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RELIGIOSITY AND ATTITUDES TOWARD PSYCHOLOGICAL

HEALTH, DISTRESS, AND HELP-SEEKING AMONG

COPTIC ORTHODOX PARISHIONERS

APPROVED:

____
H. Ray Wooten, Ph.D., Dissertation Advisor

____
R. Esteban Montilla, Ph.D.

____
Bishop Youssef, M.D., Ph.D.

APPROVED:

____
Christopher Frost, Ph.D.,
Dean, School of Humanities and Social Sciences

Date:

RELIGIOSITY AND ATTITUDES TOWARD PSYCHOLOGICAL HEALTH, DISTRESS, AND HELP-SEEKING AMONG COPTIC ORTHODOX PARISHIONERS

A

DISSERTATION

Presented to the Faculty of the Graduate School of

St. Mary's University in Partial Fulfillment

of the Requirements

for the Degree of

DOCTOR OF PHILOSOPHY

in

Counselor Education & Supervision

by

Sandy Guergues Aziz, M.A.

San Antonio, Texas

November 2018

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ABSTRACT

RELIGIOSITY AND ATTITUDES TOWARD PSYCHOLOGICAL
HEALTH, DISTRESS, AND HELP-SEEKING AMONG
COPTIC ORTHODOX PARISHIONERS

Sandy Guergues Aziz

St. Mary's University, 2018

Supervising Professor: H. R. Wooten, Ph.D.

This study was undertaken to provide information and insights enabling mental health professionals to better understand and treat clients who follow the Coptic Orthodox religion. Using the heuristic phenomenological method dialogues with six members of the Coptic Orthodox church were conducted to learn how religious orientation influences attitudes toward psychological distress and psychological help-seeking in the Coptic Orthodox community. Qualitative analysis of responses revealed the following eight themes: culture informs religiosity, experiencing psychological distress, sources of psychological distress, attitudes toward psychological distress and help-seeking, devotion to the church, dealing with psychological distress religiously, carrying the cross, and priests as psychological counselors. Results suggest that many Coptic Orthodox followers who experience psychological distress are reluctant to share their experiences with their community due to stigmatization. Those who experience such

distress typically seek counseling from their priest, relying on the reassurance of confidentiality in a priest/parishioner relationship, though findings suggest that some priests may lack competency in dealing with psychological difficulties.

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Chapter I

The Problem and Justification of the Study

Religion plays a meaningful role in the lives of the majority of U.S. citizens, providing order and understanding in their lives (Carone & Barone, 2001, p. 989; Pew Research Center, 2017). Because religious organizations attempt to affect followers' behaviors according to avowed norms and values, psychological health and religion are interrelated (Moreno & Cardemil, 2013, p. 54). Religiosity is defined as adherence to a religion's beliefs and practices and has been found to affect followers' attitudes toward psychological distress, ways of dealing with psychological distress, and help-seeking from mental health professionals, which vary among denominations and ethnic groups, as shown by results of studies on individuals with different religious orientations (e.g., Abe-Kim, Gong, & Takeuchi, 2004; Moreno & Cardemil, 2013). Such studies are important because they provide information and insights to help mental health professionals better understand and assist their clients and patients with various religious orientations. For example, a study conducted in 2004 on 2,285 Filipino participants indicated that high spirituality was associated with less help-seeking, while high religiosity was associated with a higher level of help-seeking from clergy (Abe-Kim et al., 2004). Yet, despite this importance, no such research appears to have been done on members of the Coptic Orthodox Church in the United States. With more than one million Coptic Orthodox followers in North America (Lyons, 1993), research is needed in order to learn whether the religious orientation of individuals in this population may affect their attitudes toward, ways of dealing with, and help-seeking for psychological distress. In this study, the researcher sought to discover the attitudes of Coptic Orthodox parishioners toward

psychological distress and help-seeking from mental health professionals, and how their religiosity may help them deal with psychological distress.

While the findings from some research suggest that religiosity can have beneficial effects on psychological health (e.g., Baetz, Bowen, Jones, & Koru-Sengul, 2006; Pieper, 2004; Ellison, Burdette, & Hill, 2009), other research findings indicate that religiosity may sometimes have adverse or mixed mental health effects (e.g., Harris, Edlund, & Larson, 2006). In particular, adhering to a religion may sometimes discourage followers with psychological distress from seeking professional psychological help (Crosby & Bossley, 2012; Leavey, 2004), which may have adverse health effects (Koenig, Larson, & Larson, 2001, p. 357). For the sake of their psychological well-being, it was deemed important to learn Coptic Orthodox parishioners' attitudes toward psychological distress, the degree to which those individuals are willing or reluctant to seek help from mental health professionals, and how parishioners' religiosity may help them deal with psychological distress.

Statement of the Problem

Results from previous studies have indicated that religious orientation may be associated with individuals' attitudes toward psychological distress and psychological help-seeking (Abe-Kim et al., 2004; Lillios, 2010). Accordingly, a number of studies have investigated how various religious orientations are related to followers' views on psychological health, distress, and help-seeking (Lillios, 2010; Thompson, 2009; Youssef & Deane, 2006). Such studies are valuable because they provide information and insights that can be used by mental health professionals to better understand and treat their clients and patients who follow various religious traditions. This becomes particularly valuable

for mental health practitioners to understand and utilize when the religious traditions or values of a client are connected to a client's presenting issue or is a source of their healing or comfort. The Coptic Orthodox faith is deeply intertwined with Egyptian culture and therefore spiritual or religious issues are likely to play a role in the therapeutic process, making it important for mental health professionals to understand both the religious and cultural background of this population.

Followers of the Coptic Orthodox religion in the United States constitute one distinct group whose attitudes toward psychological distress and psychological help-seeking had not yet been studied. Individuals with a Coptic Orthodox orientation may have views and attitudes on psychological health, distress, and help-seeking that is specific to their particular religious and cultural orientation such as stigmas towards counseling or preferences towards gender or ethnic background of the counselor. The study began the process of investigating a denomination that has not been previously studied in research by investigating a sample of followers of the Coptic Orthodox religion in order to determine how their religious orientation is related to their views and attitudes regarding psychological distress and psychological help-seeking. Several studies have indicated that mental health disorders are present in Christian populations and there is no research to date indicating that Coptic Orthodox Christians would be any different in this respect (Bradford, 1990; Killmer, 2002; Pearce & Koenig, 2013).

Another area lacking in research has been how the religiosity of adherents to the Coptic Orthodox religion may be related to strategies they use to deal with psychological distress. To help close this research gap, the researcher also investigated whether and

how the religious beliefs and practices of Coptic Orthodox parishioners may be used by the parishioners to deal with psychological distress.

The study was a qualitative heuristic phenomenological study founded on the works of Clark Moustakas (1994). Heuristic research was the methodology of choice for the study due to the fact that the researcher is a member of the Coptic Orthodox Christian population. Heuristic research allowed the researcher to use her experiences with this population to help minimize implicit aspects of the study which may cause discomfort to participants, to help shape the interview format, and to help identify researcher biases throughout the research process (Moustakas, 1994). Heuristic research uniquely offered the researcher the ability to utilize her direct experience and knowledge of the population studied as a strength rather than as a limitation in the study (Moustakas, 1994). Qualitative research attempts to reveal patterns, themes, and categories that may be present in qualitative data such as interviews (Patton, 2002). The phenomenological research method can be used to discover the lived experience of a group of people through their own words (Jeanfreau & Jack, 2010), with the goal of clarifying the meanings of phenomena from lived experiences (Giorgi, 1997, 2005). Heuristic research is a phenomenological research method that arises out of a question that has intense personal interest to the researcher and that also has social or universal significance (Moustakas, 1994).

Due to its heuristic nature, the study involved extensive self-inquiry by the researcher, along with dialogue with participants, on the phenomena of interest, which were how the religiosity of Coptic Orthodox parishioners in the United States informs their attitudes toward psychological distress and psychological help-seeking and how it

may be used by them in dealing with psychological distress. Exploring these questions was of great personal interest to the researcher, who is a mental health professional and also a member of the Coptic Orthodox community who was subject to the community's influence regarding psychological health and help-seeking behavior when she was younger.

The researcher conducted dialogues in the form of semi-structured interviews of six members of the Coptic Orthodox religion, who were considered co-researchers in the study. Prior to the interviews, the researcher intensely explored in self-dialogue her own experiences with the Coptic Orthodox community in regard to psychological health issues, writing down and reflecting on those experiences. During this self-dialogue she identified and then bracketed any presuppositions she may have had about whether and how the religiosity of Coptic Orthodox parishioners might inform their attitudes toward psychological distress or psychological help-seeking, and how it might be used by them to deal with psychological distress to avoid biasing her dialogues with her co-researchers. At the time when interviews were held and afterward, she continued to explore her own experiences insofar as they related to the intersection of the Coptic Orthodox community and psychological health, distress, and help-seeking attitudes and behaviors.

At the interviews, she asked participants between six and eight open-ended questions, with appropriate follow-up questions suggested by their responses. The interviews were audio recorded and transcribed. The comments and ideas of each co-researcher were treated as unitary phenomena in order to develop a comprehensive understanding of each participant's experiences, thoughts, and feelings about how religiosity and Coptic Orthodox religious affiliation affected their psychological health as

well as their own and their community's attitudes about psychological distress and psychological help-seeking.

Research Questions

There were two Grand Tour question for the study. The first was: How does the religiosity of Coptic Orthodox parishioners in the United States inform their attitudes toward psychological distress and psychological help-seeking? The second was: Do Coptic Orthodox parishioners in the United States use their religiosity to help deal with psychological distress and, if so, how?

Five sub-questions to be explored were the following:

- What are Coptic Orthodox parishioners' experiences with psychological distress?
- How do parishioners deal with psychological distress?
- What do parishioners think is religion's role in dealing with psychological distress?
- What do parishioners think is the root cause of psychological distress?
- Do parishioners feel their attitudes come mostly from their religion or culture?

Justification for the Study

Adherence to religious beliefs and practices has been found to be negatively associated with help-seeking from mental health professionals (Crosby & Bossley, 2012). Research shows that how and to what degree religiosity may be associated with negative stereotypes about mental illness and reluctance to seek professional psychological help varies with religious and cultural orientation. For instance, Youssef and Deane (2006) found that both Christian and Muslim members of an Australian Arab community with strong religious principles associated stigma and shame with psychological distress, with

this perception inhibiting psychological help-seeking behavior. Thompson (2009) found that among Protestant Christians, extrinsic religiosity was positively associated with holding stereotypes about psychological distress and that stereotypical negative beliefs about psychological distress predicted less willingness to seek professional psychological help. Findings such as these are important because they are informative for mental health professionals who have clients with particular religious orientations, allowing the professionals to better understand those clients.

It is equally important to understand whether or not followers of the Coptic Orthodox religion in the United States perceive psychological distress in negative stereotypical terms and are reluctant to seek help from mental health professionals, and to understand how they may use their religiosity in dealing with psychological distress. Followers of the Coptic Orthodox religious tradition in the United States are an understudied group, and such understanding may be beneficial to mental health professionals who deal with Coptic Orthodox clients as it can enable them to better serve those clients. If Coptic Orthodox parishioners were found to have negative stereotypical attitudes about psychological distress in this study, then understanding that fact might be a first step toward developing initiatives to counteract their perceptions, possibly resulting in their developing a greater willingness to seek professional psychological assistance for any psychological distress they may experience. Furthermore, by understanding how their religiosity may be used by Coptic Orthodox parishioners in dealing with psychological distress, mental health professionals who deal with this population might be better able to design interventions that build upon those religion-based strategies.

The study was also justified in light of research suggesting that one reason adherence to religious beliefs and practices has been found to be negatively associated with help-seeking from mental health professionals is that religious clients feel that professionals may not understand or show respect for their religious beliefs (Mitchell & Baker, 2000). In particular, several studies have found religious individuals to be hesitant to engage with mental health professionals because they fear the professional may be dismissive of their religious convictions (Mayers, Leavey, Vallianatou, & Barker, 2007; Cinnirella & Loewenthal, 1999; Mitchell & Baker, 2000). Given these results, it is incumbent that in their actions, mental health professionals show respect for the religious orientations of their clients, and one of the best ways to show respect is to understand how religious orientation plays a role in the client's life and how it may affect therapy. Just as a physician should understand a patient's medical history, psychological professionals should understand the ways in which a client makes sense of his or her life, including how the client perceives psychological health, psychological distress, and the psychotherapeutic relationship. The study sought to uncover such information that can inform mental health professionals about the sense making of their present and future Coptic Orthodox clients in regard to psychological health, psychological distress, and psychological help-seeking.

Understanding Coptic Orthodox clients can begin with understanding that the ancient Coptic Orthodox religion is the main Christian denomination in the Middle East, with its home being Egypt (Sedra, 1999). The church split off from the Eastern Orthodox religious tradition in 451 AD at the Council of Chalcedon (de los Reyes, 2015). The Coptic Orthodox religion focuses on the personal spiritual journey of healing the

individual soul and reunifying with God, with the church providing spiritual direction to the individual making this journey (Rogers, 2002). In Egypt, a country in which the predominant religion is Islam, the followers of the minority Coptic Orthodox religion have been given a secondary status and have been the targets of religious persecution, including recent firebombings of Coptic Orthodox churches by Islamic terrorists (Olmstead, 2013; Fitch, 2015).

Traditionally, the Egyptian Coptic culture is close and insular, and members span all socioeconomic classes (Armanios, 2002; Sedra, 1999). It is also traditionally patriarchal (Abdelsayed, Bustruma, Tisdale, Reimer, & Camp, 2013), with fixed gender roles (Armanios, 2001). However, in Egypt there has recently been some loosening of traditional roles (Thorbjörnsrud, 1997). While young Coptic Orthodox women are expected to be very modest, many now have access to higher education or need to work due to economic reasons. This situation presents circumstances that can cause confusion among Coptic Orthodox women and also men (Thorbjörnsrud, 1997).

A significant number of Coptic Orthodox followers have immigrated to the United States since the 1960s, especially to New York, New Jersey, and Southern California, bringing with them their traditions (Saad, 2010). The Coptic Orthodox church in the United States is a main resource for Coptic Orthodox families. The church has attempted to carry forward the traditional Coptic traditions in a country where the forces of individualism and materialism are strong (Bingham-Kolenkow, 1997).

It was unknown to what extent followers of the Coptic Orthodox religion in the United States may face confusion over their gender roles, or in what ways and to what degree adherents are influenced by the traditional Coptic Orthodox culture. This is

because there is little academic literature on Coptic Orthodoxy as it exists in the United States. This lack of research on the Coptic Orthodox religion in the U.S. constituted a main justification for the study. By learning the perceptions and attitudes of Coptic Orthodox parishioners to psychological health and help-seeking, this study sought to provide information that would be valuable to psychology professionals who deal with members of this population.

Limitations

There were several limitations to the study that pertained to selection of participants. The main limitation of this study is that there were certain ambiguities that exist in any language that are open to interpretation (Atieno, 2009). While the researcher attempted to set aside bias while analyzing interviews, there is still a possibility of misunderstanding or misinterpreting co-researcher experiences. An effort was made to alleviate the potential effect of this limitation by sending each individual synopsis back to each respective co-researcher in order to receive feedback. This gave each co-researcher the opportunity to correct or clarify any interpretations of the researcher which they deemed inaccurate.

Another limitation was that participants were limited to Coptic Orthodox parishioners who resided in the state of New Jersey. This limitation limited the generalizability of the results. However, for qualitative research, the generalizability of findings is not typically sought, as most qualitative studies focus on a well-defined question or matter in a specific population (Leung, 2015). This study counted as such research, as its focus was on discovering, for a specific group, its members' attitudes toward psychological distress and help-seeking from mental health professionals. While

the findings from the research are not generalizable in a statistical sense to other Coptic Orthodox parishioners, the sample and interview procedures are described clearly and in detail. This better enables the study details to be transferable to other researchers who may wish to further investigate, in other locales, the attitudes of Coptic Orthodox parishioners to psychological health, psychological distress, and help-seeking from mental health professionals.

Definitions

Coptic: The word "Coptic" means "Egyptian" and originates from the Pharaonic name "Ha - ka - ptah" which means "The house of The Spirit of Ptah," a most highly revered deity in Egyptian mythology. It later evolved into the Greek word "Aigyptos," and when the Arab invasion of Egypt occurred, invaders shortened "aigyptos" to "qibt." The Arabic word "qibt" is used to refer to Christian Egyptians and is translated in English as "Coptic" which is now used to refer to the Coptic Orthodox Christians of Egypt (Salama, 2014). The word "Coptic" also refers to the primary liturgical language of the Coptic Orthodox church (Zakrzewska, 2014).

Coptic Orthodox Church: Established during the reign of the Roman emperor Nero, the Coptic Orthodox Church began with the ordination of bishop Anianus by St. Mark (one of the direct apostles of Christ) and is now more than 19 centuries old. St. Mark, the Coptic Orthodox Church's first patriarch, wrote the oldest canonical gospel and was one of the four evangelists in the Bible (Osman, 2014). The core beliefs of the Coptic Orthodox Church are formally summarized in the Ecumenical Council of Nicea (325 AD) with an appended addition to the end, which was established at the Ecumenical Council

of Constantinople (381 AD) in order to respond to an emerging heresy (Coptic Orthodox Diocese of the Southern United States, 2004).

Copts: A term used by members of the Coptic Orthodox congregation as an abbreviation for "Coptic people."

Orthodox: Stemming from the Greek "orthos" meaning "straight" and "doxa" meaning "opinion," to practice orthodoxy means having straight or unwavering faith. The Coptic Orthodox Church claims to be one of the few remaining churches in the world that have not deviated from the teachings of the Apostles (McGuckin, 2014).

Religion: A traditional belief system and set of practices that usually incorporate rituals, writings, and an ethical system believed to be spiritually desirable (Hill et al., 2000; Thorne, 2001, p. 438).

Religiosity: Personal adherence to the beliefs and practices espoused by an organized religion (Rose, Westefeld, & Ansley, 2001, p. 61).

Spirituality: Having a relationship with what is considered to be a higher power (Zinnbauer et al., 1997). Spirituality is also described as, "the yearning within the human being for meaning, […] interconnection with all that is" (Thorne, 2001, p. 438).

Chapter II

Review of the Literature

This chapter consists of a review of literature pertinent to the study. Literature reviewed includes peer-reviewed articles, books, dissertations, and authoritative websites. Relevant literature was searched for and located on academic databases and the Google Scholar website using key words and combinations of key words including *Coptic Orthodox, Coptic culture, religion, religiosity, spirituality, counseling, psychology, psychotherapy, and help-seeking.*

The chapter is divided into four main sections. The first section provides an overview of the Coptic Orthodox religion, including its history, beliefs, and culture within Egypt and the United States. The second section consists of reviews of empirical studies that have investigated how religiosity or spirituality is related to psychological well-being. The third section comprises research that has investigated the attitudes and perceptions of followers of various religious traditions toward psychological health, illness, and help-seeking. The fourth section provides a summary of the chapter and explains how the studies that have been reviewed, including the gaps in the research, provided motivation for the study.

