Published in final edited form as:

Appetite. 2013 August ; 67: 44–52. doi:10.1016/j.appet.2013.03.007.

Intersection of identities. Food, role, and the African–American pastor[☆]

Brook E. Harmon^{a,b,c,*}, Christine E. Blake^a, Cheryl A. Armstead^{b,d}, and James R. Hébert^{b,e}

^aDepartment of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, 800 Sumter St., Room 216, Columbia, SC 29208, United States

^bSouth Carolina Statewide Cancer Prevention and Control Program, Discovery I, University of South Carolina, Suite 200, Columbia, SC 29208, United States

^cUniversity of Hawaii Cancer Center, 701 Ilalo Street, Room 508, Honolulu, HI 96813, United States

^dDepartment of Psychology, Barnwell College, University of South Carolina, Columbia, SC 29208, United States

^eDepartment of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina, 800 Sumter St., Room 205, Columbia, SC 29208, United States

Abstract

African–American pastors can foster health-related innovations as gatekeepers and advocates within their churches. Personal experiences with food and health likely influence their support of such programs. Identities or meanings attached to societal roles have been shown to motivate individuals' attitudes and behaviors. Understanding role and eating identities of African–American pastors may have important implications for participation in faith-based health promotion programs. This study aimed to describe the eating and pastoral identities of African–American pastors, explore intersections between these identities, and highlight implications for nutrition programs. In-depth interviews with 30 African–American pastors were audio-recorded and transcribed verbatim. Data were analyzed using theory-guided and grounded-theory approaches. Pastors described affinity across one or more dimensions including healthy, picky, meat, and over-eater identities. In describing themselves as pastors, the dimensions pastor's heart, teacher, motivator, and role model emerged. Pastors who described themselves as healthy eaters were more likely to see themselves as role models. Pastors with healthier eating identities and more complex pastoral identities described greater support for health programming while unhealthy, picky, and over-eaters did not. These findings provide guidance for understanding eating and role identities among pastors and should be considered when designing and implementing faith-based programs.

Keywords

Identity; Diet; Role; Faith-based programs; African American; Pastors

[☆] *Acknowledgements*: This work was supported by the National Institutes of Health, National Center on Minority and Health and Health Disparities Grant # 1R24MD002769-01. Dr. JR Hébert was supported by an Established Investigator Award in Cancer Prevention and Control from the Cancer Training Branch of the National Cancer Institute (K05 CA136975), and Dr. BE Harmon was supported by a National Cancer Institute Cancer Education and Career Development Program Grant (R25 CA090956).

© 2013 Elsevier Ltd. All rights reserved.

*Corresponding author. bharmon@cc.hawaii.edu (B.E. Harmon).

Introduction

Churches have long been considered the cornerstone of African–American (AA) communities with the mission of many churches extending to social, economic, and political issues (Campbell et al., 2007; Mamiya, 2006). As faith-based health promotion in AA churches expands in popularity, researchers are delving into the nuances that characterize program success. A consistent finding is the importance of the pastor. However, results from faith-based studies have been mixed, and provide minimal insight into what leads some, but not other, pastors to advocate for health or partner with health promotion programs (Baruth, Wilcox, Laken, Bopp, & Saunders, 2008; Mamiya, 2006; Williams, Glanz, Kegler, & Davis, 2009).

Many faith-based studies seek to change dietary habits of congregation members in order to prevent or control chronic disease (Campbell et al., 1999; Resnicow et al., 2002, 2004; Wilcox et al., 2010). Much of this work has focused on AA churches (Ammerman et al., 2002; Campbell et al., 2004; Faridi et al., 2009; Resnicow et al., 2004; Wilcox et al., 2007a, 2007b; Yanek et al., 2001; Yeary et al., 2011). The prominence of AA churches in the faith-based literature is due, in part, to the high participation rates of AAs in formal religion. In the United States, 87% of AAs report having a formal religious affiliation and 79% report that religion is very important in their lives (The Pew Forum on Religion, 2009). AAs also face large health disparities in their rates of chronic disease (Centers for Disease Control, 2008) and may have limited access to health services for a variety of socioeconomic reasons (Klein, Nguyen, Saffore, Modlin, & Modlin, 2010; Link & McKinlay, 2009). In addition, AAs have reported higher levels of mistrust in research and traditional medical systems (Armstrong et al., 2008; Matthews, Sellergen, Manfredi, & Williams, 2002). These factors have led researchers and practitioners to partner with community-embedded groups, such as churches, to provide nutrition programming that emphasizes chronic disease prevention (Campbell et al., 2007).

Churches are not homogenous entities. Each is unique and the senior pastor is key in determining the mission, dynamics, and character of the church. It is theorized that church leaders create a unique “church culture” as they interact with their membership, the social world, and religious objects and beliefs (Carroll, 2006). As part of creating their church’s culture, pastors serve as gatekeepers for programs and their commitment is necessary for successful faith-based collaborations (Campbell et al., 2007; Mamiya, 2006; Williams et al., 2009). Pastor involvement also has been highlighted as a predictor of program success, especially as it relates to nutrition and health promotion (Bopp & Fallon, 2011; Demark-Wahnefried et al., 2000; Peterson, Atwood, & Yates, 2002). Congregation members identify their pastor as someone who can support their health efforts (Bopp et al., 2007; Torrence, Phillips, & Guidry, 2005) and stronger pastoral support within diet and physical activity interventions may lead to better behavioral outcomes (Atkinson et al., 2009; Resnicow et al., 2004; Wilcox et al., 2007a, 2007b). However, mixed results from behavioral intervention studies indicate aspects of pastoral support, such as messages from the pulpit and participation in the program, may be low (Baruth et al., 2008; Carroll, 2006). Even increased knowledge of the causes and health consequences of obesity may not motivate pastors to increase support for health promotion within their church (Watson, 2008).

