence or presence of belief. The principles of diet, rest, and sanitation have all been based at one time or another on religious values. Researchers such as King have discussed the value of religion and health in improving the quality of life. Whether it is the decision to circumcise a newborn or to pray for crop growth to feed one's family, men, women and children have all seen their lives influenced in some way by religious and health pedagogy.

The theoretical foundations of social support and religion have been discussed by many authors. Religion embraces two of these support factors—content and networking. Tardy provides the following definition: "The giving of emotional, instrumental, informational and appraisal [aid providers] factors of the issue of content support." Emotional support involves open caring for others. For example, church attendees seem to find a degree of caring when they discover other members of the same faith with similar religious beliefs leading to the same behavior. The giving of one's time and skills exem-