The Coptic Orthodox Religion

The Coptic Orthodox church is part of the Oriental Orthodox communion of churches, which also includes the Armenian Orthodox and the Syriac Orthodox churches (Durante, 2015). The home of the Coptic Orthodox religion is Egypt, with the full name of the religion being the Christian Coptic Orthodox Church of Egypt (Coptic Network, 2006). The Coptic Orthodox church is the main Christian denomination in the Middle

East (Sedra, 1999). It is an ancient religion that traces its lineage back to Mark, an apostle of Jesus Christ, who brought Christianity to Egypt over 19 centuries ago (Coptic Network, 2006). The Coptic Orthodox church of Egypt split off from the Eastern Orthodox religious tradition in 451 AD at the Council of Chalcedon in a dispute about the dual nature of Christ as human and divine (de los Reyes, 2015). The word "Copt" can be taken to mean "Egyptian" as it is derived from the Greek word for Egypt. Substantial ecumenical efforts to bring about a closer relationship of the Coptic Orthodox church with the Eastern Orthodox and Roman Catholic traditions have been made in the late twentieth century and early twenty-first century, including a meeting between Pope Shenouda, leader of the Coptic Orthodox church, and Pope John Paul II, leader of the Roman Catholic church, in 1988, and meetings between leaders of the Eastern Orthodox and Coptic Orthodox churches (Bishoy, 2014; Ovidiu, 2014)

While the home of the Coptic Orthodox religion is Egypt, the dominant religion in Egypt has been Islam for centuries. Thus, the Copts, who may number from five million (according to the Egyptian government) up to 18 million Egyptians (according to the Coptic Orthodox Church) are a minority in Egypt (Fitch, 2015). Although the Coptic Orthodox religion and Islam have managed to coexist in the same country for centuries, followers of the Coptic Orthodox religion have had to endure a secondary status and have recently become targets of religious persecution (Olmstead, 2013). In recent years, followers of the Coptic Orthodox religion in Egypt have been targeted by Islamic terrorists in violent attacks. In December 2016, anti-Copt feeling turned violent when a bomb exploded in St. Marks's cathedral in Cairo, Egypt, killing at least 25 worshippers and injuring dozens of others ("Cairo bombing," 2016). A previous bombing on New

Year's Eve, 2010, killed at least 21 worshippers in another Coptic Orthodox church located in Alexandria, Egypt (Fahim & Stack, 2011). Firebombings of Coptic churches, beheadings of Coptic religionists by the terrorist group known as Isis, and other violent actions against Coptic Orthodox followers have also occurred in Egypt and Libya in recent years (Fitch, 2015).

Tradition is strong within the Coptic culture of Egypt, which has a tightly-knit, insular nature (Armanios, 2002). Young Coptic women and men in a country in which Islam is the dominant religion develop their identity within the Coptic Orthodox church. Church membership spans all socioeconomic classes, from poor to wealthy (Sedra, 1999). The tradition is patriarchal, with all clergy being males who operate within a rigid hierarchical system (Abdelsayed, Bustruma, Tisdale, Reimer, & Camp, 2013). Traditionally, gender roles are fixed (Armanios, 2001); however, changes in society, including a greater emphasis on individuality, have somewhat loosened traditional restrictions and promoted a gap between the younger and the older generations (Thorbjörnsrud, 1997). Young Coptic Orthodox women in Egyptian society are expected to be very modest, but at the same time, many now have a greater opportunity to be out in the world as they have access to higher education or they need to work due to economic reasons. This situation presents circumstances that can cause confusion among Coptic Orthodox women and also men in Egypt. For some women, especially, volunteering for church activities and work can be a less stressful way to feel they are adhering to gender roles and are still doing something useful and important (Thorbjörnsrud, 1997).

The nature of spirituality for Orthodox churches consists of a focus on healing of the individual soul and reunification with God. While this spiritual journey is personal, it

is not simply an individual concern. Rather, the church is considered to be the Body of Christ, and it is through the church and the sacraments of the church that the person makes his or her spiritual journey, with the church offering spiritual direction (Rogers, 2002).

A significant proportion of Coptic Orthodox followers have immigrated to other countries, including to the United States. Major immigration of Coptic Orthodox followers began in the 1960s when restrictions on emigration were loosened in Egypt. At that time, Coptic Orthodox immigrants began settling, especially in the New York and New Jersey and the Los Angeles, California, areas (Bingham-Kolenkow, 1997). By 2010, the influx of Coptic Orthodox Christians had resulted in over 150 parishes, two monasteries, and three seminaries in the United States (Saad, 2010). Furthermore, the immigrants brought with them their traditions, including Coptic art, architecture, music, and literature (Saad, 2010).

As the Coptic Orthodox church became established in the United States, it became an active resource for Coptic Orthodox families, making strong efforts to help families stay together in a new country where individualism was much stronger than in the more collective society of Egypt. For example, churches held classes in English and Arabic to help those new to the U.S. who did not know English well and also to help teach children whose parents wanted them to retain the language of Arabic, which had been the primary language in Egypt. The church also sponsored camps, retreats, festivals, and Sunday meals after services (Bingham-Kolenkow, 1997). One important issue the Coptic Orthodox church has had to deal with in the United States is the greater focus on materialism, which some priests viewed as being a central aspect of U.S. society. In

dealing with this struggle, priests have attempted to adapt their message so that their unique tradition is carried forward (Bingham-Kolenkow, 1997).

The literature on the Coptic Orthodox religion in the United States is sparse and mostly consists of religious texts written by priests or other adherents of the religion. Very little has been published of an academic nature. For example, to what degree Coptic Orthodox followers in the U.S. adhere to principles and practices of traditional Coptic culture has apparently not been studied. This lack of research on the Coptic Orthodox religion in the U.S. constituted a strong reason for the study. By seeking to discover the attitudes of Coptic Orthodox parishioners to psychological health and psychological help-seeking, the study may serve to provide some indication of to what degree religiosity as it is defined by the Coptic Orthodox tradition is enlightened in regard to these issues. This information may be of value not only for mental health professionals but for others with an interest in the nature of the Coptic Orthodox culture in the United States.

Benefits of Religiosity and Spirituality to Psychological Well-being

Considerable research has been conducted on the mental health outcomes of religiosity, with the overall consensus being that a positive connection exists between mental health and religious beliefs and practices (Sternthal, Williams, Musick, & Buck, 2010). However, not all studies have shown mental health benefits of religiosity. In addition, some research states that spirituality, a different concept than religiosity, positively affects psychological health. Also, insofar as religiosity or spirituality may be associated with psychological health, the reasons for this association are not clear. This section of the chapter reviews several studies that have investigated the relation of religiosity, spirituality, or both to mental health and evaluates the strengths and

weaknesses of the main studies reviewed. Special attention is paid to what aspects of religion or spirituality seem to be key factors in producing any associations.

What the researchers held was the first study to examine religious involvement and the use of formal mental health care was conducted by Harris et al. (2006). The researchers used data gathered from the 2001-2003 National Surveys on Drug Use and Health, which was based on confidential one-hour interviews that included questions about religious involvement and mental health care. From the data, the researchers defined two groups of individuals with psychological problems. One group (n = 49,202) had moderate emotional or mental health problems, and another group (n = 14,548) had serious emotional or mental health distress. For individuals in each group, Harris et al. (2006) determined the reported frequency of religious service attendance and measures of the importance of religious beliefs in the respondent's life and the influence of religious beliefs on decision making. These were the independent variables. Dependent variables were the reported use of outpatient care over the past 12 months and reported use of emotional or mental health medication over the past 12 months. Several other covariates were also used, including reported psychological or emotional symptoms and alcohol or drug dependency over the past year, as well as sociodemographic characteristics.

Harris et al. (2006) found that there was a high degree of religious involvement and reported importance of religion for both groups, with over 20 percent reporting attending religious services at least 24 times per year and over 70 percent agreeing that religious beliefs were important and affected their decision making. Use of bivariate probit models showed that frequency of service attendance and importance of religious beliefs were significantly positively associated with outpatient mental health care and use

of prescription medication for the serious distress group, but influence of religious beliefs on decision making was negatively associated with outpatient use for the group. For the moderately distressed group, the researchers found that increasing past year religious attendance from never to 3–24 times per year would be associated with an increase in the probability of using outpatient care from 8.3 to 9.5 percent.

In their discussion of results, Harris et al. (2006) mentioned several limitations of their study. One limitation was that the study was correlational and not causal. Therefore, one cannot assume that greater attendance at religious services or a higher degree of importance of religion are causes of greater use of mental health services for the seriously distressed group. Possibly, there is a causal process that works the other way, with those individuals with more serious distress being likely to attend more religious services and to find religion more important. Also, social response bias might have affected the data due to its self-report nature. However, the researchers argued that if individuals in the seriously distressed group inflated their religious reporting and deflated their use of outpatient services and prescription medications, then the positive association found being the religious measures and the mental health measures would likely be even greater. Another weakness was that the denominations of participants were not available on the database. Thus, variability due to participant denomination was not able to be calculated.

A strength of the Harris et al. (2006) study was the large sample size. The researchers did not provide an interpretation of hidden variables that might account for their results. However, they stated that their findings of a positive association between participating in religious services and outpatient use for the serious distress group

suggests the possibility of developing policies for using structures and referral contingencies of religious organizations to increase the appropriate use of mental health care by individuals.

A study by Sternthal et al. (2010) used data from the Chicago Community Adult Health Study, which was a sample of 3,105 adults aged 18 and over living in Chicago, Illinois. The researchers sought to determine the most salient aspects of religious involvement associated with depressive symptoms and anxiety. Measures were made for depressive symptoms, anxiety, major depressive disorder, attendance at religious services, public religious activity, and religious denomination. Several psychosocial religion variables were included, such as measures to determine whether attendance at religious services was for spiritual or social reasons, and the salience of religion in other areas of life. In addition, measures of ill health, social support, and several demographic factors were included.

Using regression analysis, Sternthal et al. (2010) found that religious service attendance was negatively associated with depressive and anxiety symptoms and that the strongest religion-associated predictor of less depression and anxiety was a sense of purpose. In addition, social support was found to be unrelated to mental health, and some psychosocial domains such as congregational criticism and negative coping had adverse associations with depression and anxiety symptoms. The analysis also revealed that the positive association of service attendance was not mediated by the social relationships involved in attending church, the intrinsic religiosity or spirituality of the participant, or the participant's motivation for attending religious services. The researchers suggested that multidimensional and multisensory aspects of attending religious services may partly

explain the positive association between attendance and mental health. They noted that aspects such as music, singing, prayer, sermons, rituals, and awe-inspiring architecture may provide psychological relief and encourage feelings of serenity.

A strength of the Sternthal et al. (2010) study was that the researchers attempted to measure a number of factors that may be involved in how religion is related to mental health and attempted to determine if any factors affecting mental health affected depression and anxiety. Several limitations of their study were noted by Sternthal et al. (2010), including the cross-sectional nature of the research that did not allow causal direction of relationships to be determined. Thus, the relation between attending services and mental health could be due to the absence of depression or anxiety leading to being more likely to attend religious services. A second limitation was the fact that the majority of participants resided in the Chicago area and were Christians, 42 percent if whom reported being Catholics. An improved study would investigate a nationally representative sample covering followers of a wider range of religions. The researchers also noted that the strongest predictor of less depression and anxiety was sense of purpose, which was measured by three questions that did not explicitly mention religion; thus, the mental health benefit of having purpose cannot necessarily be attributed to religion based on the study. Finally, Sternthal et al. (2010) noted that some of their questions measuring psychosocial aspects were single questions that may have missed some dimensions of the domains they were attempting to measure.

A study investigating how religiosity and religious ways of coping are related to the psychological health and existential well-being of 118 highly religious psychiatric patients in a Protestant mental hospital in the Netherlands was performed by Pieper

(2004). The researcher administered the Spiritual Well-Being Scale and the Trait Anxiety Inventory to the participants. Bivariate regression analysis revealed that religion, especially emotion-focused religious strategies, was a main source the patients used to cope with their psychological problems. While the participants experienced their life situations as being considerably unchangeable, they used emotion-focused coping strategies such as relying on God and getting social support from their congregation. Pieper (2004) further found that positive religious coping improved psychological and existential well-being. This positive relation was found to be stronger for the highly religious patients in the study than for more moderately religious patients in a previous study conducted by Pieper (2003), leading Pieper (2004) to conclude that it is important to recognize that for highly religious patients, religion may contribute to coping with periods of travail.

Pieper (2004) noted that a limitation of his study was its cross-sectional nature that did not allow the direction of causality to be determined. In addition, well-being was measured only by self-report, and more objective measures of well-being would have been preferable. Further, the study was limited in the range of religious denominations represented. Pieper (2004) suggested that Orthodox Christians and New Age religious groups may differ substantially from Protestant Christians in how religion affects their psychological well-being.

One way religiosity may have a positive impact on mental health is through enabling individuals to better cope with serious problems such as physical illness. Koenig and associates have conducted several studies showing that religious coping can have

mental health benefits for individuals dealing with serious physical ailments (Koenig et al., 1992; Koenig, George, & Peterson, 1998; Koenig, Pargament, & Nielsen, 1998).

Koenig et al. (1992) administered the three-item Religious Coping Index to 850 older male veterans who had been admitted to the acute medical and neurological services section of a Veterans Affairs Medical Center. When asked to report what was their most important means of coping with their medical condition, 20 percent of the veterans responded that their religious beliefs and practices were their most important means of coping. When asked to rate the importance of religious coping, 55 percent of the veterans reported that they used religious coping to a large or very large extent. A follow-up of 202 of the veterans that occurred an average of six months later during their subsequent admissions to the hospital found that religious coping continued to be associated with lower depression scores.

Koenig, George, and Peterson. (1998) studied 87 depressed older individuals from a sample of patients hospitalized for medical illness. Participants' scores on a 10-item intrinsic religious motivation scale were found to be positively associated with speed of depression remission over 47 weeks. The researchers controlled several medical, psychosocial, and sociodemographic variables and found that a 10-point increase on the religious motivation scale predicted a 70-percent increase in speed of remission from depression. Among those participants with a level of physical disability that remained the same or worse over the following year, the increase in speed of depression remission was even greater, at 100 percent for every 10-point increase on the religious motivation scale.

Koenig, Pargament, and Nielsen (1998) studied 577 consecutively admitted inpatients to investigate the association of kinds of religious coping with characteristics

including overall reported quality of life, depressive symptoms, and psychological growth related to coping with and overcoming adverse circumstances. The researchers found that offering religious help to others was strongly positively related to quality of life, lower symptoms of depression, and increased growth from coping with adverse circumstances. Several other kinds of religious coping were also related to positive measures of psychological health, including appraising God as benevolent, seeking to connect to God, and seeking support from other church members and clergy. The researchers also found that coping that was mainly self-directed and not religiously dependent was associated with increased depression risk, lower life quality, and less growth related to coping.

Koenig et al. (2001) suggested several explanations for the associations found between religiosity and mental health. One suggestion was that the emphasis on relationship in Western religious traditions may help individuals in coping with physical illness. Another suggestion was that religious beliefs and practices may reduce the sense of loss of control that may come from physical illness. A third suggestion was that religious beliefs may provide an overall worldview that provides some meaning to suffering and illness. A fourth suggestion made by the researchers was that religiosity may provide motivation to serve others, leading the individual to become less focused on his or her own troubles.

Other research on the relationship of religiosity or religious coping to mental health includes a study by Bradshaw, Ellison, Fang, and Mueller (2015). The researchers found that among 1,024 older adults, listening to religious music was associated with decreased death anxiety and increased life satisfaction, self-esteem, and sense of control. Further, frequency of listening to gospel music was found to be associated with decreased

death anxiety and increased sense of control. Results were similar for black and white ethnicities, both genders, and individuals ranging from lower to higher socioeconomic status.

Yet another study in which researchers found a positive relationship between religiosity and mental health was conducted by Koszycki, Bilodeau, Raab-Mayo, and Bradwejn (2014). The researchers compared the results of a 12-session multifaith spirituality-based intervention plus supportive psychotherapy to the results of intervention by supportive psychotherapy alone. To compare the interventions, the researchers randomly assigned 23 patients to the two groups. Koszycki et al. (2014) found a greater reduction of symptoms and increased spiritual well-being in the spirituality-based intervention group.

Some research has failed to show a positive benefit of religiosity for mental health. One such study was performed by Sanchez, Dillon, Ruffin, and De La Rosa (2012), who investigated the relation of religious coping to acculturative stress of Latino immigrants to the U.S. The researchers examined the relation of religious coping prior to immigration with acculturative stress after immigration of 527 multiethnic Latinos in Miami-Dade County, Florida, who had been in the U.S. for less than one year. Data for the study was gained through interviewing the participants, who were primarily from Cuba, Central America, and South America. Instruments for measuring ways of religious coping prior to immigration and acculturative stress after immigration were administered to the participants. The researchers made a distinction between two types of religious coping: internal coping and external coping, explaining internal religious coping as involving private cognitive coping strategies such as prayer or attempting to cognitively

come to terms with a stressful event by looking toward a higher power for understanding. External coping was understood as social and behavioral strategies such as involvement in a church community or asking for help from clergy.

Using a path model analysis, Sanchez et al. (2012) found that rates of preimmigration external religious coping were positively associated with acculturative stress after immigration. The researchers noted that their results were contrary to the findings of other research indicating that religious coping has a positive association with health of Latinos, citing several such studies, including Finch and Vega (2003). Sanchez et al. (2012) suggested that their results might be explained by the supposition that losing their preimmigration external religious resources could have made immigrants more vulnerable to acculturative stress after immigration. Another possibility mentioned by the researchers was that participants may have utilized a negative religious coping style in which individuals respond to stress passively, considering it to be punishment from God.

Sanchez et al. (2012) observed that a limitation of their study was the use of self-report measures of preimmigration religious coping and acculturative stress, which may have been susceptible to errors in recollection and social desirability responses. In addition, the sample was limited by being primarily young Latinos and those who had mostly emigrated from certain countries. Also, the fact that the study was cross-sectional and not longitudinal resulted in an inability to attribute any causal processes. A final limitation of the study may be that there was no measure of religious coping used by participants after immigration. Such a measure might have helped clarify whether the negative results from external religious coping were due to immigrants' loss of the religious support they previously had.

Another study in which religiosity was inversely related to psychological health was conducted by Diaz, Horton, Green, McIlveen, Weiner, and Mullaney (2011). The researchers examined the relation of depressive symptoms to believing in God's presence and the spirituality of 134 clients receiving treatment at a residential substance abuse treatment facility. One instrument used was Seidlitz, Abernethy, Duberstein, Evinger, Chang, and Lewis's (2002) Spiritual Transcendence Scale (STI), which has two subscales, one measuring belief in God's presence in the participant's life and the other measuring spirituality not necessarily connected to religion. The mental health measure was the Center for Epidemiological Studies Depression Scale. Using hierarchical multiple regression, Diaz et al. (2011) found that the participant's believing in God's presence in his or her life predicted depressive symptoms. They suggested that their finding that increased sense of God's presence predicted increased depressive symptoms might have been due to participants conceiving of God as judgmental and punishing, which may have created feelings of shame and guilt.

Spirituality and Mental Health. The relation of mental health to spirituality, considered as a different construct than religiosity or religion, has also been studied. One such study was the Diaz et al. (2011) research just reviewed. In that study, in addition to finding that sense of God's presence was positively related to depressive symptoms, the researchers found that spirituality was inversely related to depressive symptoms. The researchers offered a possible explanation for their finding by stating that spirituality may create a sense of meaning and connection to self and others that reduces loneliness and promote senses of hope, optimism, and well-being.

Other research findings that spirituality is positively associated with mental health benefits includes a study by Daaleman and Kaufman (2006). The researchers investigated 509 primary care patients in the Kansas City, Missouri, area, administering instruments to measure spirituality and depressive symptoms. Bivariate analyses showed that higher spirituality scores predicted fewer reported depressive symptoms. The researchers stated that they conceived of spirituality as distinct from religion and as involving several factors, including beliefs in self-efficacy and meaningful approach to life (p. 1340).

One factor that complicates the interpretation of findings of studies on spirituality and mental health is the lack of a single accepted definition of spirituality. Some researchers, such as Daaleman and Kaufman (2006) and Diaz et al. (2010), whose studies were reviewed above, hold that spirituality is different from religiosity, while other researchers, such as Bellamy, Jarrett, Mowbray, MacFarlane, Mowbray, and Holter (2007) and Kaye and Raghavan (2002), consider spirituality to be an aspect of religion. Hill and Pargament (2003) argued that the conception of religion as an institutional and outward-directed phenomenon that is separate from spirituality, which is a personal, subjective, and inward phenomenon, is mistaken because both aspects are combined. The researchers noted that religion and spirituality are closely connected because all religions seek to influence followers personally, and a great deal of spiritual seeking takes place in a religious context.

Ways religiosity and spirituality may affect mental health. Several studies have suggested ways in which religiosity and/or spirituality may affect psychological health. These include several studies reviewed previously in the chapter, including Koenig et al. (2001), who attributed increased relationship, greater sense of control,

increased meaning, and increased service to others as possible explanations for the positive association found between religiosity and mental health. Sternthal et al. (2010) suggested that the multidimensional and multisensory aspects of attending religious services may help account for the positive association between attendance and mental health. Pieper (2004) emphasized that it was emotion-focused religious coping strategies that had the strongest beneficial associations with mental health.