Despite documentation of pastoral influence, little is known about how pastors view their role as gatekeeper or how they decide which programs to support in their church. Some pastors have noted a willingness for their church to be involved in the health of its congregants (Catanzaro, Meador, Koenig, Kuchibhatla, & Clipp, 2006; Watson, 2008). Other pastors view the role of the church in a more traditional sense, with the focus on spiritual not physical health (Ammerman et al., 2002; Webb, Bopp, & Fallon, 2011). Church

and pastor demographics, such as church size and a pastor's education level, may contribute to a pastor's willingness to allow health promotion programs to be implemented (Catanzaro et al., 2006; Thomas, Quinn, Billingsley, & Caldwell, 1994). Additional information on characteristics of pastors that increase their adoption of faith-based nutrition programs is needed.

A pastor's personal relationship with food and health may influence their willingness to support dietary change interventions. How an individual identifies with food is related to dietary behavior (Blake et al., 2011) potentially influencing attitudes towards and interests in such programs. Identities attached to roles played in society also have been shown to motivate individuals' attitudes and food choices (Bisogni, Connors, Devine, & Sobal, 2002; Burke & Reitzes, 1981; Devine, Sobal, Bisogni, & Connors, 1999; Stryker & Burke, 2000). The intersection of eating and pastoral identity is of particular interest given concerns about the health status of pastors. Pastoring is a high-pressure, high-demand job, which can negatively impact the emotional and physical health of those in the profession (Calvert, Merling, & Burnett, 1999; Carroll, 2006; Proeschold-Bell & LeGrand, 2010). National surveys of self-reported height and weight have consistently found pastors to have higher rates of overweight and obesity (35–48% and 46–30% respectively) than national averages (36% and 27% respectively) (Carroll, 2006; Centers for Disease Control, 2009; Proeschold-Bell & LeGrand, 2010; Webb et al., 2011). The relationship between weight status, clergy health, and influence on the congregation is complex. When asked about their health and its impact on their ability to do their job, pastors rated their health as good even though 78% were overweight or obese; however, when asked if their weight status impacts their congregations' trust in their ability to lead, 72% of the pastors surveyed said it was of somewhat or great importance (Carroll, 2006). Understanding identities relevant to AA pastors in their roles as both pastors and eaters may provide insight into these complex relationships and pastors' decisions to endorse or participate in faith-based health promotion programs that include an emphasis on nutrition.

Studies in diverse populations have provided some insight into different aspects of eating identity (Blake & Bisogni, 2003; Devine et al., 1999). Having a self-described healthy eating identity has been shown to be positively associated with healthy dietary behaviors, attitudes, and intentions (Blake, Smith, Harmon, & Beets, 2012; Blake et al., 2011). Among those who identify themselves as vegetarians and vegans, intersections between their relationships with animals and the environment as well as intersections with identities related to being ordinary and not being a "health freak" have been seen (Fox & Ward, 2008; Sneijder & te Molder, 2009). Intersections with other identities such as masculine identity and living alone have been examined in relation to eating identity, in particular meat eating, and food choice (Newcombe, McCarthy, Cronin, & McCarthy, 2012; Sellaeg & Chapman, 2008; Sobal, 2005).

Religious rules or structures also have a strong influence on how followers think about health (Campbell et al., 2007; Frenk, Foy, & Meador, 2010; Holt & McClure, 2006) and food choices (e.g., Seventh-day Adventist, food taboos) (Mintz & Du Bois, 2002; Willett, 2003). In some cultures, a concept of "ritual purity" elevates healthier (e.g., vegetarian) eating to a position of moral superiority (Chester, Himburg, & Weatherspoon, 2006; Mishra, Singh, & Dagenais, 2001). Also relevant to AA pastors, are the links between ethnic identity and food choice (Devine et al., 1999; Resnicow et al., 2009). Food serves as a means to solidify group membership and to set groups apart, making ethnic identity an important influence on food selection (Mintz & Du Bois, 2002). Despite the growing awareness of the importance of the pastor in shaping church culture, there is a dearth of information about pastors' eating identities.

In addition, many studies have highlighted the role of the AA pastor in the success of faith-based health promotion programs, but few studies have sought to examine these issues from the pastor's perspective. The application of identity theory may provide a useful way to better understand how pastors apply meaning to the multiple roles they play within their churches and communities. To date, theory related to identity has taken two main approaches. The first focuses on the social dynamics that occur when identity interacts with social networks and structures to influence behavior (Stryker, 1980; Stryker & Burke, 2000). The second explores identity meanings and interactions that develop while serving in different roles (Burke & Reitzes, 1981). Both view the self as multifaceted, see identity as central in influencing behavior, and are concerned with the salience of particular identities (Stryker & Burke, 2000). Few studies, however, have linked the two concepts or explored how various identities interact within complex social structures to influence identity salience and behavior (Stryker & Burke, 2000). This study aimed to gain an understanding of AA eating and pastoral identities using a linked theory of identity to deepen understanding of pastors' potential influence on the success of faith-based nutrition programs.