Other researchers who have offered explanations for associations of religiosity and/or spirituality to mental health include Hill and Pargament (2003), who discussed several key characteristics of religion and spirituality that may explain how they are related to mental health outcomes. These characteristics are closeness to God, motivational power, religious support, and religious and spiritual struggle. The researchers provided several suggestions about how the first three of these key characteristics may help explain the positive associations found between mental health and religion, and how different aspects of the fourth characteristic could explain positive or negative associations.

In an earlier study, Pargament, Koenig, and Perez (2000) identified five key functions of religion and spirituality that may underlie religious coping: providing meaning, sense of control, comfort through connection with what is higher, closeness to others and social cohesiveness, and life transformation. The researchers noted that there were both positive and negative ways of coping within most of the five dimensions. For example, within the function of providing meaning, an individual might interpret a stressful situation benevolently as being part of God's plan or negatively as being a punishment from God. Within the function of achieving control, a person might take the

view of collaborating with God to assume control or of not trying to cope at all and waiting for God to take control. Pargament et al. (2000) argued that some methods of religious coping could be dysfunctional and result in greater mental distress. Based on these functions, the researchers developed an instrument to measure religious coping, the RCOPE.

Using Pargament et al.'s (2000) distinction of positive and negative religious and spiritual coping strategies, Ano and Vasconcelles (2005) did a meta-analysis of 49 studies on the relation of religious coping with stressful situations and found that positive coping strategies were associated with positive psychological adjustment and inversely associated with negative psychological adjustment. They also found that overall, negative religious coping strategies were positively associated with negative psychological adjustment, although negative religious coping strategies were not inversely related to positive psychological adjustment. Ano and Vasconcelles (2005) suggested that positive religious coping strategies serve adaptive functions, and negative religious coping strategies may have harmful effects on individuals dealing with stressful situations.

Summary of section. In summary of this section of the review, it is clear that a number of studies have found that religious beliefs and practices or spirituality are associated with positive mental health benefits, though some studies have failed to show such a relation. Researchers have made various suggestions to explain the mental health outcomes of religiosity and spirituality, but there appears to be no agreement on which aspects are most important. The division of religious coping strategies into positive and negative strategies that was offered by Pargament et al. (2000) may help explain the positive or negative outcomes of various studies.

An important result of this section of the review is that there appears to be no research that has specifically investigated how religiosity among those who adhere to the Coptic Orthodox religion is related to their psychological well-being. This gap in research indicated that it would be valuable to conduct this study to discover whether the Coptic Orthodox parishioners to be interviewed believed their religious beliefs and practices contributed to their overall psychological health and help them deal with psychological distress.

Religious Traditions and Attitude to Psychological Distress and Help-seeking

A number of studies have been conducted to investigate how individuals who follow different religious and ethnic traditions perceive psychological distress and help-seeking for psychological distress. This section of chapter consists of reviews and critiques of several of these studies. Special attention is paid to findings that seemed particularly relevant to the present study.

Evidence that individuals from different religious affiliations have different views on mental illness and psychological help-seeking was provided by a study by Ng, Nyunt, Chiam, and Kua (2011), who investigated whether the religious affiliation of elderly individuals in Singapore were related to their views on mental disorders and psychological help-seeking. A total of 1,032 Singaporeans over age 60 were studied. The ethnic makeup of the sample was 48 percent Chinese, 33 percent Malay, and 19% Indian. Religious affiliations reported by the participants included Christianity (16.8 percent), Islam (13.6 percent), Buddhism or Taoism (56.5 percent), Hinduism (6.1 percent), and no affiliation (7.0 percent). A sociodemographic profile was taken of participants, and they were examined for diagnosable mental disorders. They were also asked to report their

mental health utilization and all prescribed medications for the past year and were asked several questions about their health beliefs.

Ng et al. (2011) found that participants with religious affiliations had higher rates of psychological problems than those with no religious affiliation. Those with a religious affiliation also had lower rates of treatment seeking than those with no religious affiliation. The researchers found differences in psychological health beliefs among the participants depending on their religious affiliation. These differences included the finding that in response to the statement, “Mental health professionals can do very little to help people with mental health or emotional problems,” 17.4 percent of Muslim respondents and 15.2 percent of Christian respondents agreed or strongly agreed to the statement, but only 4.0 percent of the non-religious respondents agreed or strongly agreed. In response to the question, “Are you embarrassed or ashamed about mental ill health or emotional problems?” only 2.2 percent of Christians and 2.7 percent of Muslim responded “to a great extent,” in comparison to 6.2 percent of Buddhist or Taoists and 4.5 percent of Hindus. To a statement asserting that one can overcome a psychological problem without professional help, 44.0 percent of Christians and 62.7 percent of Hindus agreed or strongly agreed. Ng et al. (2011) also found that ethnicity was not an independent determinant of seeking psychological treatment after allowing for religious affiliations. They suggested that religious affiliation largely mediated any ethnic differences.

Limitations of their study noted by Ng et al. (2011) included its cross-sectional nature, which did not allow attributions of causality. In addition, the sample sizes for

some of the religious affiliations, including Hinduism were small. The restriction to elderly participants also limited the study.

A study on followers of an Orthodox religious tradition was conducted by Lillios (2010). The researcher examined the relations of Orthodox religiosity and religious orientation to attitudes toward seeking professional psychological help among a sample of Greek Orthodox parishioners in the United States. Lillios (2010, p. 7) defined religiosity as religious behaviors that are appropriate for a particular religion or religious institution. Following Allport and Ross (1967), Lillios defined an individual's religious orientation as being one of two types: either *intrinsic,* meaning the intrinsic importance of religion to the individual, or *extrinsic,* meaning the instrumental importance of religion to the individual (p. 6).

The sample for Lillios's (2010) study consisted of 140 self-described adult Greek Orthodox followers of a single parish in Pittsburgh, Pennsylvania. A questionnaire consisting of instruments to measure religious orientation, traditional Greek Orthodox religiosity, attitudes toward seeking professional psychological help, and demographic questions was submitted to each of the participants. Responses were statistically analyzed using the two-tailed Pearson's correlation procedure. The level for statistical significance was set at $\alpha = .10$.

Results from the Lillios (2010) study showed a statistically significant positive association between Greek Orthodox religiosity and intrinsic religious orientation and a statistically significant negative association between Greek Orthodox religiosity and extrinsic religious orientation. The analysis showed no statistically significant

relationship between Greek Orthodox religiosity and attitude toward seeking professional psychological help.

In discussing study results, Lillios (2010) noted that the results should be understood in light of several factors that may have resulted in selection bias and thus a sample that was not representative of the Greek Orthodox parishioners invited to be in the study. One factor was that parishioners self-selected to participate in the study and only about 20 percent of the parish made the selection to participate. Selection bias may have also entered into formation of the sample because the questionnaire was offered in English only, and Greek-speaking parishioners may have chosen not to take part in the study for that reason. In addition, the sample may have been biased toward parishioners who had been more acculturated and assimilated into the American culture and who viewed mental health professionals more favorably than others in the parish who did not participate in the study. The sample was also skewed by having a high proportion of women compared to men, a high proportion of participants reporting earnings of over $100,000, and few immigrants. All of these factors can be considered to be limitations of the study. These limitations may have combined to result in a sample that included few if any of more traditional Greek Orthodox followers, which may have contributed to the result that no statistically significant associations were found between traditional Greek Orthodox religiosity and attitude toward professional psychological help or between intrinsic religious orientation and attitude toward professional psychological help.

In another study, Thompson (2009) examined the relations between religious orientation, beliefs about mental illness, and attitudes about seeking professional psychological help among Protestant Christian denominations. Four religious orientations

were studied: intrinsic, extrinsic, indiscriminately pro-religious (high in both intrinsic and extrinsic orientations), and indiscriminately non-religious (low on both intrinsic and extrinsic orientations). The sample consisted of 540 adults from 10 different churches from various Protestant Christian denominations in the Southeastern United States. Participants completed three instruments to measure intrinsic/extrinsic orientation, beliefs about mental illness, and attitudes toward seeking professional psychological help.

Analysis of the results of Thompson's (2009) study showed that intrinsic religiosity was weakly negatively associated with negative stereotypical beliefs about mental illness, and extrinsic religiosity was positively correlated with negative stereotypical beliefs about mental illness. There was also a significant negative association between intrinsic religiosity and positive attitude toward seeking professional psychological help. In addition, hierarchical regression analysis revealed that religious orientation and stereotypical beliefs about mental illness predicted attitudes toward seeking professional psychological help. In sum, Thompson's (2009) results showed that greater intrinsic religious orientation had fewer negative stereotypical beliefs about mental illness and more negative attitudes toward seeking professional help, and those with greater extrinsic religious orientation had more negative stereotypical beliefs about mental illness.

Thompson (2009) noted that limitations of his study included the fact that only one group from each denomination of Protestant Christians was surveyed, which limited the ability to generalize results to any particular denomination. In addition, the self-report nature of the study may have resulted in response bias. The study was also limited by being cross-sectional so that attributions of causality could not be made.

A feature notable about Thompson's (2009) study in comparison to the Lillios (2010) study is that the two researchers used different definitions of the term *religiosity*. Thompson (2009) talked about extrinsic religiosity or intrinsic religiosity, implying that by the term *religiosity* he meant religiousness. Lillios (2010) defined religiosity in terms of a certain tradition of religious beliefs and practices and used the term *religious orientation* to refer to a continuum with intrinsic orientation at one end and extrinsic orientation at the other end. These differences illustrate the lack of widely accepted definitions of some key words and concepts in research on how religious beliefs and practices may be associated with beliefs about psychological health and psychological help-seeking. In the present study, the definition of religiosity was close to that offered by Lillios (2010). The definition used was: personal adherence to the beliefs and practices espoused by an organized religion (Rose et al., 2001, p. 61).

In a study by Moreno and Cardemil (2013), 17 religious Latino men and women residing in the United States were interviewed to explore the role of religiosity in their coping with mental health issues and their preference for counseling services. Participants had a Roman Catholic or a Protestant background and were interviewed in a Northeastern state. Qualitative analysis revealed that the interviewees tended to use coping methods consistent with their religious practices. Most of the participants considered both organized and informal religious and spiritual practices to be important, and preferred to use religious and spiritual coping methods for dealing with adversity. Many of the interviewees preferred religious counseling services that were consistent with their religious beliefs. Main reasons interviewees gave for preferring a member of the clergy as counselor were that they felt greater trust and comfort with religious counselors, had a

sense of shared beliefs and values, had greater accessibility, and had a preexisting relationship with the counselor.

Circumstances that Moreno and Cardemil (2013) found would make it more likely for the more acculturated and more formally educated interviewees to seek mental health services included experiencing serious mental health problems, experiencing problems with a biological origin, and feeling understood by the mental health provider. The researchers concluded that Latinos who have higher education and acculturation to American society may have different views than less educated or less acculturated Latinos on the causes of mental illness and may perceive less stigma about help-seeking and have better access to mental health services.

Limitations of their study noted by Moreno and Cardemil (2013) included the sample's being restricted to individuals in a single geographic area and to individuals within Christian traditions. The study was also limited in that the researchers did not explore beliefs and practices outside traditional religion, for example indigenous religious beliefs and practices.

Other studies investigating the association of religion with psychological help-seeking have found that followers of various religious traditions often prefer counseling services from their clergy over mental health professionals. A study by Hardy (2014) of 609 African American Protestants found that the majority of the sample preferred a religious counselor over various types of mental health professionals for many issues that might cause psychological distress, such as marital difficulties, grief, or general loneliness. However, for dealing with some serious issues, such as contemplating suicide, symptoms of depression, and anger control, participants preferred a psychologist or

psychiatrist. In other studies, Pickard and Guo (2013) found that among 317 adults 65 or older, having a greater frequency of religious service attendance was positively associated with help-seeking from clergy. Crosby and Bossley (2012) found that religiosity was negatively related to positive attitudes toward help-seeking from mental health professionals and positively related to a preference for help-seeking from clergy.

However, not all studies dealing with the topic have found religiosity to be associated with less help-seeking from mental health professionals. A study by Abe-Kim et al. (2004) of 2,285 Filipino-Americans who were mostly Catholic found that when demographic, cultural, and need variables were controlled for, rates for seeking help from religious clergy were 2.5 percent, which was substantially lower than estimates for the general population according to the researchers. Rates among the Filipino Americans for seeking help from professional mental health practitioners was 2.9 percent, which the researchers stated was similar to the estimated rate for the general population. Higher religiosity scores among the Filipino Americans were associated with greater help-seeking from religious clergy, but not with less help-seeking from mental health professionals. Notably, there were no significant differences between Catholics and non-Catholics in rates of seeking help from religious clergy.

A second study that found religiosity not to be related to help-seeking from mental health professionals was conducted by Sindhu (2009), who examined whether attitudes toward help-seeking were associated with religiosity and enculturation among 67 adult Asian Indian Christians in the United States. Results showed that acceptance of the Asian Indian values dimension of Collectivism was negatively associated with attitudes toward seeking professional psychological help. The researchers also found that

neither adherence to Asian cultural values nor religious commitment were associated with attitudes toward seeking professional help. The most frequently mentioned help-seeking preferences of the participants were friends, family, and spiritual resources. The researchers reported that almost two-thirds of the participants (67.2 percent) seemed to be relatively open to seeking professional psychological help if needed.

The results of several studies suggest that attitudes of religious individuals toward help-seeking from mental health professionals depend on how strongly they hold their religious beliefs. In a study investigating the relation of religious fundamentalism to religious coping and problem-solving and to attitudes toward seeking treatment from mental health professionals, Wamser, Vandenberg, and Hibberd (2011) surveyed 142 Protestant and Catholic college students with several instruments to measure the study variables. The Religious Fundamentalism Scale was used to measure religious fundamentalism understood as “the view that one’s religious beliefs contain the fundamental, inerrant truth about God and humanity” (p. 231). Other instruments measured religious problem-solving, self-directed religious coping, attitudes toward seeking professional help, and attitudes toward seeking religious help.

Using linear regression to analyze survey responses, Wamser et al. (2011) found that Protestant students were more likely than Catholics to seek religious help for psychological distress. They also found that degree of fundamentalism among the students predicted the probability of their seeking religious help rather than professional psychological help. The researchers concluded that this result supported their argument that individuals who are more fundamentalist in their beliefs, by being committed to a

singular religious world view and rejecting others, are more likely to prefer religious to professional psychological help (p. 234).

Limitations of their study noted by Wamser et al. (2011) included the fact that the sample, being composed of undergraduate students, was not representative of the general population. In addition, the instrument to measure religious treatment seeking was derived from another instrument and had not been examined for validity and reliability.

Religion or culture? The results of several studies are relevant to the issue of whether religion or culture is more important in determining attitudes toward psychological distress and help-seeking. Youssef and Deane (2006) conducted a study whose results suggested that culture was the dominant factor. The researchers interviewed 35 members of an Arabic-speaking community in Sydney, Australia, to investigate their perceptions about mental illness and about support and treatment. The sample was composed of members of Christian and Muslim denominations. The sample included eight religious leaders, two of whom were Coptic Orthodox leaders. Interviews were audio recorded, transcribed, and qualitatively analyzed to determine key themes.

Interview analysis by Youssef and Deane (2006) showed that interviewees of both religions believed that in the Arabic community, mental illness was perceived as a source of shame and stigma due to cultural prohibitions. The majority of the participants reported that Arabic-speaking people believe the chief cause of mental illness is satanic powers. Interviewees also reported that within the Arabic community, there was a perceived negative effect of mental illness on marriage and other cultural institutions, distrust of mental health service providers, and concerns about confidentiality. Participants believed that depression in the Arabic community was a common aspect of

life and considered to be acceptable and a condition for which people in the community do not seek psychological help. Interviewees also held that psychological health services in the community are not well utilized due to the shame and stigma associated with mental illness. They considered religious leaders to be important resources for mental-health issues for members of the community.

Youssef and Deane (2006) concluded that it was important to reassure Arab-speaking community members of privacy and confidentiality of mental health services and suggested enlisting Arab-speaking religious leaders to promote the value of mental health services among community members. They recommended to mental health workers to understand the important role family plays in helping individuals deal with mental health problems in the Arab-speaking community.

A limitation of the study according to Youssef and Deane (2006) was the restriction of the sample to relatively well-known and well educated members of the Arabic-speaking community, rather than its being a representative sample. The possibility that interviewees may have given social desirability responses was also mentioned by the researchers. A further limitation is the fact that no figures were provided for the numbers of Christian and Muslim interviewees.

It is notable that Youssef and Deane (2006) believed that in the Arab environment studied, the Arab ethnicity was more important than religious tradition in determining attitudes toward psychological problems and help-seeking. This is unlike the conclusion that was drawn by Ng et al. (2011) in the study reviewed previously. Ng et al. (2011) suggested that religious affiliation largely mediated any ethnic differences. Youssef and Deane's (2006) conclusion is also contrary to the results of some other research. In a

meta-analysis of studies, Fischer, Ai, Aydin, Frey, D., and Haslam (2010) concluded that Christian and Muslim respondents differed in their ways of coping with psychological distress. In addition, in a study of 195 Arab university students in Israel who were either Christian, Druze, or Muslim, Al-Krenawi and Graham (2011) found significant differences in psychological help-seeking behavior, with Christians perceiving mental health services as less stigmatizing than students who followed the other two religious traditions. Christians also had a decreased likelihood of using traditional healing systems.

Summary of section. The findings of studies reviewed in this section suggest that attitudes toward psychological distress and help-seeking vary with religious and cultural tradition. Evidence also suggests that the strength with which religious beliefs are held are a factor in attitude toward help-seeking from mental health professionals compared to clergy or other resources. In regard to the question of whether religious tradition or ethnic and cultural background is the most important factor in determining attitudes toward psychological distress and help-seeking, the answer may depend on the particular ethnic, cultural, or religious communities being investigated.

What is shown by the review in this section is that there has been a dearth of studies about the attitudes toward psychological distress and help-seeking of followers of the Coptic Orthodox tradition in the United States. The one study found that included followers of the Coptic Orthodox religion was conducted in the Middle East, and the sample was not broken down by followers of different religions. The one study that was located about followers of an Orthodox tradition (Greek Orthodox) in the United States appeared to be seriously weakened due to a sample that poorly represented the congregation being studied.

The lack of studies on the views and attitudes of followers of the Coptic Orthodox religion in the United States makes clear that such studies are needed. The present study about the attitudes of Coptic Orthodox parishioners toward psychological distress and help-seeking was conducted to help close this gap in research.

Summary of the Chapter

The first section of this chapter presented a brief profile of the Coptic Orthodox Church, including its history, main beliefs, and current status in Egypt and the United States. The second section of the chapter consisted of a review of studies investigating how religiosity is associated with various psychological health outcomes. Many studies have found that religiosity is associated with various benefits to psychological well-being. However, some studies have shown that religiosity is sometimes associated with some adverse outcomes.

The third section of the chapter included reviews of research concerning the ways in which different religious and ethnic traditions may be associated with different perceptions and attitudes about psychological distress and psychological help-seeking. As was done in the second section, limitations of several of the main studies were also identified. It can be seen from the review that most of the studies that have been conducted in this area have been conducted with Christian participants. Relatively few studies have been done with participants from other religious traditions.

One group of religious traditions for which there have been very few studies related to mental health is the Orthodox traditions, and in particular the Coptic Orthodox tradition in the United States. Though the Coptic Orthodox Church has a substantial presence in the United States, Coptic Orthodox followers have been an understudied

population. Before the present study, there appear to have been no studies that have investigated how the religiosity of Coptic Orthodox parishioners in the United States may be related to their psychological well-being, and no studies that have investigated the views and attitudes of Coptic Orthodox parishioners in the United States toward psychological distress or help-seeking. The present study was meant to help close this gap in research and provide information that may be valuable to mental health professionals who work with followers of the Coptic Orthodox religion.

Chapter III

Research Methods

Research Design

This was a heuristic phenomenological study. The originator of phenomenology is generally considered to be the philosopher Edmund Husserl (Groenwald, 2004). Husserl developed philosophical phenomenology, which was based on the view that in the search for truth, one must begin with conscious phenomena as they are experienced (Groenwald, 2004). In doing so, the world beyond conscious experience is bracketed off so that what is present in the experience can be viewed clearly (Lin, 2013). Eventually, the phenomenological viewpoint developed into a qualitative method that is used to understand human experiences (Lin, 2013). The phenomenological method can be applied to understanding the experiences of a group of people, such as teachers or college students in regard to some social phenomenon or concern by interviewing members of the group and learning their experiences in regard to the phenomenon.

Heuristic phenomenology is a form of phenomenology that was developed by Moustakas (1994), who explained heuristic research as a kind of phenomenological research that arises out of a question that has intense personal interest to the researcher and that also has social or universal significance. A central aspect of heuristic research is that it involves extensive self-inquiry by the researcher, along with dialogue with participants considered to be co-researchers, on the phenomenon of interest. In the case of the present study, the central phenomenon to be explored was how the religiosity of Coptic Orthodox parishioners in the United States informs their psychological well-being and their attitudes toward psychological distress and help-seeking. Exploring this

question was of great personal interest to the researcher because she is a mental health professional and is also a member of the Coptic Orthodox community who was subject to the community's influence regarding mental health and help-seeking behavior when she was younger.

In addition to self-reflection, the researcher entered into a dialogue with members of the Coptic Orthodox Church in order to learn their perceptions and attitudes toward the issues of interest. These individuals were considered to be co-researchers. Their responses to questions asked by the researcher were analyzed by qualitative methods to determine any themes or patterns in the responses that were relevant to answering the study's research questions. In this final report on the study, these themes are combined with the results of the researcher's self-inquiry to develop a synthesis to address the research questions.

Assumptions and Rationale for Design

The heuristic phenomenological method was appropriate for this study for several reasons. First, the method places emphasis on the researcher being personally involved in the topic being investigated, and that was true in this case. The research was concerned with the intersection of religiosity and psychological well-being for Coptic Orthodox parishioners, and this was an intersection that is of great personal interest to the researcher because she is both a mental health professional and a member of the Coptic Orthodox tradition. Because of the tension that is sometimes experienced between these two roles, she had a strong interest in how the Coptic Orthodox tradition informs issues of psychological health, distress, and help-seeking.

A second reason the heuristic phenomenological method was appropriate for this study is that the method was an excellent way to learn about the intersection of psychological well-being and the Coptic Orthodox tradition through discovering the perceptions and attitudes of members of that tradition. The phenomenological method, with its in-depth and focused questions, was well suited to reveal Coptic Orthodox parishioners' perceptions and attitudes toward psychological well-being, distress, and help-seeking.

In regard to underlying assumptions of the heuristic phenomenological method, Moustakas (1994) explained that using the heuristic phenomenological method implies that the researcher will be involved in six activities.

- The first activity is *initial engagement,* which means for the researcher to locate a matter that is of intense personal concern or interest that also has important meanings and implications for social issues. Out of this initial intense interest, the researcher develops one or more questions to be answered through research.
- The researcher then *immerses* herself for a period in thinking and learning about the issue of interest. This immersion includes considerable self-reflection to understand how the issue enters into or has entered into the researcher's life and what its meaning is personally.
- The *incubation* period is a time when there is a step back from immersion in the topic or issue. This is a time when the researcher's subconscious mind and intuition can come into play and add to her understanding of the issue of inquiry.

- *Illumination* is a time when the openness of the researcher to intuition and tacit knowledge enables her to become aware of new ways of understanding and synthesizing what she has learned.
- *Explication* involves the thorough examination of the new ideas and realizations that have come to the forefront of the researcher's consciousness and organizing those understandings for clarity.

An assumption of the heuristic phenomenological method that concerns the parishioners that were interviewed is that they were considered to be co-researchers in the project. They were co-researchers in the sense that their views and attitudes were combined to form a synthesis with those that were developed through self-reflection by the researcher. The view that the interviewees were co-researchers implies that the researcher and the interviewees were collaborating with one another to provide answers to the research questions.

Participants and Role of Researcher

For the purpose of this study, participants—the co-researchers—consisted of individuals who were members of the Coptic Orthodox church and currently resided in the state of New Jersey. Participants were recruited through snowball sampling. A Coptic Orthodox priest known to the researcher was asked to provide five names and e-mail addresses of Coptic Orthodox parishioners who attended churches in New Jersey from the church's parishioner database who might be interested in participation in this study. The priest was asked to provide names of parishioners of various genders, ages, socioeconomic status, and length of time in the United States. E-mails were sent to the five names given by the priest to introduce the researcher, explain the nature of the study,

assure the recipient that his or her identity would remain anonymous, and to ask for the recipient's participation in the study (see Appendix A). The e-mail also included a short note from the priest encouraging the recipient to participate in the study and a consent form to be e-mailed back to the researcher within three days. If a potential participant did not respond within three days, a follow-up e-mail containing the same information was sent. For all individuals who agreed to be in the study, arrangements were made through e-mail or phone for a place and time that was convenient for the participant to meet for the interview. Each individual who agreed to be in the study was asked to refer one or more other Coptic Orthodox parishioners who might be interested in participating. Those referred were contacted to ask for their participation. After one week from sending out the initial e-mails, if at least six parishioners had not agreed to participate, the Coptic Orthodox priest was asked to refer additional individuals who might be interested in participating in the study. Additional e-mails were sent out, and snowball sampling was continued until a total of at least six participants had agreed to participate in the study.

In using the heuristic phenomenological method, the researcher conducted dialogues in the form of semi-structured interviews of at least six members of the Coptic Orthodox religion. Prior to the interviews, the researcher intensely explored, in self-dialogue, her own experiences with the Coptic Orthodox community in regard to mental health issues, writing down her memories and thoughts about those experiences. During this self-dialogue she sought to identify and thoroughly understand any presuppositions she might have about whether and how the religiosity of Coptic Orthodox parishioners may inform their attitudes toward mental illness or their psychological help-seeking behavior. By understanding any presuppositions, she was better able to avoid any

unconscious biases when conducting interviews with her co-researchers. At the time when interviews were being held and afterward, she continued to explore her experiences insofar as they related to the intersection of the Coptic Orthodox community with attitudes toward psychological health, distress, and help-seeking.

Data Collection Procedures

Interviews were held at a time that was convenient for both the participant and the researcher. The researcher offered her office as a place where interviews could be held, but interviews could be held at some other place if that was more convenient for the participant. The interviews were audio recorded and transcribed. Participants' names were not recorded. All participants were identified by number only.

At the interview, each co-researcher was first asked to read a consent form (Appendix B) and asked if he or she had any questions. The participant was then asked to orally indicate to the researcher his or her consent to participate in the study. A participant identification number (consecutive from 1 for each participant) and an indication that the participant with that number agreed to participate in the study was marked on the consent form and kept by the researcher. The participant was given an unmarked copy of the consent form to take with him or her.

Upon receiving co-researcher consent, the researcher worked to establish rapport with participants and asked several demographic questions, including gender, age, how long they had been a member of the Coptic religion, where they were born, and what was their native language. The researcher then asked them between six and eight open-ended questions, with possible appropriate follow-up questions suggested by their responses. The co-researchers were encouraged to respond openly and in detail. During the

interviews, the researcher treated the comments and ideas of the co-researchers as unitary phenomena describing their experiences, thoughts, and feelings about how their religiosity affected their psychological well-being and their attitudes about psychological distress and help-seeking. On the basis of the researcher's understandings of co-researchers' responses, she asked further questions or made comments. One main objective of the interviews was that they become rich dialogues between the researcher and the participants. To that end, the interview guide was used, but the questions might be somewhat changed or additional questions might be asked, depending on the responses of a participant (see Appendix C). Also, the researcher could reveal some of her own experiences if that seemed pertinent to the dialogue. Interviews lasted approximately 60 to 90 minutes and were later transcribed.

The rationale for using this interview method was that it was likely to produce the kind of data that was being sought to answer the study's research questions. In particular, by asking participants focused questions about whether and how their religiosity informed their psychological health and what their own and other parishioners' attitudes were toward psychological distress and help-seeking, their responses were likely to be pertinent to the purpose of the study. The effort to establish a dialogue with the participants helped to create a context in which they would feel free to express their perceptions and attitudes about psychological health, distress, and help-seeking in detail.

Suggested Questions for Co-Researchers

1. What is it like to be Coptic and what does that mean to you?

    Possible follow-up questions: What role does the Christian Coptic Orthodox religion play in your life?

2. What experiences have you had dealing with psychological distress such as depression or anxiety?

   Possible follow-up questions: How did you deal with the problem? *or* Did your religious beliefs help you deal with the problem? How? *or* What would you do if you were dealing with psychological distress? Would you seek help from someone? Who? *or* Would you be more likely to go to a mental health professional or someone else? If someone else, who?

3. What experiences have you had with friends or relatives who were dealing with psychological distress such as depression or anxiety?

   Possible follow-up questions: How did they deal with the problem? What advice, if any, did you give to the person (people)? *or* What advice would you give to a friend or relative who was dealing with psychological distress?

4. What do you think are the root causes of psychological problems?
5. Do you feel that others in the Coptic Orthodox community share your views about psychological health and psychological problems?
6. Do you think your views about psychological health and distress are mostly due to your religion or your culture?

Data Analysis Procedures

Audio-recordings of interviews were professionally transcribed. Each interview was considered a unitary phenomenon, and an overall portrait was developed to describe the essential aspects of that particular participants' experiences from their point of view. To help in developing an overall portrait of each co-researcher, the researcher conducted

a thematic data analysis consisting of five steps for each interview (Guest, MacQueen, & Namey, 2012).

1. Determine the frequency and co-occurrence of words and phrases.
2. Based on frequencies, identify key words and phrases.
3. Identify initial themes of explicit and implicit ideas within key words and phrases.
4. Develop codes to represent initial themes, apply codes to raw data.
5. Compare code frequencies to identify major themes in the data.

The Atlas.ti (Atlasti.com) qualitative research software program was used to assist in this analysis. During this analysis phase, the researcher was again careful to identify and bracket any presuppositions that might bias the analysis results.

All data collected was safeguarded. Audio recordings and transcripts of the audio recordings were stored in a locked file cabinet to which only the researcher had a key. All computer files with data from the study were stored in a password-protected and encrypted file on the researcher's private computer. At the termination of the study, the researcher stored all data records securely on her private password-protected computer to ensure reasonable future access if needed. Records will be maintained according to state and federal statutes that govern records keeping. After five years, all records will be disposed of according to the ACA Code of Ethics (2005).

Methods for Verification

After the initial analysis, a summary of the essential aspects of each participant's responses was emailed to the participant for the participant to make any additions or

revisions they deemed appropriate. After any feedback was received, a composite portrait of the co-researchers was then developed.

This member feedback process helped add to the credibility and trustworthiness of the study. Other aspects of the study that added to its credibility and trustworthiness included the audio recording and professional transcription of interviews, the fact that each interview was analyzed separately, and the use of respected qualitative research software to help in the development of codes and themes. The fact that all procedures are here being described clearly and in detail also adds to the credibility and trustworthiness of the study.

The final objective of the research was to develop a creative synthesis (Moustakas, 1994) based on the researcher's self-dialogue and her dialogues with co-researchers. The purpose of the creative synthesis was to provide insight into how the religiosity of Coptic Orthodox parishioners in the United States informs their attitudes toward psychological health, distress, and help-seeking.

Chapter IV

Results

Introduction

During the summer of 2018, the primary researcher interviewed six long-time members of the Coptic Orthodox religion to determine how the religious orientation of followers of the Coptic Orthodox religion is related to their views and attitudes regarding psychological distress and psychological help-seeking. Interviews with parishioners were audio-recorded and professionally transcribed. They were then qualitatively analyzed following the heuristic phenomenological method. Moustakas (1994) explained that heuristic phenomenological research arises out of a question with intense personal interest to the researcher and with social or universal significance. Heuristic research is characterized by a researcher's extensive self-inquiry along with dialogue with participants, who are viewed as co-researchers on the phenomena of interest.

The research questions explored in this study were of great personal interest to the researcher, as she is both a psychological health professional and a member of the Coptic Orthodox community who was influenced by that community's attitudes on psychological health and help-seeking behavior when she was younger. Interviews were conducted to learn the co-researchers' perceptions and attitudes toward issues of interest. Their responses to interview questions were open and detailed. After transcription, the responses were analyzed by qualitative methods to determine themes relevant to answering the study's research questions. A total of eight themes were found to be reflected in the co-researchers' responses. These themes were then combined with the

results of the researcher's self-inquiry to develop a synthesis addressing the research questions.

The study sought to answer two main research questions:

RQ1: How does the religiosity of Coptic Orthodox parishioners in the United States inform their attitudes toward psychological distress and psychological help-seeking?

RQ2: Do Coptic Orthodox parishioners in the United States use their religiosity to help deal with psychological distress and, if so, how?

The study also had five sub-research questions:

- What are Coptic Orthodox parishioners' experiences with psychological distress?
- How do parishioners deal with psychological distress?
- What do parishioners think is religion's role in dealing with psychological distress?
- What do parishioners think is the root cause of psychological distress?
- Do parishioners feel their attitudes come mostly from their religion or culture?

This chapter reports the results of the study and is divided into five main sections following this introduction. The first section provides demographic information about the co-researchers and a brief profile and summary of each interview. The second section presents themes reflected in the co-researchers' responses that are particularly relevant to answering the first main research question. The third section presents themes reflected in the co-researchers' responses that are particularly relevant to answering the second main research question. The fourth section focuses on my self-inquiry. The fifth section provides a summary of the chapter and a preview of the following chapter.

Co-researchers

Four of the co-researchers were female and two were male. Their ages ranged from 22 to 51 years. They had all been members of the Coptic Orthodox religion all of most of their lives. Four had been born in Egypt and two had been born in the U.S. Their reported native language was Arabic for three, English for one, and both Arabic and English for two. To provide an initial sense of the co-researchers' experiences, the remainder of this section presents brief profiles of each one, along with summaries of their responses to the interview questions.

Co-researcher 1. This individual was a male born in the U.S. with native languages of Arabic and English. He had been a member of the Coptic Orthodox religion since birth and considered the Coptic Orthodox community as mostly supportive with people willing to help and show up for a loss. It felt good to him to be part of that community. He said the negatives of the community were gossip and being labeled and judged in some cases.

The co-researcher had dealt with psychological health issues since he was very young. His mother had been physically and emotionally abusive and abandoned the family causing much anxiety and depression during his childhood and teenage years. When his mom left his family all in the church community found out and the family was blacklisted. He said that in the Coptic community being divorced is like having failed in life. People had asked what the kids did to make their mother run away and seek a divorce. He said it was like the child had failed. A friend's father had said to the friend, "Don't hang out with that boy. His mom left him for a reason." The co-researcher's distress had been compulsive and continual. He had had severe panic attacks and gone to

cardiologists who had said his heart was okay. He had often thought about committing suicide.

A physician member of church had advised counseling. He had been doubtful about going at first, but then decided he didn't care what anyone else thought. He said that after a few sessions he felt great. He was enthusiastic about counseling. He felt it had changed his world and possibly saved him from suicide. He was still seeing a counselor at the time of the interview but said he handled anxiety better.

He told no one initially about his therapy but told his father and siblings after one year. His father did not understand when told and said it was the devil. His brother also did not understand. He said his father told him not to tell others, possibly to protect him from what the congregation would say about him. He told Co-researcher 1 to never tell Egyptian girls about the counseling or none would marry him. The co-researcher said that not sharing such information goes against a church rule that a reason for divorce is a spouse with a psychological health issue who does not disclose it. His father thought disclosing would make the co-researcher look weak and not like a man. He believed his father was depressed and had anxiety because he would act like the co-researcher used to act.

Co-researcher 1 said others in the Coptic Orthodox community did not share his current views on psychological distress and counseling and that nobody in church talked about such matters. They would think experiencing psychological distress was the work of the devil. He said that not understanding psychological health is passed down generationally in the community. Church people don't want to be judged, so they keep silent about it and many suffer in silence. He thought it contradictory that if someone dies

everyone is there for them, but for psychological health issues that might lead to suicide they are labeled “crazy.”

For the co-researcher root causes of psychological distress are childhood suffering, feeling not loved, and distance from God. He believed that in his religion psychological health issues are nonexistent or downplayed. His religion told him he should not be anxious because God is always helping and guiding him. Through counseling he became more active in religion and learned to build a closer relationship with God, which has also helped him psychologically. He believed God has his best interests in mind and remarked that you can always talk to God but not always the counselor. When he walks in church now, though still anxious, he could feel at ease and feel the presence of God.

Co-researcher 1 said that both the church and the culture are sources of the stigma placed on having a psychological health issue. Culturally it is not known that physical reactions can occur in the body from psychological distress. He believed more awareness should be raised in the Coptic community. Though it gave him severe anxiety about being judged, he felt telling his story could help someone. He said that someday he will tell others; but the stigma of revealing his going to counseling was holding him back.

Co-Researcher 2. The second co-researcher was a male who was born in Egypt. Arabic was his native language. He reported being a member of the Coptic Orthodox Church for many years. For him following the Coptic Orthodox church was the only thing regarding doctrine. After being divorced against priests’ advice to “carry his cross,” he asked for permission to remarry but the church refused for 10 years. This caused him considerable psychological distress. He did not consider going to see a psychological

health practitioner during that period, but he saw a physician who put him on Zoloft. After years of seeking permission, he finally decided to “follow his heart” and remarried.

Co-researcher 2 said the Coptic Orthodox church does not oppose seeking psychological health help; the problem is the Egyptian mentality. For them, it is hard to admit to having a psychological problem and they consider therapy to be for “crazy” people. They view a person as either well or distressed enough to be sent to a mental hospital with no in-between. If the Coptic community discovers a congregation member is taking medication or seeing a psychiatrist, the consequences would be “horrible.” Egyptians talk which can ruin a person, especially one who hopes for the community’s support. For him causes of psychological problems include chemical imbalance, bad experiences, and life situations.

The co-researcher would consider going to a psychiatrist if he had a chemical imbalance. Otherwise, God would be his solution. He said that a person who is close to God should always feel strong and believe that God will provide. If God does not provide then that is the person’s destiny. Depressed people are afraid of something; knowing God is with you, you should not be afraid.

According to Co-researcher 2, Copts try to cover up psychological health issues to look good to others. Showing a psychological health issue is considered very shameful. He said that in this respect Copts are no different than the rest of Egyptians. He believed that many Copts stay in bad marriages for many years. People stay due to pressure from congregation and priest. People stay for the sake of their children, but he has found that his kids still love him, maybe more.

The co-researcher said people go to priests with all kinds of problems. He felt it might be illegal for priests to give psychological advice without being licensed but they were very often put in that role by people. He also believed Egyptians would not pay for a professional when they can go to a priest for free. He believed that priests should abstain from giving psychological advice but give referrals and help financially if money is a problem. He stressed the importance of remaining anonymous. Priests should recommend a Christian counselor but not a Coptic Orthodox one because people would not open up completely with a Coptic Orthodox counselor.

He said that prayer is essential but not the only thing that can fix a problem; other things should be explored. He believed people should go to priest for something spiritual such as demon possession because a doctor cannot deal with demon possession. He also said that psychological issues are viewed as demon possession by Egyptians.

Co-researcher 2 said that priests should not set doctrines people cannot deviate from. People who cannot heed their advice should not be looked down on. He believed that the priest is a shepherd who should go find the one who goes astray and lead him back, not sever him from the flock.

Co-Researcher 3. The third co-researcher was a female born in Egypt. Her native languages were Arabic and English. She had been in the Coptic Orthodox church all her life. She was proud of her religion and she felt it to be very beautiful and focused on God. She believed that it had shaped who she is. She loved the church.

This co-researcher said being Coptic includes pressure from the Egyptian culture, whether Christian or Muslim. Copts' live in America as if they were still in Egypt. Pressure from being Coptic Orthodox includes people judging and being nosy. She stated

that there is much pressure to succeed, which brings anxiety. Pleasing parents who sacrificed to come to States causes youth to struggle.

She revealed that her parents had an unhappy relationship. Her witnessing emotional and physical violence at a young age brought anxiety and depression. Her parents eventually got divorced. After that, other Copts looked down on her family and did not allow their kids to hang out with her or her sibling which hurt a lot. (While talking about others in the community not allowing their children to visit her and her sibling, Co-researcher 3 showed how she felt about that by beginning to cry. When I asked if she would like to discontinue the interview, she assured me that she was all right and that she wanted to continue.) She went on to say that she had thought that going to a psychiatrist would be interpreted by others as showing they were right about the bad consequences of her parents' divorce. The fact that others thought she would never succeed due to a broken family motivated her to prove them wrong by doing well.