Methods

In keeping with previous eating identity and food choice research, grounded-theory methods and a theory-guided approach were used to explore pastoral and eating identities present among AA pastors (Bisogni et al., 2002; Blake & Bisogni, 2003; Devine et al., 1999; Greene, 1993). Grounded-theory methods allowed the theory resulting from this research to be derived inductively and grounded in the participants' real life experiences (Charmaz, 2006; Glaser & Strauss, 1967). Identities were allowed to emerge from the data and were grounded in the pastors' meaning of such identities versus being imposed on the data based on self-reported behavior or behavior ideals. A theory-guided approach allowed the current research to build upon relevant theories and frameworks to inform both data collection and analysis and to compare with the emerging model (Greene, 1993).

Thirty AA pastors were recruited to participate in an in-depth interview, which lasted approximately an hour and a half. Participants were senior pastors of their respective churches. Interviews were conducted between October of 2010 and December of 2011. The research protocol and consent form were approved by the University of South Carolina IRB before recruitment. Before the interviews began, each pastor consented to be interviewed and to be contacted with follow-up questions. Pastors were given a \$20 gift card at the end of their interview.

Recruitment of participating pastors began within the context of a 5-year, community-based participatory research study that partnered with AA churches in South Carolina, USA to implement a diet and physical activity intervention. Eleven of the pastors interviewed served at a church that participated in the larger study, six pastors served at an eligible church that declined participation in the larger study, and 13 pastors were recruited outside the context of the larger study. These 13 pastors were recruited via "snowballing" (Patton, 2002), use of pastor lists on denomination websites, and recommendations from AA community members. Demographics of the pastors recruited are provided in Table 1.

To ensure a diverse sample of pastors that would provide insight into a wide range of identities, we sought out specific subgroups. Efforts were made to purposively recruit AA female pastors. Women represent a small proportion of AA pastors, about 3% of pastors in Historically Black Churches, and so are harder to access by general searches (Carroll, 2006). Pastors who varied in their descriptions of themselves as eaters were also purposively recruited. Saturation of the theme "healthy eater" was reached around mid-point of recruitment (Corbin & Strauss, 2008). In order to obtain a sample of pastors who

represented a range of eating identities, we developed a screener for use during the remainder of the study. The screener asked pastors their thoughts on messages related to health disparities within churches, which was part of the original recruitment message, as well as questions related to being a pastor, its influence on their eating, and how they would fill in the phrase “I am a [blank] eater.” Pastors who identified as other than a healthy eater or who gave answers to the questions not previously heard from healthy eaters were asked to participate in the in-depth interview. Five pastors identified as healthy eaters during screening and were not invited to participate in the in-depth interview.

A semi-structured interview approach was used. An interview guide was developed to explore the experience of being a pastor, pastoral identity, their role in bringing programs to the church, and the programs with which they identify most closely as a pastor. Finally, each pastor was asked where and what they most often eat and how they would describe their eating identity. Eating identity questions were based on questions used in prior studies of eating identity (Bisgoni et al., 2002; Blake, Jones, Pringle-Washington, & Ellison, 2010). Questions related to pastoral identity and program adoption were developed with the help of experts in identity theory, psychology, anthropology, health promotion, religion, and the AA community. Questions from the interview guide are listed in Table 2. The interview guide was pre-tested with two local pastors not involved in the study.

The interviewer, a White female (BEH), remained the same throughout data collection. In an effort to acknowledge racial discordance, steps were taken to establish rapport with pastors upon initiating the interviews. The interview guide’s introduction included noting the interviewer’s uncle being a Southern Baptist minister as well as her having grown up in rural South Carolina. These similarities helped the interviewer establish a shared point of understanding with the interviewees.

Each interview was audio recorded and transcribed verbatim. Interviewees were assigned pseudonyms to maintain their anonymity. After each interview, field notes were written. These notes were reviewed during analysis to assist the researchers’ memory and to provide context for transcription. NVivo 9[®] qualitative analysis software was utilized during coding (QSR International Pty Ltd., 2002).

Data analysis followed procedures based on the constant comparative method in continuous data analysis (Corbin & Strauss, 2008). Analytic steps taken to ensure the credibility and trustworthiness of findings included: (1) review of interview transcripts and field notes by the research team, focusing on new perspectives or problematic interviews; (2) open coding for emergent themes by two experienced coders using qualitative data analysis software (QSR, 2002); (3) comparison of three interviews to ensure similar code interpretation and development of the preliminary codebook; (4) iterative thematic coding of interviews was guided by the aims of the research and review of the literature; (5) review of coding for participants personal eating identities and pastoral identities using matrices to compare themes related to eating and pastoral identities within individuals as well as across individuals; (6) categorization of participants with similar eating and pastoral identities; (7) comparison of individual and church characteristics, eating identities, and pastoral identities; (8) bi-weekly peer debriefing on emergent themes, refinement of the codebook, selective coding, and categorization; and (9) interpretation of findings in the context of existing conceptualizations and empirical research. Additional research peers with expertise in health promotion and faith-based research provided feedback (peer debriefing) on findings at key points in the analysis process (e.g., during preliminary coding, before and after selective coding and categorization).