To cope with her psychological distress she covered it up, pretending to be a happy person and did not confide in friends. She was angry about her unhappy childhood. During freshman year of college, she was in a "dark spot." Her mother wanted her to go to a priest. She believed her mother does not understand psychological distress and thinks the anxiety is the devil keeping her from going to confession. The co-researcher also thought the devil had made her too comfortable with being depressed.

No one recommended professional help to Co-researcher 3 and she did not think of seeking it. She said she had begun building her relationship with God which helped her through the past few years. She had recently made an appointment to talk with a priest for the first time in a long time. She felt prayer is the most powerful thing to help her manage

her anxiety and depression. She said she is mainly a happy and positive person. Though she still felt anxious she had learned to manage it better. However, she said talking about her experience in the interview was helping her and she thought counseling might help her.

The co-researcher believed that psychological distress is caused by bad events in a person's life. She said Copts' nature is to react negatively to someone seeing a therapist and that Copts and Egyptians generally do not understand psychological health and look down on therapy. She felt her former views on seeking professional help had resulted from her culture, not her religion. She also believed that other Orthodox churches are more outspoken about psychological health. She believed that some of her Coptic friends have anxiety and/or depression but knew none who had sought professional help.

Co-researcher 3 said that if she got professional help she would not want it to be public. She believed Egyptians have to go through a situation to understand it. She illustrated this by mentioning that people from her family came to her after the divorce and urged her to fix her parents' marriage by getting them back together.

She said that members of the Coptic Orthodox church take all problems to the priest, including pushing the role of therapist on him. However, she felt that priests are not trained for psychological counseling. Priests should get more psychological training or else recommend therapists. She believed these therapists should be non-Coptic to make people more comfortable. She commented that if a priest is not comfortable with psychological counseling he should not be forced to engage in it.

The co-researcher pointed out that all in church knew about her family's problems, but no one asked her how she was coping with it. She said they forget about

the children even though no child can go through such scenes and not be affected. She stated that there should be follow-up for children especially by priests who were involved.

Co-Researcher 4. The fourth co-researcher was a female who was born in the U.S. and whose native language was English. She had been a member of the Coptic religion since birth. She said she loved and was proud of her religion and saw being Coptic Orthodox as a unique intertwining of culture and religion. She and her brother had always participated in the church. She felt some of the prohibitions, such as going to school dances, were more due to the conservative Egyptian culture than to her religion. She also said that she did not make that distinction while growing up. She thought that religions should be traditional and not adapt to society's changes.

Co-researcher 4 believed that older Egyptians tend to be more narrow-minded about some matters and looked down on seeking professional psychological health. She said people closer to her age who had grown up in the U.S. were more educated about the resources available for psychological health, though people close to her age who recently came from Egypt might have the same mindset as the older generation.

Her most trying experience was her mother's death, but she did not become depressed. She said her faith and consulting with a priest helped her. Knowing her mother is in Heaven gave her peace. She was forced to deal with depression, stress, and death in her work and sometimes had trouble coping with experiences there. She coped by talking with people who care about her and that she trusts. She said that in a situation from which she couldn't move on she would probably seek a therapist, but for some personal issues she might talk to a priest. If she were to see a therapist she would not publicize it to

people she did not know well, but her Coptic friends of all ages would accept it. She stated that because people in her culture are very talkative there would be negative consequences of all the church knowing.

It was harder for her brother to deal with their mother's death. He went to see a counselor and was on medications. He said going to therapist helped him. The co-researcher and her father never saw his going to a counselor as a bad thing, but her father probably would have advised him to see a priest. She encouraged her brother in his going to therapy.

Co-researcher 4 thought that going to see a priest was a good first step if there is some psychological distress. She believed that prayer is powerful, but a priest lacks expertise in psychology and counseling. If a person was not going far with a priest's counseling they should see a professional counselor. She said some Egyptians think a priest can solve all problems, but they should be mainly used for spiritual guidance.

She thought the causes of psychological problems are some type of tragedy, childhood experiences, and many other things in the world. Other Copts would say your relationship with God is lacking but she didn't believe that to be true. Though prayer is powerful and can help it should sometimes be in addition to other things. People have chemical imbalances and psychological issues they need medication or therapy for. She thought Copts might be less open to talking about psychological health or therapy because they feel others will think it is due to a lack of a relationship with God.

Her present views were from her life experiences meshed with her religion and Egyptian and American culture, her schooling and reading books, and seeing psychological distress first hand in her medical field. She thought Egyptian culture might

have fewer resources available to understand psychological health. That culture would hold that psychological distress is a relationship with God issue or take the attitude of just get over it. She believed her religion is not against seeking therapy, but people incorrectly think that means seeking help from a spiritual guide.

Co-Researcher 5. Co-researcher 5 was a female who was born in Egypt and whose native language was Arabic. She had been Coptic Orthodox all her life. She loved her church and felt it is her home. She felt close to God there.

She had been in an abusive marriage and experienced psychological distress for years. She said she did not consult a therapist during that time. She believed it was better to go to a priest. She prayed and went to a priest many times about her situation and was told she had to carry her cross. Priests and bishops came to her house to try to help but their efforts only resulted in patching things up for a short time, not in fixing her problem.

At least twice a priest arranged a counselor for the couple. Both times the co-researcher went but her husband refused to go, saying he was "not crazy," so she stayed only a short time. She commented that in refusing, her husband had been a "typical Egyptian" and that for a typical Egyptian you have to listen to him, not him listen to you or do what you want. She said her husband thought it was okay and normal for him "to put his hand" on her.

Co-researcher 5 got to the point where she wanted to kill herself and realized that she needed to end the marriage. She decided she did not want her children to witness the physical and emotional abuse and think that abuse was acceptable in a marriage. She also came to believe that God wanted people to be happy and not have destroyed lives. She got a divorce after 15 years. She said the priest understood her difficulty but told her she

would have to get a divorce outside of the church. After the divorce, she asked the priest to grant approval for her to get remarried in the church, but he refused. She said that for a long time she was not welcome in the church and that everyone looked down on her because she didn't carry her cross.

She did not believe in counselors and had heard from others that they didn't help much. She said that Coptic Orthodox Egyptians do not believe in going to a counselor. They look down on someone who does so as crazy and probably will not talk to that person any longer. If they have a problem they go to the priest or keep it inside and carry their cross. She was taught that everyone gets their cross.

Co-researcher 5 also said that she thought that her former husband, because he was physically abusive, had medical psychological issues and that a priest should have taken him to a hospital to get medication to calm him down. However, she believed that most Coptic Orthodox people think that the kind of treatment she received from her husband is normal. Many women have such a problem but do not get to the point where they are afraid for their lives, so they live with it.

She thought root causes for psychological distress are bad experiences and the culture in which it is held to be okay for the man to be in control and to sometimes be abusive. She said that if a Coptic Orthodox teenager was going to a psychiatrist and getting medication that would be considered as shameful by the Coptic Orthodox community as getting a divorce. However, she would be gentle and nice to him because she knew what it was like to feel shame from others.

The co-researcher felt her views on psychological distress and counseling came from both her religion and culture because the two are intertwined. She revealed that

though she did not believe in psychologists, if she had found some kind of consultation help during her time trouble, she might not have lost 15 years of her life married to her former husband. She commented that although the church tries to help, they have a lot of to work on to try to fix and not just patch up problems with people in the community.

Co-Researcher 6. The sixth person interviewed was a female born in Egypt whose native language was Arabic. She had been a Coptic Orthodox follower since birth. She believed Orthodoxy was the true faith because it traces its lineage back to Christ. She believed that much of the Egyptian culture is ingrained in the church and called it a "culture club." She said that Coptic Orthodox parents who came to the U.S. wanted to create mini-Egypt here. The result was children being caught in two cultures, the Egyptian and the American.

The co-researcher had been depressed and experienced anxiety as a child because her parents worked so hard and were both often out of the house. She did not feel she had a place at home because her parents were never there and had no place at school because she did not know how to fit in with other kids. She was most depressed in high school and gained much weight because she was an emotional eater. The only tool she had to try to feel better was prayer. She did not seek or even know about psychological counseling. Her depression and anxiety leveled out somewhat when she stopped looking for validation from others and started reading books, interacting with others, and discovering herself in college. She also, at age 21 or 22, realized from non-Coptic friends that people could go see a therapist and it did not mean they were bad Christians.

She said that in church psychological health issues were not discussed. In high school she would think she needed to go to confession and talk to her priest. Her parents

taught her that and the lesson was reinforced by the church. She said she currently thought it was culture, not the Orthodox religion, that leads people to think counseling is not okay.

Co-researcher 6 had started seeing a counselor during the past year. Seeing a counselor is stigmatized among Copts. If people in the church knew she was seeing a counselor they might be nice to her, but none would ask her directly about it. She said they would talk about her behind her back and think there was something wrong with her family to cause her to seek counseling. People's talking about someone going to a counselor can ruin a reputation and is especially risky for single women because married women have a man who can act as a reputation "shield." She believed a woman's reputation is more fragile than a man's. For example, if a woman were found to have bipolar disorder she would be doomed as far as marriage prospects. Churches with a young congregation would be more accepting of her going to a counselor, but those with an older congregation or younger people who had only recently come over to the United States from Egypt would not be accepting.

When Co-researcher 6 was growing up neither psychological nor physical health was discussed at home. The church did not say counseling was wrong; but by not addressing it the church reinforced the idea that counseling was not necessary or an option. The options were to pray, fast, confess, and go to church. Going to a counselor was like admitting you cannot get help from God. However, she believed that Copts' views about psychological health and counseling were not due to Orthodoxy but to the Coptic culture. She talked to some of her Coptic friends about such issues but there were many she couldn't talk to because they were stuck in the culture. She believed not just

Egyptian but Middle Eastern culture in general had negative aspects, such as the way men treat women and viewing the seeing of a counselor as taboo.

The co-researcher believed people could have demons, but it was wrong to assume anyone with a psychological disturbance has a demon. She loved that the church has spiritual guides but believed it okay to have a psychological health counselor too. She said many in the church have anxiety because they worry about following the religion's rules. She believed that came from the Middle Eastern culture. She said her mother was very anxious, but it would be hard for her mother to believe that stress might be affecting her body. Her mother would process it as she didn't have enough faith in God and keep it all in, which would lead her to feel even more anxiety. Co-researcher 6 believed that though Coptic women find it easier than men to talk to a friend, both genders avoid seeking help outside confession.

The co-researcher thought root causes of psychological problems were neglect or abuse as a child, genetics, and other biological causes. She said her past views on psychological health and distress were totally from her culture, which is intertwined with her religion. She was still coming to understand the relation of culture and religion.

Thematic Analysis Pertaining to Research Question 1

Research Question 1 asked how parishioners' religiosity informs their attitudes to psychological distress and help-seeking. Four themes found in co-researchers' responses to the interview questions were especially relevant to answering this research question. The four themes were Culture Informs Religiosity, Experiencing Psychological Distress, Sources of Psychological Distress, and Attitudes toward Psychological Distress and

Help-seeking. Several of these themes were also relevant to answering one or more of the study's sub-research questions.

Theme 1: Culture Informs Religiosity. The theme Culture Informs Religiosity was especially relevant to the first research question because it indicated that the religiosity affecting parishioners' attitudes to psychological distress and help-seeking was strongly influenced by the Egyptian culture. The theme was reflected in the responses of all six co-researchers. It was found in their responses to the interview question asking whether their views were mostly due to religion or culture, as well as in their responses to other interview questions. This theme was also relevant to answering the study's fifth sub-research question: Do parishioners feel their attitudes come mostly from their religion or culture?

Several comments made by the co-researchers illustrated the theme Culture Informs Religiosity. Examples include Co-researcher 2's response to a question about Coptic Orthodox parishioners' views on psychological health:

> The Copts are no different than the rest of the Egyptians…. They are so immersed in being submerged in the Muslim culture for 1,400 years now, so there's no difference in culture, beliefs, except for doctrine. Yes, we have different doctrines, but they share most of their beliefs.

Co-researcher 3, commenting on the pressure she sometimes felt from being Coptic, said: "And I wish there was a little bit of, in a way, separation between the two [religion and culture]. Like, I wish church was just church, without like the Egyptian mentality affecting our religion." Later in the interview, remarking on her former views on psychiatric help, Co-researcher 3 said, "I feel like it's definitely, definitely the culture that looks at it negatively, and just doesn't support it, or recommend it, or talk about it at all." She went on to say that she had found that the Greek Orthodox Church was more

open-minded about psychological health issues, which further indicated that she believed that it was primarily the culture, not religious orthodoxy, that resulted in Copts' views on such matters.

In response to being asked what being Coptic Orthodox meant to her, Co-researcher 4 said, "There really wasn't a separation of our religion and our culture…. It's almost like the religion was the culture, as opposed to Egyptian being the culture. But there's still a lot of Egyptian aspects that you obviously would see."

Co-researcher 5, in response to being asked whether her views about psychological health and distress were mostly due to her religion or her culture, responded, "To the culture and the religion. It's both…. My religion is very into my culture." Co-researcher 6 expressed her view that the Egyptian culture had a strong effect on her Coptic religion by calling her religion a "culture club."

These and other responses indicated that the co-researchers believed there is no clear way to separate the influence of religion from that of the Egyptian culture on the attitudes of Coptic Orthodox parishioners toward psychological distress and help-seeking. The two elements are mixed together in the Coptic Orthodox community, and parishioners' views on psychological help and help-seeking are a result of that cultural-religious mixture.

Theme 2: Experiencing Psychological Distress. The second theme relevant to answering Research Question 1 was Experiencing Psychological Distress. This theme was reflected in the responses of all six co-researchers. The theme was also relevant to answering the first sub-research question: What are Coptic Orthodox parishioners' experiences with psychological distress?

The co-researchers reported having experienced various kinds of psychological distress, ranging from work-related stress to severe anxiety, panic attacks, and suicidal thoughts. For instance, Co-researcher 1 mentioned experiencing depression and anxiety since he was a child. His psychological distress had been expressed in an eating disorder, poor academics, panic attacks for which he visited physicians, and his having suicidal thoughts: "I would think negative thoughts, think bad things every day on the daily, like wanting to commit suicide a whole bunch of times." Four of the other co-researchers also reported having anxiety, depression, or suicidal thoughts in the past, though none reported experiencing intense psychological distress currently. Co-researcher 4 was an exception in that she did not report having experienced any strong mental distress though she spoke of experiencing work-related stress. She also said that she had had a difficult time following her mother's death, but she commented, "I don't think I ever fell into depression, thankfully."

Several of the co-researchers also commented that they believed that family members or others in the community experienced psychological distress. Co-researcher 1 remarked, "… I knew that also my dad was depressed too, and that he suffers from anxiety too because now I can tell the signs and the symptoms and he has them." Co-researcher 3 commented, "I know I have friends that have anxiety and depression…. Most of them are not so open about it, but I can tell." Co-researcher 6 believed that her father had been experiencing anxiety lately and that her mother was experiencing considerable work-related anxiety due to a new job she had obtained. She also stated that she believed many parishioners in her Coptic Orthodox church experienced anxiety

related to their not always strictly following some of the religion's requirements, such as for fasting.

Theme 3: Sources of Psychological Distress. The third theme reflected in the co-researchers' responses was Sources of Psychological Distress. This theme was relevant to answering Research Question 1 and sub-research question 1 because it enabled greater insight into Coptic Orthodox parishioners' experiences with psychological distress. It was also relevant to answering the fourth sub-research question: What do parishioners think is the root cause of psychological distress? The theme was reflected in the responses of all six co-researchers.

Co-researchers expressed views about the sources of psychological stress in their responses to the interview question, "What do you think are the root causes of psychological problems?" as well as in their responses to other interview questions. Answers co-researchers gave to the question about the root causes of psychological distress tended to be general. They mentioned several types of possible causes of psychological distress. These included experiencing childhood abuse or neglect, bad or traumatic experiences in life, genetics, chemical imbalances, poor physical health, drugs, poverty, being mocked or rejected by the church community, and being far from God.

In their replies to other questions, co-researchers who reported having experienced considerable anxiety, depression, or both spoke of the specific sources of the psychological distress they had experienced. These sources were of two main types, which were somewhat overlapping: adverse childhood experiences and distress associated with divorce. Three co-researchers reported distress that resulted from childhood experiences, with two of those individuals also revealing that their distress had

been exacerbated by their parents divorcing. Two other co-researchers reported experiencing significant psychological distress related to divorce.

The three individuals who revealed that childhood experiences had caused psychological distress included Co-researcher 1, who spoke of being emotionally and physically abused as a child and of his mother leaving the family, resulting in his parents' divorce. These childhood experiences had resulted in the co-researcher experiencing substantial psychological distress in his elementary and high school years, on into his early college life, and of eventually being diagnosed as having post-traumatic stress disorder (PTSD).

Co-researcher 3 also reported having had difficult experiences as a child, saying, "I had a really hard childhood with my parents.…" She spoke of witnessing her parents arguing and fighting with one another when she was a child, sometimes to the point where the police were called: "There was a lot of verbal violence, emotional violence, and physical violence that I witnessed at a really young age … Just, it was not a healthy family at the moment." She added, "Having my little brother there, who didn't understand anything, I felt I'm the big sister, and I wanted to protect him at such a young age, from what was going on in my family." Co-researcher 3 also reported that her parents finally got divorced and that the divorce was very public, with everyone in her Coptic Orthodox congregation knowing about it.

Co-researcher 6 revealed that she had experienced psychological distress as a child due to her parents being out of the home a great deal for their jobs. She remarked, "I definitely was depressed as a child and anxious, because my parents both worked, most of the time, two jobs each. Sometimes it was just my dad working two jobs and my mom

working one, but either way they were both out of the house." She added that she would have rather had "just Kraft macaroni and cheese every night for dinner if it meant they would only have to work one job and actually just hang out with us." Co-researcher 6 also mentioned the distress she had in regard to fitting into the American culture at school. She commented, "So now imagine a kid who doesn't feel like she has a place at home because her parents are never there, and then also doesn't feel like she has a place at school, because her classmates think she's just—she's nice but she's different."

Co-researchers 1 and 3 both mentioned that the fact that their parents divorced was not accepted well by many in the Coptic Orthodox community, adding to their distress as a child. Co-researcher 1 said, "Becoming divorced is almost like you failed at life... I have heard it from one of my friend's fathers. He said, 'Don't hang out with that boy. Obviously his mom left him for a reason,' which really, really affected me …" Co-researcher 3 made similar comments, mentioning that very few in the community felt her parents getting divorced was right. Some parents would not allow their children to come to the co-researcher's house: "They couldn't ever come over, because I came from a broken house, and no one would tell me to my face, but I would hear whispers…. It's your closest friends, their family's talking down about not only your family, but you."

From these two co-researchers' comments, it was clear that their psychological distress was aggravated by the community's reactions to their parents' divorce and the fact that friends were prevented from associating with them due to the divorce. Co-researcher 3 also commented at some length about the fact that no one from the church inquired about the well-being of her and her younger brother during or after the period their parents were going through a divorce, saying, "They forget about the children." She

said that there was “nothing” in regard to a follow-up for the children of divorce and that “it’s just right” for there to be a follow-up from the church, no matter how young a child may be, “especially with priests that were involved.”

Two other co-researchers had also experienced psychological distress associated with divorce. Co-researcher 2 had experienced substantial distress due to asking for but not being given permission by the Coptic Orthodox church to remarry after having gotten a divorce. He revealed that for 10 years he had sought such permission without obtaining it and had finally decided to remarry despite the church’s refusal to give him permission to remarry. Commenting on his situation at that time, he said, “I was doing something like my brain says it’s right, but my heart was not in agreement with my brain, so it was very, very hard for me to go through it.” In time, Co-researcher 2 decided to follow his “heart” and to remarry without the church’s permission. He said, “I was following the instructions of the church, and basically because I am a Christian, and I was trying to be a good boy or a good man, I did what they suggested for me, and I just couldn't continue.”

Co-researcher 5 also reported experiencing psychological distress associated with divorce. She revealed that she had been emotionally and physically abused in a 15-year marriage, with the abuse getting worse over time until she was thinking suicidal thoughts. She said, “So it get to the point like very abusive, very controlling…. It's just like a nightmare. It's just worse than nightmare.” Though she had gone many times to priests and bishops to explain the situation she was in and ask for permission to get a divorce within the church, the clergy would not give her permission. This remained true even though one priest who was present in her home witnessed her husband hitting her hard

enough to draw blood, with the priest then calling the police, who took the husband to jail.