To further ensure findings were credible, member checks were conducted with all interviewed pastors. The pastors were individually presented with our findings and asked for their reaction to our interpretation. Pastor responses were used to confirm findings and their insights were used to refine our presentation. Memoing was used throughout the study and an audit trail was kept to maintain a record of data collection and analysis activities (Corbin & Strauss, 2008; Miles & Huberman, 1994; Whittemore, Chase, & Mandle, 2001).

Results

Dimensions of pastoral and eating identities, intersections between dimensions, relationships between identities and pastors' perceptions of faith-based programming, and the conceptual model that emerged are described below. Quotations from pastors regarding eating and pastoral identity dimensions are presented in Table 3.

Eating identity

Pastors in this study presented eating identities that were characterized along multiple continua related to health, over-eating, pickiness, and meat eating. The pastors used temporal references (e.g., how they wish they could eat, how they ate in the past) to aid in describing their current identity along the continua. Most pastors identified strongly with one of these four general dimensions while also describing a weaker affinity with other dimensions.

Dimension related to health—Most pastors described their eating identity along a continuum of healthiness ranging from “healthy eater” to “unhealthy eater,” which also included the “blended eater.” While some used words such as “healthy,” “careful,” and “thoughtful” to describe their eating and others used words such as “unhealthy,” “whacked out,” “not so good,” and “junk food,” blended eaters used words and phrases such as “better, but not finished,” “sometimey,” and “blended” to describe their ongoing transition from being an unhealthy eater to a healthier eater. In talking about their change along this continuum, pastors spoke about having been a more or less healthy eater in the past or changes they would make to their current eating to improve their health. Pastors over age 50 were more likely to talk about changes in not only their eating behavior but also their eating identity because of health concerns.

Dimension related to over-eating—Some pastors described themselves as eaters in terms of the amount of food eaten, primarily at meals versus over the course of the day. These pastors used words such as “moderate,” “big,” “gluttonous,” or “excessive” eater. Many pastors talked about changes in their eating identity as they moved away from being an over-eater towards developing a more moderate approach to food due to health, age, and spiritual reasons. Others spoke of how they could never identify as over-eater for reasons including how it made them feel, wanting to control their weight, overeating being a sin, or wanting to promote a certain image as a pastor.

Dimension related to pickiness—Some pastors described themselves as eaters in terms of how picky or not picky they were in the choice of foods and eating habits. Those who strongly identified as picky eaters described being very particular about taste and texture or foods being “recognizable” or familiar. Again, pastors described their level of affinity with this eating identity dimension along a continuum with picky on one end and not being picky or eating “exotically” or “indiscriminately” on the other end. A couple of pastors spoke of not eating “soul food” or traditional foods eaten by AAs as an aspect of their being more “picky.” Other pastors spoke of loving food so never being a picky eater, presenting a “live-to-eat” rather than “eat-to-live” perspective.

Dimension related to meat—None of the pastors interviewed identified themselves explicitly as a meat eater, but instead, most described how they could never adopt vegetarian or vegan identities because of their love of meat. Many pastors spoke of the lack of desire or inability to abstain from meat as an important aspect of identity. A few spoke of periodically giving up meat, but not as an aspect of their eating identity. Abstaining from meat was viewed as a sacrifice they were only willing to engage in for short periods and only for health or spiritual reasons. In contrast to this majority, one pastor spoke of currently being a vegetarian and another pastor explained that he had been a vegetarian and was returning to that eating style.

Dimension overlap—Pastor's eating identities were diverse in the combinations of these dimensions; however, two distinct patterns emerged the healthy-picky eaters and unhealthy-overeaters. The healthy-picky eaters talked about their picky eater identity in the context of being healthy eaters. For example, Andrew identified himself as a picky eater who was also an unhealthy eater. His self-description as an unhealthy eater was tied to taste and his personal preference for "sweets [and] candy." This is in contrast to Katie's picky eater identity. She identified herself as a picky eater who is also a healthy eater because of taste as well as the selections she makes to manage her diabetes. Most pastors who identified themselves as over-eaters also talked about being unhealthy eaters. One pastor explained, "A big eater is someone who constantly eats the wrong thing." In contrast to the health, picky, and over-eater dimensions, the meat dimension was not consistently aligned with these other dimensions in any particular pattern. Many pastors expressed a desire to be a vegetarian in order to be healthier; however, identifying with eating or not eating meat was mentioned equally by both healthy and unhealthy eaters.

Pastoral identity

As with eating identity, multiple dimensions of pastoral identity emerged. Most identified strongly with one of four dimensions.

Pastor's heart—Most of the pastors described themselves as congregation focused. They showed "love," "kindness," and "compassion" to their congregation. They also used terms like "handson," a "servant," and a "shepherd" to describe themselves as pastors.

Teachers—Another common pastoral identity described was that of "teacher." Words like "teacher," "counselor," or "coach" were used as self-descriptive labels. They talked about educating and helping their congregation members discover their gifts, and emphasized education in a variety of areas including leadership within the church as well as more secular concerns like finances, health, and academics.

Motivators—Some pastors described themselves as the "motivator." The terms "enabler," "encourager," "visionary," and "pioneer" were used. These pastors talked about moving their congregation members, the church, and the larger community forward in both spiritual and secular realms.

Role models—Some pastors identified themselves as role models. They used the phrase "lead by example" and talked of practicing what one preaches and not asking others to do something they were not willing to do themselves.

Dimension overlap—Unlike eating identity, pastors did not describe the degree to which they saw themselves as having a pastor's heart or being teachers, motivators, or role models. Instead, analysis revealed a presence or absence of each pastoral identity dimension across participants. In describing himself as a pastor, Chris only talked about having a pastor's

heart. He spoke of being “compassionate.” In contrast, Jeremiah described himself in more multi-dimensional terms. He said “I’ve tried my very, very best to make known to our people that my love is sincere” while also noting that “I have always wanted to lead by example” highlighting the dimensions of both a pastor’s heart as well as role model. When exploring relationships between pastoral identity, years in the ministry, and time at their current church, two trends emerged. All pastors who spoke of being a role model had only held one pastorate, the church where they were currently the pastor, and most had been a pastor there for 10 years or longer. In addition, pastors who presented more complex pastoral identities that included being a role model, teacher, and motivator were those pastors who had been in the field for at least 10 years.

Eating identity in context, pastoral identity, and church health promotion programming

Several themes emerged related to eating within the context of being a pastor. Many pastors spoke of striving towards being a “three-meal-a-day,” “proper,” or “balanced” eater. Much of this discussion centered on their difficult schedules and the 24/7 nature of their job, which limited their ability to eat meals and avoid late-night or “on-the-go” eating. In contrast, they presented their ideal as eating three meals that were balanced by including a meat, starch, and vegetables.

The theme of “discipline” also emerged as important in contextualizing their eating identity in relation to their pastoral identity. Eating identities were described as changeable by many pastors and being more disciplined was a trait many were striving to achieve. For many pastors, the themes of discipline, schedule, and role as a pastor intertwined to influence how salient eating was in their lives.

“... food doesn’t play that kind of role in a Christian’s life...I want to take eating out of the equation when I’m doing things...I’m moving toward eating at certain times, putting even more discipline into my life where eating is concerned...”

-Ruth

Additional themes emerged as we looked at pastor’s discussions of how they enact their eating identity within the church setting. The majority of pastors spoke of their congregation wanting to provide them with food as gifts or to take home after church meals, which often conflicted with their preferred ways of eating. Accepting food, despite personal preferences was described as an important way of connecting with parishioners. One pastor stated “When they fix my plate, the more they give me the more they love me...” and another said, “Since everyone went to the effort of fixing foods and ask “Pastor did you eat this? Did you eat that?” I try a little of everything.” This expectation posed challenges for pastors who described themselves as healthier eaters. These pastors presented strategies they used so they could enact both their pastoral and personal eating identities. Strategies included giving food away to those in need or to family members, throwing food away when church members were not present, approaching meals with an intention to eat moderately, or directly asking church members to not bring them food.

Additional insight on how eating identity and the role of pastor connect was found when intersections between pastor’s eating and pastoral identities were examined. Pastors who identified themselves as primarily healthy eaters also identified as role models, teachers, or motivators. Pastors with a strong meat eating identity more often identified with being a role model versus those who spoke of wanting to give up meat or wishing they could be a vegetarian. Strong unhealthy eaters, over-eaters, and solely picky eaters (not healthy-picky eaters), were more likely to identify only with the pastor’s heart dimension.

Intersections between eating identity, pastoral identity, and programming within the church were also assessed. Pastors' support of health promotion programming was defined using their descriptions of programs they saw as important in their churches. The majority of pastors highlighted one or more type of program as central to their church's mission. These included "health" programs or more "holistic" approaches that included addressing individual's spiritual, physical, and emotional needs, "education" programs (financial, supporting students, etc.), community "outreach" programs, programs for those "less fortunate," "senior" or "youth" programs, and programs for individual "spiritual growth." Pastors who described themselves as healthy eaters and role models or teachers emphasized the importance of health-related programs as central to their churches ministries. Those pastors who identified more strongly as unhealthy, over-eaters, or picky and with other dimensions of pastoral identity tended to emphasize non-health related programs.

Conceptual model

Figure 1 presents the conceptual model that emerged from our findings. At the center of this model are intersecting eating and pastoral identities, including the dimensions articulated in this study. The intersection between role model, teacher, and motivator dimensions and the healthy eater dimension is depicted as are the relationships between healthy-picky and unhealthy-overeater dimensions. Aspects of the context in which pastor's enact each identity are shown in surrounding boxes. Overarching influences that affect both identities and their interaction with each other include the context of the AA church as well as the influence of past identities and projections of what identities pastors' would like or could not see themselves developing.