Co-researcher 5 finally reached the "end," in her word, and decided to divorce outside the church. She said it was not just for herself, but also for her children, that she decided to divorce. She remarked, "If I continue like that, then it's going to be easy for my son to hit his wife one day, and it's going to be [for] doing anything. And I think about my daughter. She's going to think it's easy someone could do that to her."

Co-researcher 5 reported that after the divorce, the way in which parishioners treated her changed. She said, "I wasn't welcome in the church. Everybody look at me down. I did something wrong." She added,

> I was denied by my church. I was very active member in my church…. I stay after church, clean the church. Make sure I go after work to clean the church. And the cooking, help in cooking, sweep, mop, everything. And after all of that, everybody turned their face around.

Theme 4: Attitudes toward Psychological Distress and Help-seeking. The fourth theme relevant for Research Question 1 was Attitudes toward Psychological Distress and Help-seeking. This theme was also relevant to answering the second sub-research question, How do parishioners deal with psychological distress? The theme was reflected in responses to interview questions by all six co-researchers. The co-researchers reported both their own views and attitudes toward psychological distress, which were mainly positive, and the views and attitudes of the larger Coptic Orthodox community, which were mainly negative.

In talking about their personal views and attitudes toward psychological distress and help-seeking, five of the co-researchers expressed recognition of psychological distress as a health issue that may be treatable by medications and/or professional therapy

and offered clearly positive views of going to a mental health professional to deal with psychological distress. Two of these five had seen or were seeing a mental health professional at the time of their interview, one was taking antidepressant medication prescribed by his physician. Two others expressed their openness to seeing a mental health professional if needed.

In contrast, Co-researcher 5, when asked if she had ever seen a counselor about her depression, responded: “No, I don't really believe in them.” She added, about a friend of hers, “She went through the same [kind of situation], and she went to the counselor. What I hear from them, it doesn't help much.” However, later in the interview, the co-researcher reported that for some psychological problems, and particularly for someone who is physically abusive, being treated by a psychologist or with medications could be appropriate. Apparently referring to her ex-husband, she said, “I think a priest should take him to medical hospital or something. That will help him big time.” This comment suggested that even Co-researcher 5 believed that at least some psychological distress was not mainly a religious issue but rather an expression of psychological or brain dysfunction.

The co-researchers also talked about the views and attitudes of the Coptic Orthodox community about psychological distress and help-seeking, with five of the six reporting that the community had a negative attitude toward psychological distress and help-seeking. For instance, Co-researcher 1 made clear that the attitude in his community toward someone having serious psychological distress or seeing a professional therapist was one of non-acceptance. He commented that members of the Coptic Orthodox community don’t discuss such issues. saying, “I feel like in a sense it's just the overall

feeling of the church with mental health issues, that it's just definitely not talked about, not mentioned. Like 'No, don't even say that, people are gonna think you're crazy.'" He also commented on church members thinking that people who were experiencing psychological distress were being influenced by the devil: "They would think that maybe it's like the devil in a sense, instead of just an issue."

The stigma of being thought "crazy" by community members had caused Co-researcher 1 to not tell anyone in the community except his father and brother that he had been seeing a counselor, a fact he did not reveal to them for a year. He said his father had advised him not to tell anyone else in the community about his going to a counselor, especially any girls: "I remember also part of what my dad has told me, was, 'Well, you know, you can never really tell girls that are Egyptian because she will never marry you.'"

Co-researcher 2 agreed that the Coptic community was not accepting of psychological distress or support seeing a therapist. About community attitudes he said, "You should not be talking to a psychologist or a psychiatrist, because people that go there are [supposedly] crazy. They are not just okay people that can go through this hard time and get better with counseling. They just think it's for crazy people." When asked what the congregation's attitudes would be if they were to discover that a member was taking medications for mental distress or seeing a psychiatrist, Co-researcher 2 responded, "I think it will be horrible." He added, "Knowing Egyptians, they like to talk….they like to joke about things. And that's not very supportive. It's destructive." He further commented that it is shameful for an Egyptian to admit to a psychological health

problem, saying, “Big shame, yeah, it's like a girl that had out-of-marriage sex, for instance. It's a big shame for Egyptians to declare that.”

Co-researcher 3 also believed that the Coptic Orthodox community would not be accepting or supportive of a person with psychological distress and would look down on someone who sought professional psychological health. In commenting on what her former views would have been about someone seeing a therapist, she said, “I’d kind of be like, ‘Are they crazy, or what's wrong with them? Like why?’” She added, “I would kind of look at it negatively. That's a lot of people and a lot of Coptic people’s nature to react that way, as well.”

When asked how she thought people in the Coptic Orthodox community would react if they learned she was seeing a psychiatrist or taking medications for depression (neither of which she was doing at the time of the interview), Co-researcher 3 said: “I feel like they would look down at that, … they wouldn't understand it.” She added that she would not want people in the community to know because, “After being judged your whole life, you don't want to go add more judgment and give people a reason to continue to talk.” Later in the interview, she commented, “I don't think they really understand mental health at all…. There's no knowledge about it in the Coptic world. Or in the Egyptian world.”

The remarks of Co-researcher 4 regarding the Coptic Orthodox community’s attitudes toward psychological distress and help-seeking were in contrast to those of the other co-researchers because she did not explicitly say that the community’s attitudes were negative. She did state that if the community were to learn that she was seeing a therapist (which she was not), there would be “consequences” in the form of people

talking about her. However, she also said, “But I think within a circle of people that I know, of all ages, within the Coptic Church, if I told them I was in therapy, that they would be accepting of that.” In her comments, Co-researcher 4 drew a distinction between older community members and younger ones who had grown up in the U.S., saying that most people in the latter group were more aware of the resources available for psychological health and were more open about seeking help for psychological difficulties: “… I think generally in this day and age people are pretty open to seeking out health for any type of psychological issues.” She referred to older Egyptians as “a group of people that think a priest can solve all problems.”

Co-researcher 5 was certain that Coptic Orthodox parishioners would view counseling in a negative light: “Oh, they don't believe that. None of them. That’s a no. You’re sick.” She also remarked, “Like as I say, all Coptic Orthodox, they don’t believe in psychologists either,” adding that she had never known of a Coptic Orthodox follower going to see a psychologist.

Upon being asked what Coptic Orthodox followers would think of a teenager who went to a psychiatrist and was getting medications, Co-researcher 5 laughed and replied, “Mental problem. Magnoon, mental problem.” A moment later she made it clear that “Magnoon” meant “crazy.” She remarked, “And they’re [Coptic Orthodox parishioners] probably will not talking to him anymore.” She went on to say that she would be kind to the person because she understood what it felt like to be shamed by the community and then added, “But I know that would be not acceptable in a Coptic Orthodox church. That would not be acceptable at all…. Everybody would turn back, even to say ‘Hi.’” She also

said that it would be more difficult to find a marriage partner in the community for someone who had seen a psychologist.

Co-researcher 6 believed that the prohibition about seeing a mental health professional was not due to the Coptic Orthodox faith but rather to culture:

> It is Coptic culture, Coptic Orthodoxy. I mean, I even hesitate to say the Orthodox part, because it's actually not in the religion…. nowhere does it say you can't do that. Nowhere. But culture is what has created us to think that these things are not okay….

She drew a distinction between the views and attitudes of older and younger Coptic Orthodox parishioners. She commented, "Older parishes—you know it's stigmatized. So there's no room in that discussion for even the word 'psychological problem.'" She believed that younger parishioners who had grown up in the U.S. would be more accepting of someone seeing a therapist, though those who had immigrated within the past five years might be closer to older parishioners in their attitudes because they had lived most of their lives in Egypt. She said, "Again, it's definitely therapy and counseling and dealing with depression and anxiety, any psychosomatic issues, that's not even a thing in Egypt."

Co-researcher 6 told of a young girl who she thought had a psychological issue because she was prone to making public outbursts. About the community's reaction to the girl, she said,

> And what I've seen is people gradually just retreating from her…. They'll maybe just send her Bible verses or tell her mom that they're praying for her. But they don't tell her, 'Hey, maybe she needs some help. Maybe she needs to have some therapy.' That's not an option.

She added, "… people have actually ostracized her, even if it was gradually and over time and kind of in a nice way. They still kind of stepped away from her." Regarding the

marriage prospects of a woman who the community knew was seeing a psychologist, Co-researcher 6 remarked, “Oh she is doomed.” She added “The man might have a chance, maybe if he goes somewhere else.” She went on to liken the community’s negative views to a tumor: “Now I know that it’s a tumor, like these negative views of psychological issues. But I can deal with it because I see that it’s a mass, and I figured it out. It just needs to be cut out.”

Thematic Analysis Pertaining to Research Question 2

The second main research question asked if Coptic Orthodox parishioners in the United States use their religiosity to help deal with psychological distress and, if so, how? Four interrelated themes in the co-researchers’ responses were found to be relevant to answering this research question. These themes were: Devotion to the Coptic Orthodox Church, Dealing with Psychological Distress Religiously, Carrying the Cross, and Priests as Psychological Counselors. These themes were also relevant to answering the second and third sub-research questions: How do parishioners deal with psychological distress? and What do parishioners think is religion’s role in dealing with psychological distress?

Theme 5: Devotion to the Church. The fifth theme, Devotion to the Church, was found in the responses of all of the co-researchers when they were questioned about what the Coptic Orthodox church meant to them. Co-researchers talked about the history and beauty of the church, their love of the church, and of support from the Coptic Church community.

Co-researcher 1 commented, “It’s [the church] part of a great community that most of the time is very supportive of one another. They try to enable each other in a good, positive way and help each other out.” He continued that it is like a family: “… for

example, if you need something, you will always find maybe like 10, 20 people willing to help you with something or willing to help you carry your load. If there is like a loss, even people who don't know you will go to the service."

Co-researcher 2 also spoke highly of the church when asked what the church meant to him. He responded, "Well, my gosh, it's the only thing. It's the right thing, and it's the only thing I could think of to follow as far as doctrine."

Co-researcher 3 said, "Being Orthodox in general is a beautiful religion that I'm proud to be part of." A little later she again mentioned being proud to follow the Coptic Orthodox faith, saying, "I feel like we study the Bible, and we practice the Bible very close to the time of God and how it was practiced or wanted, how God wants us to practice it. So I feel like it's the best religion to be in, and I'm just proud to be in it."

Co-researcher 4 said that being Coptic Orthodox defined her daily outlook on life. She said, "Religion really shaped my upbringing and my brother's upbringing. Church was always something that we participated in." She remarked that as an adult, "I don't think I'm as conservative as my parents, … but it's still something that's very important to me, and it's very, it's a big aspect of my life."

Co-researcher 5 said that being Coptic Orthodox meant a lot to her and meant being close to God. She added, that it felt "great" to be a member of the church. She mentioned the name of the church she belonged to and said, "I was in love with the church. I'm like one of God's kids and I feel like home, that's my house."

Co-researcher 6 commented, "What it means to me is that it's family, it's a way of life." She spoke about the long history of the Coptic Orthodox church. She said that to her, Orthodoxy was "… directly linked to Christ himself, and it hasn't deviated since its

inception… for sure it's not perfect, but why not use the closest thing to the blueprint that Christ himself gave when He was on earth?" She also said, "It's full of mystery, it's a sacramental faith. So, we're a sacramental church."

Theme 6: Dealing with Psychological Distress Religiously. The sixth theme, Dealing with Psychological Distress Religiously, was reflected in the responses of all six co-researchers. They commented on various ways that they personally used religion to help deal with psychological distress, or how Coptic Orthodox parishioners used religion for psychological issues, or both.

Co-researcher 1 referred to his dealing with psychological distress religiously by saying he believed his being far from God had contributed to his anxiety. He had since formed a closer relationship with God: "Spirituality and religion make a huge difference because knowing that there's a higher power that's always watching out for you ... I know that 100% that God just always has my best interest and he always has my back." He added that now when he walked into a church he felt more at ease and could feel God there, suggesting that his feeling closer to God had helped relieve his anxiety.

Co-Researcher 2 spoke of the Coptic Orthodox community's use of prayer for a psychological problem, saying, "They [parishioners] think of it as any other illness that we can pray for. The patient can pray for himself or herself with the help of the congregation praying, the priests praying, whoever." In giving his own opinion about the efficacy of prayer, he made clear that he believed that prayer was appropriate for spiritual problems, but not for psychological issues, saying, "So they [parishioners] just need to realize that prayer is essential, but it's not the only way."

Co-researcher 2 also talked about parishioners going to their priest for many things, including psychological issues. He commented, “The people, if they have a little problem or a big problem or something in the middle, they go to the priest.” He mentioned one reason parishioners go to their priest for a psychological issue is their not wanting to spend money on a mental health professional, saying, “Why would they go to a professional and pay $50 copay or 100 or 200, if they don't have insurance…. when they can go to the priest and just bug his brains out for two hours for free.”

Co-researcher 3, like Co-researcher 1, commented about feeling distant from God in the past and developing a closer relationship with God as a method to help reduce her anxiety. She said, “I felt like I was sinking too far, and the devil kind of just made me think that I didn't need a relationship with God, or just too sad, or just too hurt to have a relationship with God.” Prayer had helped her: “I started building that relationship, little by little, praying more and more, and opening up more and more in my prayers, and getting deeper and deeper in my prayers, and just feeling better about my prayers.” She added, “And I feel like over time, that I saw a big impact on how I felt, and that anxiety and depression just got much smaller, much more manageable.” Like Co-researcher 2, Co-researcher 3 mentioned that parishioners seek out priests for psychological counseling as they do for other kinds of problems. She commented, “I feel like we push that role on our priests, just because we've grown up, like any problems at all, anything at all, relationships, any questions about life, anything at all, you go to your priest.”

Co-researcher 4 referred to parishioners dealing with psychological problems religiously by going to see a priest. She thought that to a degree it was appropriate to do so, remarking, “I think it’s a good place, if someone is having depressive thoughts, to go

and talk to their priest and see if the priest can give them some comfort or some guidance and prayer." She commented that "prayer is powerful and can definitely help people," but she also said, "It may not solve all problems."

In commenting on whether some parishioners would view psychological distress as due to a lack of relationship with God, Co-researcher 4 said, "I think some people think that way, not all. But I can imagine that people who are very traditional could see things that way." She believed that younger parishioners tended to be different from older ones in their view of whether psychological distress was a spiritual or non-spiritual problem.

Co-researcher 5 believed in the power of prayer to deal with psychological difficulties, saying, "I would just like pray everything is going to be okay. I just keep praying that I need help from God." She also spoke of her having gone to priests many times to seek help in her former situation of an abusive marriage, which had caused her anxiety and depression. However, she admitted that doing so had only "patched" the problem at various times and had not fully resolved it.

Co-researcher 5 also said that prayer and going to see the priest were typical Coptic Orthodox way of dealing with psychological distress. About going to a psychology profession, she remarked, "I don't think none of us as a Coptic Orthodox believe in something like that. We're big believing in the church. We go and pray. We believe maybe Father, or the priest can help out, maybe a friend can help out." She felt that going to a priest could help in many situations, commenting, "But a lot of different situations, if you pray and you go open to someone like a priest and talk about, he might see something different."

Co-researcher 6 believed that before she went through a period of "self-discovery and self-reflection," she was aware of only religious ways of coping with psychological distress. She said, "The only tool I knew that I could use and the only tool I had was prayer. That's all I knew to do." She added that back then, if she had feelings of distress, her parents would tell her, "… you need to pray more, you need to read the Bible more, and you need to be in church, or you haven't been going to church enough."

In talking about whether parishioners would consider therapy an option for the girl who appeared to have a psychological issue because she was prone to outbursts, Co-researcher 6 remarked that parishioners would not view that as an option but would instead think the problem should be dealt with religiously. She said, "That's [seeing a mental health professional] not an option. Those things outside of prayer and Bible verses and being in church aren't options for her." She believed that many in the Coptic Orthodox community would view having a psychological problem as a being a spiritual matter whose solution should be by spiritual means. She remarked that for Middle Eastern men, for whom it would be "unheard of" to visit a counselor, "It's like it is admitting that you need help, it's admitting that you can't get it from God. It's admitting that maybe you're not a faithful person in general." However, Co-researcher 6 disagreed with that view, saying she now believed that dealing with a psychological issue non-religiously by going to a counselor did not actually create distance from God: "It's not like by saying [to her mother that the mind can cause pain in the body] that I'm removing God from the picture."

Theme 7: Carrying the Cross. The seventh theme is closely related to the sixth theme of Dealing with Psychological Distress Religiously. The themes are related

because Carrying the Cross can be considered a way Coptic Orthodox parishioners deal with psychological stress religiously—to simply bear the burden of the distress. Two of the co-researchers explicitly mentioned the term “carry the cross” as a way they were advised by their priest to deal with the psychological distress they were experiencing. Both tried to carry their psychological burden for years before finally taking action to rid themselves of what was distressing them. Three other co-researchers referred to parishioners believing that experiencing psychological distress is something that should be accepted according to the Coptic Orthodox religion.

Co-researcher 2 talked of being advised by his priest to “carry the cross” when he was psychologically distressed for several years in a previous marriage: “He [the priest] just kept telling me that women are the weaker vessel, and we should contain them, and we should pray, and we should carry the cross.” Later, Co-researcher 2 went through a period of psychological distress because he wanted permission to remarry in the church but was not given it. For 10 years, he attempted to carry his cross by following church teachings. He said, “I was trying to be God's son that doesn't do anything—God’s son, sons don't do anything against their dad’s will.” Finally, he went against the church and remarried. He commented the advice to carry the cross was a “double-edged sword.” He said, “It's awesome that you carry the cross, but I think Jesus himself, at one time, he dropped it, and somebody came and helped him with it, right? Even Jesus could not do it all the way.”

Co-researcher 5 spoke of having to carry the cross for years while she was in an abusive marriage, a period when she experienced much psychological distress. She said, “Everyone gets a cross. When I grew up, that's what I was taught. Everyone gets their

own cross." Though she went to several priests and bishops asking for permission to get divorced in the church, she was denied. Though priests gave her advice and tried to help, they only "patched" things temporarily in her word. At the same time, they told her she had to continue in her abusive marriage. She believed people in her community felt it was necessary to live with distress, saying, "But most of Coptic Orthodox, they say this is normal. Just carry the cross and going on with your life. Everything's going to be okay in a couple of days."

Co-researcher 1 did not use the phrase "carry the cross" in referring to how parishioners viewed dealing with psychological distress, but his comments suggested the same idea: the need to put up with the distress. About the community's views if they were to discover he had seen a mental health professional he said, "You're always supposed to be strong. You suffer but it's okay. You suffer but it's okay. It's gonna be okay." He also commented, "I almost felt that they were gonna think that I was weak, that I was weaker than them." His father advised him to not go to a counselor: "He said I'll look weak, that I won't be a man or that I won't be just like as strong, and I'm like, 'Dad, this is not a gender issue. Men have anxiety too.'"

Co-researcher 3 spoke of the community's belief that married couples should carry the cross in the sense of bearing with any problems or psychological distress that might occur in their marriage even if it the difficulties were extreme. She said, "Our faith does not believe in divorces, but sometimes, especially in situations like this, a divorce has to happen, and for me, it took me a long time to accept that myself." She added, "I was suffering. My parents were suffering. I firsthand saw the abuse, and I still didn't think they should get a divorce, just because that's my religion."

Co-researcher 4 talked about the Coptic Orthodox culture expecting a person to work through any psychological problems they might have. The person should not seek help outside the church. Instead, they should carry their burden while seeking help within the church or doing their best to try to get over their difficulty themselves. She remarked, “I feel like the Egyptian culture would expect someone to work through their issues….” She continued, “So [it might be seen as] a relationship with God issue, or just something like the person just needs to get over, kind of thing. Like, you’re depressed, cheer yourself up.”

Theme 8. Priests as Psychological Counselors. Comments by four of the co-researchers reflected the idea that Coptic Orthodox parishioners use priests for the purpose of psychological counseling. This theme overlaps with the theme of Dealing with Psychological Distress Religiously because going to the priest is one religious way of dealing with psychological distress. However, it goes beyond that theme by the finding that three of the four co-researchers who talked about using the priest as a psychological counselor also remarked that priests may not be well suited to play that role. The comments of those three indicated that they believed psychological counseling is more appropriately done by mental health professionals.