Discussion

The purpose of this study was to gain a deeper understanding of AA pastor's eating and pastoral identities, intersections between these identities, and how these intersections might influence a church's health culture including the success of faith-based health and nutrition promotion programs. Pastors described themselves as eaters by expressing affinity across one or more dimensions including healthy, over-eater, picky, and meat identities. When asked to describe themselves as pastors, the dimensions pastor's heart, teacher, motivator, and role model emerged. Pastors who described themselves as predominately healthy eaters were more likely to see themselves as role models in their churches. Pastors with healthy eating identities and more complex pastoral identities described greater support for health programming in their churches. Those pastors who identified more strongly with being an unhealthy, picky, or over-eater were less focused on health promotion. This study demonstrates the utility of using a linked theory of identity to explore intersecting identities within an important health promotion setting. Findings provide greater insight into eating and pastoral identities present among AA pastors, how they interact within the context of the church, and implications for faith-based health promotion that have yet to be described in the literature.

This is the first time that eating identity has been explored in a primarily AA male population consisting entirely of pastors. The dimensions described here are similar to those found in previous work (Bisogni et al., 2002; Blake & Bisogni, 2003; Blake et al., 2010), which suggests these dimensions may be important ways of understanding oneself as an eater across racial, ethnic, and geographic boundaries. Our findings also highlight the multi-dimensionality of eating identity, and how nuances in affinity for various dimensions (e.g., pickiness or healthiness) may be related to marked behavioral differences. Our findings illustrate how focusing on only one dimension of identity, as is often the case in healthy eating research, we may miss how higher or lower affinity with other dimensions might

influence behavior and receptivity to messages. Future studies should incorporate a more nuanced understanding of eating identity.

Previous studies have argued that the concepts of healthy eating or being a healthy eater often conflict with some racial identities, particularly among AAs in the United States (Horowitz, Tuzzio, Rojas, Monteith, & Sisk, 2004). Our findings suggest that while this may be true in some groups, among our highly educated, AA pastors, healthy eating does not appear to be contradictory to an AA identity. These previous stereotypes of AA food being “soul food” and healthy food being “white people food” may no longer be as influential on individual eating identities in this population. Such changes are reflected in popular culture in books such as Bryant Terry’s “Inspired Vegan,” in which he argues that healthy eating is found in all racial and ethnic traditions, or in a recent online commentary on Byron Hurt’s documentary *Soul Food Junkies* that explored the question “Is healthy food white people’s food?” (Hing, 2012; Terrell, 2013; Terry, 2012). Future studies and interventions targeting AAs should be cognizant of cultural changes that are likely to influence eating identities in this population.

Our findings suggest that meat eating may be a normalized eating behavior and may conflict with many current intervention recommendations. Dietary recommendations suggest reducing the amount of meat in the American diet for improved health outcomes (World Cancer Research Fund/American Institute for Cancer Research, 2007). However, we found the dimensions of health and meat eating intersected for many pastors. In our population, being a heavy meat eater was not necessarily viewed as unhealthy and many pastors may not want to reduce their meat consumption. This finding coupled with the influence of pastors has the potential to influence foods served and congregations’ views on food norms within the church (Kegler & et al., 2010). Nutrition interventions should be designed in light of the potential discordance between pastors’ eating identities and recommended dietary changes.

Nutrition interventions with pastors should consider the contexts and situations in which pastors enact their eating identities. Many pastors spoke of eating on-the-go, having erratic schedules, and being forced to eat late at night due to long work hours. This view of a pastor’s lifestyle is supported by previous work on health interventions targeting pastors within the United Methodist Church (Proeschold-Bell et al., 2009). Adding to this area of research, the pastors we interviewed spoke of striving for an ideal of three balanced meals and discipline in their eating. They indicated a concern over not wanting to be an over-eater or overweight as part of their efforts to provide an image of discipline, both physical and spiritual, to their congregation. Pastors also expressed their struggle to enact their eating identity while responding to their congregations’ attempts to love them with food. As with our study, previous research indicates pastors’ with increased body weight may utilize different leadership styles and have a harder time leading their congregation in efforts related to health and wellness (Bopp & Fallon, 2011; Carroll, 2006; Kegler et al., 2010). Such findings indicate that trying to maintain a healthy weight may have important implications for both pastors’ and congregants’ health. Past research has shown pastors who are seen to be making lifestyle changes may be more motivational to congregation members who are also trying to change behaviors (Baruth et al., 2008; Corbie-Smith et al., 2003). Future behavior change interventions should aid pastors in developing and enacting healthier eating identities that fit their current eating context and help them maintain a healthy weight. In addition, faith-based nutrition research and interventions should take into consideration norms around food within the church that may need to be addressed to help support pastoral health and church-wide nutrition program success.

Relationships between the development of eating identity and pastoral identities cannot be clearly elucidated in this observational study. It may be that eating identity influences

pastoral identity, particularly as it relates to interactions with nutrition programming in the church. It also may be that pastoral identity as a role model prompts some pastors to consider adopting a healthy eating identity as a way to move their congregations towards a healthier lifestyle. From our findings, it appears that both evolve over time, may influence each other in a cyclical process, and are influenced by outside factors such as time in the profession and trust building within the church. Additional work should be conducted to deepen our understanding of the development of these interrelated identities and how they impact the success of faith-based health promotion.