Co-researcher 2 said that the priest is put into the role of psychological counselor by the people in the church, not the church itself. He commented, “[It is] the congregation which actually empowers or actually puts the priest in a very bad situation that he has to become the counselor.” He added, “The people, if they have a little problem or a big problem or something in the middle, they go to the priest, which is not right, because the priest is, he’s a priest. He is not a professional. He’s not a psychologist.”

Co-researcher 2 later commented, “Great priests can be horrible counselors.” He stated that priests should refrain from acting as psychological counselors. They should instead recommend a mental health professional to parishioners who need psychological counseling. He remarked, “They should just refrain from counseling, and they should recommend places. And if the true reason why the person is not going is money, they should assist financially.”

Co-researcher 3 also believed that it was the people in the church that thrust the role of psychological counselor on priests. He said, “I feel like we push that role on our priests, just because we’ve grown up, like any problems at all, anything at all, relationships, any questions about life, anything at all, you go to your priest.” She commented that there were benefits to taking problems to the priest. One such benefit was that priests are “not supposed to share that information with anyone else, so it kind of helps, because it’s just private between you two.” She added, “And also, once the confession is over, they forget about it. They don't hold it against you. When they see you next Sunday, they don't ever mention it to you.” However, she also said, “but I still don’t feel like the priest is the best person to go to. I just don't feel like they’re trained for it. I feel like they could be trained.”

Co-researcher 3 made a distinction between priests as spiritual counselors and as psychological counselors. In commenting on priests as spiritual counselors, she said, “The priest is great for a lot of things, a lot of religious things they're great for, and confession and everything, and other problems that you may have.” She also remarked, “But I don't think that every priest has been through depression and anxiety or might just not be trained or informed on what to do, and how to respond, and how to act properly, to

actually help the person they're talking to." She suggested, "… get the priests a little bit more help, more knowledge, get them to take professional classes so they can truly help us." Like Co-researcher 2, Co-researcher 3 suggested that priests should provide recommendations for parishioners with psychological problems they can't address: "I feel like if they really can't help a person with mental health, depression, anxiety, then they need to have a list of other local therapists."

Co-researcher 4 remarked that for Coptic Orthodox parishioners who think psychological distress is a problem with their relationship with God, "… the go-to is 'Go talk to the priest." She said that this was mainly true of older Egyptians, who "think a priest can solve all problems. They'll go see him for financial issues, and political issues, and legal issues. The priest is the go-to as if they carry all the answers or something." She believed that reliance on priests for psychological advice was not so prevalent among "… people more my age, those who have grown up here are a little bit more educated in terms of the resources available."

Co-researcher 4 went on to distinguish between the priest's role as a spiritual counselor and as a psychological counselor. About the common belief that priests should be sought for every type of advice, she said, "That's definitely not true. They should be used primarily for spiritual guidance, but a lot of people don't see it that way. They think that priests can do it all. It's like a one-stop shop." She further commented, "I do think that there are some limitations with going and seeing priests. They can't really guide them and counsel them to the degree that someone who has expertise in the field can do, like a therapist, or a psychologist, or psychiatrist." She added, "I think talking to a priest helps at first, but if you find that you're not really going far with that or not getting

anywhere, that going and seeing a counselor of some sort would be your next step." She remarked that if she "… encountered a circumstance or situation that really affected me and I wasn't able to move on…. In that type of situation, I would probably go to a therapist." She added, "I think if it's something more personal ... then maybe I would go talk to a priest first, just for guidance, comfort, maybe to ask things to pray for, kind of thing."

Co-researcher 5 did not draw a distinction between the roles of the priest as a spiritual adviser and as a psychological adviser. She talked about going to the priest for any problem, including psychological ones, saying that "[for] many of us, better to deal it with priest and not to deal with psychologists." She elaborated, "All Coptic Orthodox, they don't believe in psychologists either. You have problem, just go see the priest. They'll fix or patch the problem." About seeing a mental health professional, she remarked, "I don't think none of us as a Coptic Orthodox believe in something like that [going to see a mental health professional]. We're big believing in the church. We go and pray. We believe maybe Father, or the priest can help out, maybe a friend can help out." She felt that even though going to priests to help her deal with her mental distress due to an abusive marriage had not done any more than "patch" the problem, seeing a priest could be helpful for some people: "A lot of different situations, if you pray and you go open to someone like a priest and talk about, he might see something different."

Co-researcher 6 did not refer to priests as psychological counselors. Her comments suggested that she viewed priests as spiritual advisers only and that she felt that role was separate from the role assumed by a mental health professional. Her remarks indicated that she believed that both roles—priests and mental health

professionals—were important and complemented one another. She remarked, “I will say the synergy between a father and confession, which is a spiritual guide, and a counselor is amazing.” She added, “I love that our church has that built in, I love that orthodoxy has spiritual guides built in. But it’s okay and also really helpful to have a mental health counselor, too, in synergy because our minds are powerful and may not have been taught the right things.”

For convenience of reference, Table 1 lists the eight themes reflected in co-researchers’ responses to interview questions. The following section presents the results of the primary researcher’s self-inquiry written in the first person concerning her experiences as a follower of the Coptic Orthodox faith and how her religion in combination with the Egyptian culture has affected her attitudes and those of other Copts about psychological distress and help-seeking.

Table 1

Themes Found in Co-researchers’ Responses

Theme 1: Culture Informs Religiosity
Theme 2: Experiencing Psychological Distress
Theme 3: Sources of Psychological Distress
Theme 4: Attitudes toward Psychological Distress and Help-seeking
Theme 5: Devotion to the Church
Theme 6: Dealing with Psychological Distress Religiously
Theme 7: Carrying the Cross
Theme 8: Priests as Psychological Counselors

Self-inquiry

My self-inquiry into my experiences being a Coptic Orthodox parishioner and how my Coptic Orthodox religiosity has affected my own and other parishioners' attitudes toward psychological distress and psychological help-seeking has resulted in several realizations. First, I want to say that I love my religion. For me, being Coptic Orthodox means having a sense of community and connection that have been there since my childhood. There is a sense of comradery that comes with being a part of a community and a faith that has continually suffered (and continues to suffer in Egypt) through persecution for members' beliefs and love of God. Growing up Coptic, I had the benefit of a community that cared about me to a certain extent. If I missed a week of Sunday school as a child, several families would call to see if I was alright or if my family needed anything. That sense of being missed or even having my absence noticed provided comfort. Another benefit was the actual faith of Orthodoxy, which many Coptic men, women, and children sacrificed their lives for. The core of Orthodoxy and the theology, the sacraments, the beauty of the liturgy, and the actual union with Christ through communion—all of the tenets of the faith of orthodoxy are, to me, priceless and provide a resource of guidance.

At the same time, there are drawbacks to being part of the Coptic community, in my opinion. A main drawback is the constant comparison, gossip, and judgment by other Copts. It's almost like having a family that you love but can't get away from when you need space or privacy. Privacy is nearly non-existent, and anything outside of traditional Christian norms is usually seen as rebellious, dangerous, or shameful. I've often been compared to other women in the church based on looks, success, intelligence, income,

relationship status, personality, etc. In my childhood and teen years, I felt a great amount of pressure from my parents and the community to attain a higher degree, marry someone that is both Coptic and that is financially secure and successful, and to have children as quickly as possible (I'm still fighting off that pressure currently).

I think these more negative aspects of being Coptic Orthodox are related to a main insight that arose from my self-inquiry. This was how my religion has affected my own and other parishioners' attitudes toward psychological distress and psychological help-seeking. It was not that I did not realize these effects previously, but my self-inquiry led me to understand them more clearly than ever before.

A way my religion has affected me, and many others is to lead us to believe that mental distress is a shameful thing and that it is taboo to visit a mental health professional to deal with psychological distress. According to these views, psychological distress is the result of not adhering closely to religious practices or not being close enough to God, and the proper person to deal with any issues that may distress a parishioner is not a mental health professional but the parish priest.

I was taught and followed these beliefs starting when I was very young. Born in Egypt, I was the eldest of two daughters, a slight but bearable disappointment to my father, who always hoped for a son. My childhood was filled with implicit familial rules that I now credit more to the dominant Islamic culture in Egypt than to my Christian Coptic Orthodox religion. As a girl, I had a strict and sheltered childhood affected by the dominance of Islam in Egypt and the fear of my parents for my safety.

Our family moved to America when I was around age five. In a land they had no familiarity with, my parents raised my younger sister and me in the best way they knew

how: by keeping us as sheltered as possible. They insisted that no one was to be trusted outside of our family. We were never allowed to attend any extracurricular activities at school due partly to their fear and partly to the lack of finances that such activities required. We were only permitted to have female friends over at our home for a few brief hours a week but could not ask to go to anyone's home or spend the night anywhere but our home. We were consistently told that speaking to boys was wrong.

One of my teachers in elementary school placed me in a gifted and talented program and tried to tell my mother that I most likely had attention deficit disorder; however, my parents quickly dismissed her theory and refused to discuss it or to have me screened. They could not imagine having a "broken" child. I never discussed with my family my constant inability to focus in class. Over time, it became evident that all emotional issues were only to be discussed with my mother, a role my father would have filled if he had sons. My mother comforted any emotional crisis I had with the notion that we are cared for by an all-knowing and loving God and that He would work everything out for my benefit. This belief continues to give me comfort to this day.

When my parents found a Coptic Orthodox church here in America, it became my primary form of socialization. The more involved I became in the church, the more I realized that my community of Coptic people focused on comparison. Women compared themselves to other women and compared their children to other children. Men compared their material possessions to those of other men. It became clear that to make my parents proud, I needed to surpass my friends in whatever ways possible. This led to a feeling of constant competition and false friendships.

By the time I approached the end of high school, I realized that in my Coptic community, having psychological distress was a taboo subject. I also understood that if I showed any sort of mental distress, I would be perceived as damaged by others in my community and no one would choose to marry me. I needed to exude confidence, grace, and a quiet disposition when I was around others in the Coptic community in the hope that amidst the constant comparisons, some mother would see me as a suitable spouse for her son.

As I write this, I cringe a bit. My goal at the time was to be perfectly acceptable to others. I lived my younger years tiptoeing around social judgement, afraid to show my flaws, afraid to admit any sort of depression or anxiety so as to appear as perfect as possible to those around me. No one spoke to me about this. In actuality I often suffered from intense anxiety caused by the pressure to conform to the idea of perfection, and I had no one to talk to about it. I watched as some girls foolishly over-shared their struggles and were either subtly or blatantly judged for it.

Thinking of that time of my life still gives me slight anxiety. I felt that love was conditional. Love had to be earned and could be lost if people realized you were broken. When I went to college, I completely separated from the Coptic community. I made the assumption that God's love was conditional and that it was impossible to live up to His standards if I couldn't live up to human standards. I sometimes communicated my feelings to my American friends to test out my normalcy. It became apparent in college that there were others struggling with social anxiety and that many people I met had felt depressed. At St. Mary's University, I finally realized that for most of my life I had suffered from social anxiety and depression and that admitting it was okay.

Toward the end of my master's education, I started experiencing horrific incidents of sleep disturbances in the form of nightmares. This condition opened my eyes to the reality of mental health disorders while shattering my sense of being in control. My anxiety skyrocketed, and I had many panic attacks. I was afraid to go to sleep and became sleep deprived. I could not focus on my daily activities, and every aspect of my life began to fall apart. I felt I no longer knew who I was. The worst part was that I could not talk about my suffering with my family. Not only did I feel like I was losing my sanity due to sleep deprivation, but I feared losing the reputation I had built before distancing myself from the Coptic community. I was in my mid-twenties and single, and I believed that admitting I had a mental disorder meant forfeiting any possibility that a Coptic man would choose me as a wife. It also put the reputation of my family and my sister in danger because if the community were to ever find out, they could insist that my family was being punished by God or that we were genetically flawed, and my children would be doomed to suffer the same fate.

I became obsessed with curing myself by reading as much literature as I could about sleep disturbances and nightmares. I learned that such sleep disturbances are shrouded in mystery and superstition. In my search, I discovered a poem that captured a glimpse of what I felt. It's entitled "Dead but Still Breathing," written on a personal blog by Ros Lemarchand (2013):

> I'm dead but still breathing
> Frozen and cold
> It's a dreadful feeling
> That's taken hold.
> Not awake or dreaming
> But paralyzed
> 'Help me' I try screaming
> So terrified.

I feel like I'm dying
My heart is weak
It's hard to be moving
To think or speak.

My body is struggling
Feel I can't breathe
Makes me anxious and scared
When will it ease?

It's all so frightening
If I'm alone
I can't help panicking
Who can I phone?
I feel dead yet living
Poison in me
There must be an ending
To set me free!

I kept my condition to myself for months, not daring to tell anyone lest they judge me. Then one night my nightmare was so intense that I grasped at any words of prayer I could think of and remembered a song I had heard of Psalm 13. It included the words, "But I trust in Your unfailing love; my heart rejoices in Your salvation. I will sing the Lord's praise, for He has been good to me." As I began to sing the song in my thoughts, the song played aloud in the nightmare and I woke up shaken with my heart pounding.

I was worried that my night terrors would get worse and also that others in my community might learn what was happening to me and hold it against me. Hesitantly, I went to several therapists searching for some relief from my fear, but they all had little understanding of these nightmares. At a neurologist's office, neurological tests and scans appeared to be perfectly normal. I finally grew desperate enough to seek advice from a priest, hoping his confidentiality guidelines would safeguard my reputation. The priest explained that because I had started to read more about these sleep disturbances and was

growing closer to God after these nightmares started occurring, I was most likely being attacked spiritually. I was a bit skeptical at this explanation, but the priest blessed me with oil and prayed over me. He told me to read more and discover God for myself without the influence of others. He assured me that he would not share my experience with others and my reputation would remain in good standing in the community. What I realize now is that he did not attempt to probe into my past or my feelings in an attempt to identify any psychological reasons for my nightmares or my panic attacks. His spiritual explanation seemed to the only possibility.

Thankfully, my studies at my university helped me to accept my condition and to lessen the shame attached to it. I began to realize that spirituality and mental health are closely intertwined, and even though I could not explain my experience or positively say that it was a religious experience in reality, it was a religious experience to me. I continued trying to cope with my ongoing sleep disturbances. I lived my life afraid to sleep for a few years and eventually found the courage to tell my family. They told me not to tell anyone about it and reassured me that because I went to the priest, everything would be okay. My family, too, did not seem to consider the possibility that my panic attacks were the result of anxiety or any other psychological issues.

My views at the time of the stigma surrounding counseling and mental health services had mostly been based on my bias due to my background and not from experiencing the perspectives of other members of the Coptic Orthodox community. However, I did become aware of a few others who were aware of that stigma. One such encounter was with a Coptic Orthodox friend who called me and asked to grab a cup of coffee. We met at a local coffee shop and noticed that there happened to be a group of

Coptic youth there. Upon noticing the group, my friend seemed to get very anxious and asked if we could get the coffee and talk in our car instead of staying at the coffee shop. Once we got in the car, she asked if we could drive to another parking lot just in case one of the Copts happened to walk outside and overheard us. I understood her need for discretion, so I drove to another lot as requested. My friend kept apologizing and repeatedly asked me if she could trust me to share this information. She was clearly afraid, and I did my best to assure her that I would keep our conversation confidential, but if she did not want to talk to me or changed her mind that I would completely understand. She told me that if anyone at church found out what she was about to tell me that her "life would be over" because everyone would gossip and make fun of her.

I was really concerned at that moment because I thought that she had gotten into some kind of trouble, but as she started describing her situation, I realized that she was simply describing that she suffered from panic attacks. She told me about her anxiety, that she had a hard time sleeping at night because of it, and that she sometimes thought she was having a heart attack. But she said that she heard a teacher at school talk about panic attacks once, so she thought I might know about them. She said she couldn't talk to her parents about it because they would just think she was crazy or take her to the hospital and she didn't want to risk upsetting them. She couldn't talk to her friends. She couldn't talk to anyone at school or any teachers because they might tell her parents or worse yet, document her mental health issues thereby tying her to her condition forever. I was the only person she knew at the time who was studying psychology in college. I told her that I also suffered from anxiety (I remember really hesitating to share that information with her because of my own fear that she would tell others) and that panic

attacks can be managed. She eventually agreed to meet with one of my college professors who I trusted, and she eventually told me that her anxiety has lessened.

Fast forward through several more of my own panic attacks to December of 2013 when I met my husband who also follows the Coptic Orthodox faith. Throughout our courtship, he showed me what unconditional love was through his actions. He constantly reassured me, normalized my anxiety, and because of his loving nature we were able to create a relationship of authenticity, safety, and open communication. I spent months debating whether or not to share my sleep disturbance and nightmare experiences with him and when I finally did, he did not hesitate to empathize with my pain and to offer love in return. My husband provided me with the security and love that completely contradicted anything I had experienced in my past from the Coptic Orthodox community. Through his love I realized that the pain and anxiety I had experienced was from a fear of rejection from the community, that it was toxic, and that I could choose to release myself from it. I also came to understand that the people in my community were not bad people; they did not intentionally seek to harm but were simply reacting to their upbringing just as I was. In 2015, my husband and I we were married.

Soon after, I began coming in closer contact with other members of the Coptic Orthodox faith who had experienced psychological distress. This was at a time when, in order to attain a Licensed Associate Counselor license in New Jersey, I began working under the supervision of a Coptic priest who was also a psychiatrist who worked at a non-profit clinic for the Coptic Orthodox community. Throughout my time working with this population, I made several observations:

1. Most clients feared tarnishing their reputation, as I had. Clients needed repeated assurance of confidentiality.
2. Clients were hesitant to speak to me unless consistently reassured by the supervising priest that seeking mental health counseling was okay.
3. Throughout the course of treatment, clients often needed repeated reassurance that they were not being attacked by the devil, were not sinning, were not crazy, and that God was not punishing them.

These questions were not always easy for me to answer since I had struggled with the same questions in my past, so constant supervision of my own biases was necessary. I learned that clients often seemed more comfortable receiving service from a priest than a psychiatrist. They would use the sacrament of confession to receive mental health counseling from the priest so that they technically were not attending any actual counseling. It was during this time that I came to believe that more research needs to be done to understand the phenomenon of client fear towards mental health counseling within the Coptic Orthodox community so that clinicians can better serve this population. As a result, this study was born not long after.

As a result of my personal experiences and my experiences counseling others who follow the Coptic Orthodox faith, I think that a few Copts who have either experienced psychological problems and learned through their experience or have been educated in mental health issues might share my views; but as a whole community, I would say they do not. I think the older generation of Copts and some of the younger generation that spent a majority of their life in Egypt would probably have very different views than my own. It seems to me that unless there is a direct experience with mental health issues that

gives people the ability to empathize, then the longer a Coptic individual spent in Egypt, engulfed in the cultural and religious influence, the more likely their beliefs carry a negative bias towards those suffering from mental health issues.

I have often heard, from community members, comments that show a great misunderstanding of the reality of psychological distress. These are comments such as, "There's no such thing as depression if you're thankful to God for everything like the Bible says," "The Bible says that we shouldn't be anxious for anything, so you need to trust God more," or "I heard he saw people that weren't actually there; I think he's possessed." I used to think and say those things before suffering with sleep disturbances, but my own experience opened my eyes to the reality of the importance of mental health and of non-judgment. My experience as a counselor has affirmed those realizations.

About the question of whether Coptic Orthodox parishioners' views about psychological health and distress are mostly due to religion or culture, I believe that my religion and culture are inseparable. To say that I could ever feel Coptic without feeling Egyptian or vice versa would be a lie. There is, in my experience, an overt misunderstanding, criticism, and mockery of those who suffer from mental health issues as a direct result of the Egyptian or Middle Eastern culture.

I think one of the most important things to note about my experience is that even when I was several years into my education in counseling, I still held biases towards having my own mental health issues. I was educated in what mental health disorders were and in how to diagnose them; I had empathy for others and did my best to help them, but I still chose to suffer silently rather than to admit that I had issues of my own. I lived in denial, and then in fear of my family and my community finding out about my sleep

issues. I avoided seeking professional psychological help even though I was training to be one of the very people I was avoiding! That's how powerful this implicit stigma and fear of judgement from my community was for me. Through my reflections while conducting this research, I realized that if I were not currently married, I most likely would not have shared my story for fear of being judged by potential males. I would like to thank my husband for his unconditional love and support and for encouraging me to share my story with others. If I can help even one person avoid that same suffering through this research, I will have considered the possible social risk I am taking in sharing my story to have been worth it.

This concludes the chapter reporting the results of the study. The next chapter presents a discussion of the results. The chapter includes a summary or synthesis of the study and implications of the findings. Several recommendations for further research and for practice are also given.

Chapter V

Summary, Implications, and Recommendations

This chapter presents a summary which Moustakas (1994) refers to as a synthesis of the eight themes and my self-inquiry as well as a discussion of the study's results. This will be followed by implications, and recommendations for future study.

Summary/Synthesis of the Study

The synthesis is an overall portrait of the Coptic Orthodox community as it relates to psychological distress, psychological help-seeking, and religiosity. The purpose of developing the synthesis is to answer the study's two main research questions and its associated sub-research questions.

The two main research questions were:

RQ1: How does the religiosity of Coptic Orthodox parishioners in the United States inform their attitudes toward psychological distress and psychological help-seeking?

RQ2: Do Coptic Orthodox parishioners in the United States use their religiosity to help deal with psychological distress and, if so, how?

The five sub-research questions are the following:

- SRQ1: What are Coptic Orthodox parishioners' experiences with psychological distress?
- SRQ2: How do parishioners deal with psychological distress?
- SRQ3: What do parishioners think is religion's role in dealing with psychological distress?
- SRQ4: What do parishioners think is the root cause of psychological distress?

- SRQ5: Do parishioners feel their attitudes come mostly from their religion or culture?

To begin the synthesis, it is clear from the co-researchers' comments that they held the Coptic Orthodox religion in high regard, speaking favorably about the history of the religion, its beauty, and their feeling close to God in practicing the religion. This attitude of appreciation and devotion toward the orthodoxy aspect of the religion was also reflected by my own self-inquiry, as I love my religion and am proud of its history. However, I, along with all six co-researchers also believed that Egyptian cultural attitudes are closely intermixed with the Coptic religion. In particular, the Egyptian culture appears to be a main source of Coptic Orthodox parishioners' views about psychological distress and help-seeking.

From the research results it is evident that many Coptic members are in denial of the reality of psychological distress as a non-religious phenomenon. This is true even though most of the co-researchers and me had experienced considerable psychological distress in various forms, including anxiety, depression, suicidal thoughts, and/or panic attacks. Several of the co-researchers also believed that others in the Coptic Orthodox community also suffered from psychological distress. The denial of psychological distress as a non-religious phenomenon is especially true of older Coptic Orthodox parishioners and younger ones who were not born in the U.S. or who came here as adults. For these parishioners, those who experience psychological distress are generally deprecated as being "crazy." The root cause of psychological distress is held to be a spiritual lack of some type. The distress is given a religious interpretation as being caused

by the devil or a demon or as being the result of being distant from God or of not practicing their religion adequately, such as not going to church or confession.

Because of its taboo nature, there is little or no acknowledgement of psychological distress among older Coptic Orthodox parishioners as a non-religious issue. This attitude of denial results in a strong stigma being associated with experiencing psychological distress. If the Coptic community discovers that a member is having psychological health issues, he or she may be effectively ostracized from the community. This realization among Copts silences people who may be experiencing psychological difficulty as they fear that if they tell anyone, their "secret" may be made public and lead them to be stigmatized and looked down upon. Contemplating the possibility of being "found out" may result in additional anxiety for a person who is already experiencing psychological difficulties. Single Coptic males and females may fear that if it were discovered in the community that they had psychological issues, it would radically limit or even destroy their marriage prospects. This may be especially true for women and girls.

The Coptic community's attitude toward someone seeking psychological help grows out of its lack of understanding and acceptance of the reality of psychological distress as a secular issue. For many in the Coptic community, especially older members, for a person to seek the assistance of a mental health professional is tantamount to the person demonstrating that he or she is "crazy" and, as a result, being stigmatized. For this reason, it may take a good deal of courage for a person to seek such assistance, as several of the co-researchers did. The "go-to" for many other Coptic Orthodox parishioners who are experiencing psychological difficulties is to seek the advice of their priest. This is

largely because the priest is a “go-to” for many problems Copts may have and also because the parishioner believes that any psychological issue is actually due to some spiritual or religious failing. The priest, accordingly, may view the difficulty as a spiritual issue and not explore the possibility that the psychological difficulty being brought to him is caused by causes such as physiological imbalances, traumatic childhood experiences, or even the fear of being thought to be “crazy” and rejected by the community.

Co-researchers recognized that visiting the priest is a common response for many issues that confront Coptic Orthodox parishioners, including psychological problems. However, several also mentioned that a priest may not be trained for or competent in dealing with psychological problems and that seeking a mental health professional would be a better option. My own experience has shown me that priests can differ greatly in their knowledge of psychological distress. For instance, on the one hand, my counseling supervisor, who was a Coptic Orthodox priest, was also a licensed psychiatrist. On the other, the priest I saw after my troubling experience of being visited by some creature placed only a religious interpretation on the experience and did not explore the possibility that the experience, as well as my other panic attacks, reflected a deep-seated social anxiety. Given co-researchers’ comments and my own experiences, it seems that greater training in psychological health issues would be an appropriate goal for priests. At least enough training is needed so that a priest can determine whether an individual needs professional counseling so that he can refer the individual to such counseling. Priests with such training might also be able to use the pulpit to educate and alter the attitudes of their congregations toward psychological distress and help-seeking.

The responses of several of the co-researchers indicated that within the Coptic community, a great deal of psychological distress can be brought on by the issues of abusive marriages, divorce, and the community's reactions to divorce. Two of the co-researchers had experienced psychological distress as children due to the marital problems of their parents. They had experienced additional psychological distress when their parents got divorced as a result of community members forbidding their own children to visit or play with them. Another co-researcher spent many years in an abusive relationship and had experienced a great deal of psychological distress as a result. She experienced further psychological distress from repeatedly being told by her priest that she was not allowed to get divorced within the church, even though the priest was aware of and had even witnessed the abuse. The attitude of the church and many members of the church appears to be that everyone has a cross to carry, and that those in a difficult marriage must resign themselves to carrying their cross even if it causes extended unhappiness. Given co-researchers' statements about how they were treated as children of divorced parents, it may be that for some congregation members, the children of a troubled marriage must also carry their cross. It is not clear what the opinion of the church itself would be about that, but one co-researcher who had suffered discrimination as a child due to her parents' divorce complained that no one representing the church ever inquired into her or her sibling's well-being at the time even though she was experiencing psychological distress.

Attitudes toward psychological distress and help-seeking may be gradually changing within Coptic Orthodox congregations. The comments by several co-researchers and my own experiences suggest that younger generations who have been in

the U.S. since birth or a very young age have a better understanding and acceptance of the reality of psychological distress as a phenomenon that need not have a religious interpretation, explanation, or treatment. It was encouraging that several of the co-researchers had gone to mental health professionals about their psychological distress and that several others made clear that they were not averse to seeing a professional if needed. This more accepting attitude may be attributed to education, as well as living in a culture that is quite different from the Egyptian or Middle Eastern culture where psychological difficulties are little understood, are generally considered to be weaknesses, and are stigmatized. In such an environment stigma is also associated with going to see a mental health professional to help deal with psychological distress. In the U.S., it is accepted that psychological difficulties such as anxiety and depression can be the result of a range of causes including chemical imbalances, traumatic experiences, and stress from everyday problems (National Institutes of Health, 2017). It seems likely that Coptic Orthodox parishioners' attitudes toward experiencing psychological distress and psychological help-seeking will become more enlightened as an increasing proportion of parishioners become acculturated to the American society.

Implications

Several implications can be drawn on the basis of the study's findings. One implication is that Coptic Orthodox parishioners find great meaning in following their religion. They are proud of the long history of their faith, tracing it back to Jesus Christ, and they are proud of that history. They find beauty in the rituals and symbols of the church. The close-knit Coptic community is also appreciated by many parishioners who consider the community to often be supportive and like an extended family.

A second implication is that many in the Coptic Orthodox community have little or no understanding of psychological distress as a non-religious phenomenon due to their cultural heritage. Several co-researchers suggested that lack of knowledge of such issues can be traced to the traditional home of the Coptic Orthodox church, which is the Egypt. These co-researchers stated that little is known about mental health or mental health options in Egypt and that the subject is effectively avoided in that culture. Upon immigration from Egypt, Coptic Orthodox parishioners brought much of their culture with them, including attitudes toward mental health and help-seeking. This cultural baggage has continued to inform the attitudes of many Copts in the U.S., especially older generations.

A third implication is that there appears to be a substantial degree of psychological distress among Coptic Orthodox parishioners. Five of the co-researchers had experienced considerable psychological distress, as did I. Also, several of the co-researchers believed that others in the Coptic community also experience psychological distress. The negative attitudes toward mental health professionals that are characteristic of Coptic communities and the stigma associated with psychological distress and seeking help from mental health professionals lead those who are experiencing psychological distress to be very hesitant about disclosing their situation and seeking professional help.

A fourth implication is that the stigma associated with psychological distress and help-seeking in Coptic communities is a source of substantial additional anxiety among members of the community who may already be experiencing psychological distress. The fear of being labeled "crazy" by others in the community for disclosing psychological distress or visiting a mental health professional may serve to silence individuals who are

in distress and lead them to choose not to seek the help of a mental health professional. The stigma associated with psychological distress is so strong that young single individuals who experience such distress fear that disclosure may effectively nullify their chances of being accepted as a potential marriage partner by another member of the community.

A fifth implication, based on co-researchers' comments and my own experience, is that there are Coptic Orthodox priests within the U.S. who are not sufficiently trained to deal with all forms of psychological distress. As indicated by some co-researchers, priests' attempts to deal with mental health issues for which they are not sufficiently trained. This may be partly a result of parishioners expecting the priest to advise them about a large range of problems, including psychological difficulties. Congregants view that the priest is the "go to" person for advice on mental health issues may also be partly a result of congregants believing that such issues should always be dealt with spiritually. However, though some instances of psychological distress may be explainable in terms of religious or spiritual concepts, not all are. Priests need further training in psychological counseling and in how to recognize issues for which they lack competence and for which they need to refer to the individual to a mental health professional.

A sixth implication is that a substantial amount of mental distress for some Coptic Orthodox parishioners is related to difficulties in gaining church-authorized divorces and remarriages. Several of the co-researchers indicated they understand the church rules regarding divorce and re-marriage, however they expressed a desire that the rules become somewhat more flexible particularly in cases of abuse. Co-researchers also suggested that

efforts might also be made to change the attitudes of parishioners who view a child as stigmatized due to their parents' divorces.

Limitations

There were two limitations in this study. The first limitation is the existence of ambiguity in co-researcher responses, which is present in all languages (Atieno, 2009). There is always the possibility of miscommunication or misinterpretation. The researcher attempted to account for this limitation by utilizing member-checking with co-participants. This gave each co-participant the opportunity to read their own interview summary and to make any corrections that they felt were necessary. The second limitation is a lack of generalizability of findings which is a common limitation of qualitative studies (Leung, 2015).

Recommendations

Several recommendations can be made for further research and for clinical practice. In regard to further research, it is recommended that this study be repeated with Coptic Orthodox parishioners in various locales in the U.S. to determine if this study's findings are repeated in other Coptic congregations.

It is also recommended that research be conducted to determine differences between older and younger Coptic Orthodox parishioners in regard to attitudes toward mental health, psychological distress, and professional help-seeking for psychological distress. The findings from this study suggest that there is a substantial difference between younger and older Copts in such attitudes. Further examination of the degree of this difference could be valuable for understanding the attitudes within the Coptic Orthodox population.

It is further recommended that research be conducted to determine the degree of training and understanding of mental health issues be conducted among Coptic Orthodox priests. The results of this study suggest that there may be a wide range of training and understanding of mental health issues among priests. Surveying or interviewing a sample of priests could help in clarifying the degree of understanding and training about mental health that characterizes this population.

In regard to recommendations for clinical practice, mental health professionals who counsel Coptic Orthodox parishioners need to be very cognizant of such clients' need to be reassured of confidentiality. The results of this study indicate that Coptic Orthodox followers have considerable fear of community members becoming aware of them seeing a mental health professional. A heightened sensitivity to explaining the process of counseling is necessary as there is chance that a Coptic Orthodox client may have little to no knowledge of the counseling process.

It is further recommended that mental health professionals dealing with the Coptic Orthodox community consult with local priests in attempts to develop programs for educating parishioners. Doing so could also help provide the priests with new resources in the form of recommendation options for helping parishioners deal with such issues.

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Appendices

Appendix A

Invitation Email

You are invited to take part in a research study about the attitudes of followers of the Coptic Orthodox religion about mental health and seeking help for mental distress. The study includes several Coptic Orthodox parishioners. This form is to allow you to understand the study before deciding to take part.

This study is conducted by Sandy G. Aziz, a doctoral student at St. Mary's University.

Procedures:
If you agree to be in this study, you will be asked to:

- Answer several demographic questions about matters such as your age and how long you have been a follower of the Coptic Orthodox religion.
- Answer several questions about your religion and beliefs about mental health.

Your responses to these questions will be audio recorded, transcribed, and analyzed along with the responses of other participants in the study. Answering the questions should take no more than about 60 to 90 minutes of your time.

Your participation is voluntary. No one at your church will treat you differently if you decide not to be in the study. If you decide to join the study, you may stop at any time.

Risks and Benefits of Being in the Study:
Participation in this study is not expected to pose any risk to your safety or wellbeing.

There are no personal benefits to being in the study. Your participation will benefit the larger community in the form of knowledge that may be useful to understand the perceptions and attitudes of followers of the Coptic Orthodox religion about mental health, mental distress, and seeking help from mental health professionals.

Privacy:
Your participation will be anonymous. Your name or other identifying information will not be associated with your responses. Instead, an ID number will be used to identify each participant. Any information you provide will be kept confidential and will not be used for any purpose outside of this research project.

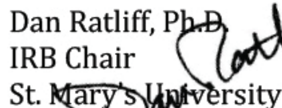
Contacts and Questions:
If you have questions about the study, you may contact the researcher at 551-223-5504 or email sguergues@mail.stmarytx.edu. If you have any questions about your rights as a participant or concerns about this research study please contact the research Advisor Dr. H. Wooten at hwooten@stmarytx.edu. You may also contact the Institutional Review Board, St. Mary's University directly at 210-436-3736 or email at IRBCommitteeChair@stmarytx.edu. ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE

GOVERNED BY THE REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

Obtaining Your Consent
Before the interview you will be given an informed consent form outlining the study and will be asked to verbally consent to participation. You may specify a location of your choosing or may request to use the office of the researcher.

If you believe that you would be interested in participating, please respond to this email or call/text the researcher to arrange a time and location that is convenient to you for the interview.

The IRB has approved the study, Guergues Aziz, Sandy (Wooten, faculty sponsor). Religiosity and Attitudes Toward Psychological Health, Distress, and Help-Seeking Among Coptic Orthodox Parishioners. Any research participants with questions or concerns about this research should contact the ST. MARY'S UNIVERSITY INSTITUTIONAL RESEARCH BOARD AT 210-436-3736.



Dan Ratliff, Ph.D
IRB Chair
St. Mary's University

Appendix B

Informed Consent

Thank you for choosing to take part in this research study about the attitudes of followers of the Coptic Orthodox religion about mental health and seeking help for mental distress. The study includes several Coptic Orthodox parishioners. This form is to allow you to understand the study and to verbally offer your consent to participate in the following interview.

This study is conducted by Sandy G. Aziz, a doctoral student at St. Mary's University.

Procedures:
If you agree to be in this study, you will be asked to:

- Answer several demographic questions about matters such as your age and how long you have been a follower of the Coptic Orthodox religion.
- Answer several questions about your religion and beliefs about mental health.

Your responses to these questions will be audio recorded, transcribed, and analyzed along with the responses of other participants in the study. Answering the questions should take no more than about 60 to 90 minutes of your time.

Your participation is voluntary. No one at your church will treat you differently if you decide not to be in the study. If you decide to join the study, you may stop at any time.

Risks and Benefits of Being in the Study:
Participation in this study is not expected to pose any risk to your safety or wellbeing.

There are no personal benefits to being in the study. Your participation will benefit the larger community in the form of knowledge that may be useful to understand the perceptions and attitudes of followers of the Coptic Orthodox religion about mental health, mental distress, and seeking help from mental health professionals.

Privacy:
Your participation will be anonymous. Your name or other identifying information will not be associated with your responses. Instead, an ID number will be used to identify each participant. Any information you provide will be kept confidential and will not be used for any purpose outside of this research project.

Contacts and Questions:
If you have questions about the study, you may contact the researcher at 551-223-5504 or email sguergues@mail.stmarytx.edu. If you have any questions about your rights as a participant or concerns about this research study please contact the research Advisor Dr. H. Wooten at hwooten@stmarytx.edu. You may also contact the Institutional Review Board, St. Mary's University directly at 210-436-3736 or email at

IRBCommitteeChair@stmarytx.edu. ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT ST. MARY'S UNIVERSITY ARE GOVERNED BY THE REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

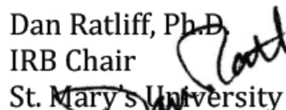
You will be given a copy of this consent form for your records.

Please contact the researcher at the phone number provided or at the e-mail address above or tell her now if you would like to receive a summary of the study results after it is completed.

Obtaining Your Consent
If you believe you understand the study well enough to participate in it, please orally indicate your consent to the researcher verbally by saying, "I understand and consent to participate in this study".

The IRB has approved the study, Guergues Aziz, Sandy (Wooten, faculty sponsor). Religiosity and Attitudes Toward Psychological Health, Distress, and Help-Seeking Among Coptic Orthodox Parishioners. Any research participants with questions or concerns about this research should contact the ST. MARY'S UNIVERSITY INSTITUTIONAL RESEARCH BOARD AT 210-436-3736.

Dan Ratliff, Ph.D.
IRB Chair
St. Mary's University



Appendix C

Interview Guide

1. What is it like to be Coptic Orthodox and what does that mean to you?

2. What experiences have you had dealing with psychological distress such as depression or anxiety?
    - *Possible follow-up questions*: How did you deal with this distress?

3. What experiences have you had with friends or relatives who were dealing with psychological distress such as depression or anxiety?
    - *Possible follow-up questions*: How did they deal with the distress they experienced? What advice, if any, did you give to the person? *or* What advice would you give to a friend or relative dealing with psychological distress?

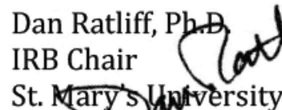
4. What do you think are the root causes of psychological problems?

5. Do you feel that others in the Coptic Orthodox community share your views about psychological health and psychological problems?

6. Do you think your views about psychological health and distress are mostly due to your religion or your culture?

The IRB has approved the study, Guergues Aziz, Sandy (Wooten, faculty sponsor). Religiosity and Attitudes Toward Psychological Health, Distress, and Help-Seeking Among Coptic Orthodox Parishioners. Any research participants with questions or concerns about this research should contact the ST. MARY'S UNIVERSITY INSTITUTIONAL RESEARCH BOARD AT 210-436-3736.

Dan Ratliff, Ph.D.
IRB Chair
St. Mary's University



VITA

CENSUS:	**Sandy Guergues Aziz was born on July 27, 1985, in Alexandria, Egypt. Her parents are Mr. Guergues Guergues and Mrs. Madien Habeb.**
TRAINING:	**Sandy Guergues Aziz graduated from Keller High School, Keller, Texas, May 2004. She received her Bachelor's degree from the University of Texas at Dallas, Texas, 2008. She also received her Master of Arts degree in Counseling from St. Mary's University of San Antonio, Texas, 2010.**
EXPERIENCE:	**From 2013-2015 she was employed at Diagnostic Assessment Services, Texas, as a counseling intern. She has been counseling at St. Luke's Community and Health Services, New Jersey since 2015.**
ADDRESS:	**1115 Clifton Avenue Suite 204 Clifton, New Jersey 07013**
TYPIST:	**Lauren Dibisceglie 1115 Clifton Avenue Suite 204 Clifton, New Jersey 07013**

Adopted November, 2018