It may be possible to help pastors develop skills in the areas of role modeling and promoting health in their churches; however, our findings indicate it may be unrealistic to ask pastors' who do not express affinity with a healthy eating identity to be the face of a program aimed at nutrition promotion. More important for these pastors may be their skill and ability to delegate. We asked pastors about their role in bringing programs into the church, and they highlighted the varying degrees to which they control the day-to-day operations of a program. Given the importance of pastoral support and endorsement in program success (Baruth et al., 2008; Mamiya, 2006; Williams et al., 2009), interventionists need to understand pastors' identities, meet pastors where they are, and explore using additional support systems and leadership to promote nutrition programming within the church.

This study provides insight into the eating and pastoral identities of 30 AA pastors living in one geographic region of the Southeastern United States. These findings may not be generalizable to other populations. Previous literature has suggested that emotional eating may be an aspect of one's eating identity (Blake et al., 2010). In this study, two pastors mentioned mood as an influence on their eating, but did not explicitly describe themselves as emotional eaters. It is also possible that other dimensions of eating and pastoral identities exist, but were not presented by the participants we interviewed or participants felt uncomfortable presenting them for fear of judgment.

Conclusions

Our study is the first to provide insight on the multiple dimensions and intersections of AA pastors' eating and pastoral identities. This study highlights the influence that intersecting identities may have on pastor and church health while providing important insights for faith-based nutrition program planning and implementation. Future studies should expand on the insights gained through this study to provide a deeper understanding of eating identities in other populations, the multi-dimensionality of eating identities, and intersections between eating identities and other social roles and contexts.

References

- Ammerman A, Washington C, Jackson B, Weathers B, Campbell M, Davis G, Switzer B. The PRAISE! project. A church-based nutrition intervention designed for cultural appropriateness, sustainability, and diffusion. *Health Promotion Practice*. 2002; 3:286–301.
- Armstrong K, Mcmurphy S, Dean LT, Micco E, Putt M, Halbert CH, Shea JA. Differences in the patterns of health care system distrust between blacks and whites. *Journal of General Internal Medicine*. 2008; 23(6):827–833. [PubMed: 18299939]
- Atkinson MJ, Boltri JM, Davis-Smith M, Seale JP, Shellenberger S, Gonsalves D. A qualitative inquiry into the community and programmatic dimensions associated with successful implementation of church-based diabetes prevention programs. *Journal of Public Health Management and Practice*. 2009; 15(3):264–273. [PubMed: 19363407]
- Baruth M, Wilcox S, Laken M, Bopp M, Saunders R. Implementation of a faith-based physical activity intervention. Insights from church health directors. *Journal of Community Health*. 2008; 33:304–312. [PubMed: 18473154]

- Bisogni CA, Connors M, Devine CM, Sobal J. Who we are and how we eat. A qualitative study of identities and food choice. *Journal of Education and Behavior*. 2002; 31(3):128–139.
- Blake C, Bisogni C. Personal and family food choice schemas of rural women in upstate New York. *Journal of Nutrition Education and Behavior*. 2003; 35:282–293. [PubMed: 14642213]
- Blake, C.; Jones, S.; Pringle-Washington, A.; Ellison, J. Eating identities of rural African American's in the southern US. Paper presented at the international society of behavioral nutrition and physical activity; Minneapolis, MN. 2010.
- Blake, CE.; Liese, AD.; Nicholes, M.; Jones, S.; Freedman, D.; Colabianchi, N. Construct validity of a short 12-item tool to assess eating identity. Paper presented at the annual meeting of the American society for nutrition; Washington, DC. 2011.
- Blake, C.; Smith, N.; Harmon, B.; Beets, M. The impact of a children's culinary skills program on individual and household level dietary attitudes and behaviors. Paper presented at the international society for behavioral nutrition and physical activity; Austin, TX. 2012.
- Bopp M, Fallon EA. Individual and institutional influences on faith-based health and wellness programming. *Health Education Research*. 2011; 26(6):1107–1119. [PubMed: 21984225]
- Bopp M, Lattimore D, Wilcox S, Laken M, McClorin L, Swinton R, Bryant D. Understanding physical activity participation in members of an African–American church. A qualitative study. *Health Education Research*. 2007; 22:815–826. [PubMed: 17138614]
- Burke PJ, Reitzes DC. The link between identity and role performance. *Social Psychology Quarterly*. 1981; 44(2):83–92.
- Calvert GM, Merling JW, Burnett CA. Ischemic heart disease mortality and occupation among 16- to 60-year old males. *Journal of Occupational and Environmental Medicine*. 1999; 41(11):960–966. [PubMed: 10570501]
- Campbell MK, Demark-Wahnefried W, Symons M, Kalsbeek WD, Dodds J, Cowan A, McClelland JW. Fruit and vegetable consumption and prevention of cancer. The Black churches united for better health project [clinical trial randomized controlled trial]. *American Journal of Public Health*. 1999; 89(9):1390–1396. [PubMed: 10474558]
- Campbell MK, Hudson MA, Resnicow K, Blakeney N, Paxton A, Baskin M. Church-based health promotion interventions. Evidence and lessons learned. *Annual Review of Public Health*. 2007; 28:213–234.
- Campbell MK, James A, Hudson MA, Carr C, Jackson E, Oates V, Tessaro I. Improving multiple behaviors for colorectal cancer prevention among African American church members. *Health Psychology*. 2004; 23(5):492–502. [PubMed: 15367069]
- Carroll, J. God's potters. Grand Rapids, MI: William B. Eerdmans Publishing Co; 2006.
- Catanzaro A, Meador KG, Koenig HG, Kuchibhatla M, Clipp EC. Congregational health ministries. A national study of pastors' views. *Public Health Nursing*. 2006; 24(1):6–17. [PubMed: 17214648]
- Centers for Disease Control and Prevention. Health, United States. 2008. <www.cdc.gov/nchs/data/health/health08.pdf> Retrieved 15.04.11
- Centers for Disease Control and Prevention. Behavioral risk factor surveillance system. Prevalence and trend data. 2009. <<http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2009&qkey=4409&state=UB>> Retrieved 15.04.11
- Charmaz, K. Constructing grounded theory. A practical guide through qualitative analysis. London, UK: Sage; 2006.
- Chester DN, Himburg SP, Weatherspoon LJ. Spirituality of African–American women. Correlations to health-promoting behaviors. *Journal of the National Black Nurses Association*. 2006; 17(1):1–8. [PubMed: 17004420]
- Corbie-Smith G, Ammerman AS, Katz ML, St Geroge DMM, Blumenthal C, Washington C, Switzer B. Trust, benefit, satisfaction, and burden. A randomized control trial to decrease cancer risk through African–American churches. *Journal of General Internal Medicine*. 2003; 18:531–541. [PubMed: 12848836]
- Corbin, J.; Strauss, A. Basics of qualitative research. 3. Thousand Oaks, CA: Sage; 2008.
- Demark-Wahnefried W, McClelland JW, Jackson B, Campbell MK, Cowan A, Hoben K, Rimer BK. Partnering with African American churches to achieve better health. Lessons learned during the

- Black churches united for better health 5 a day project. *Journal of Cancer Education*. 2000; 15(3): 164–167. [PubMed: 11019765]
- Devine CM, Sobal J, Bisogni CA, Connors M. Food choices in three ethnic groups. Interactions of ideals, identities, and roles. *Journal of Nutrition Education*. 1999; 31(2):86–93.
- Faridi, Z.; Shuval, K.; Njike, VY.; Katz, JA.; Jennings, G.; Williams, M.; Katz, DL. Partners reducing effects of diabetes (PREDICT). A diabetes prevention physical activity and dietary intervention through African–American churches. *Health Education Research*. 2009. <http://dx.doi.org/10.1093/her/cyp1005>
- Fox N, Ward KJ. You are what you eat? Vegetarianism, health and identity. *Social Science and Medicine*. 2008; 66:2585–2595. [PubMed: 18378056]
- Frenk, SM.; Foy, SL.; Meador, KG. “It’s Medically Proven!”. Assessing the dissemination of religion and health research. *Journal of Religion and Health*. 2010. <http://dx.doi.org/10.1007/s10943-010-9329-8>
- Glaser, BG.; Strauss, AL. The discovery of grounded theory. Strategies for qualitative research. Hawthorne, NY: Aldine de Gruyter; 1967.
- Greene, JC. The role of theory in qualitative program evaluation. In: Flinders, DJ.; Mills, GE., editors. *Theory and concepts in qualitative research. Perspectives from the field*. New York, NY: Teachers College Press; 1993.
- Hing, J. Bryant Terry’s. ‘Inspired Vegan’ shows healthy food isn’t just for White folks. 2012. <http://colorlines.com/archives/2012/01/bryant_terry.html> Retrieved from Colorlines: News for Action
- Holt CL, McClure SM. Perceptions of the religion-health connection among African American church members. *Qualitative Health Research*. 2006; 16:268–281. [PubMed: 16394214]
- Horowitz C, Tuzzio L, Rojas M, Monteith S, Sisk J. How do urban African Americans and Latinos view the influence of diet on hypertension? *Journal of Health Care for the Poor and Underserved*. 2004; 15:631–644. [PubMed: 15531820]
- Kegler, MC., et al. Perceptions of social and environmental support for healthy eating and physical activity in rural southern churches. *Journal of Religion and Health*. 2010. <http://dx.doi.org/10.1007/s10943-010-9394-z>
- Klein JB, Nguyen CT, Saffore L, Modlin C 3rd, Modlin CS Jr. Racial disparities in urologic health care. *Journal of the National Medical Association*. 2010; 102:108–117. [PubMed: 20191923]
- Link CL, McKinlay JB. Disparities in the prevalence of diabetes. Is it race/ethnicity or socioeconomic status? Results from the Boston Area Community Health (BACH) survey. *Ethnicity and Disease*. 2009; 19:288–292. [PubMed: 19769011]
- Mamiya, L. River of struggle, river of freedom. Trends among black churches and black pastoral leadership Pulpit and Pew Research on Pastoral Leadership. Durham, NC: Duke Divinity School; 2006.
- Matthews AK, Sellergen SA, Manfredi C, Williams M. Factors influencing medical information seeking among African American cancer patients. *Journal of Health Communication: International Perspectives*. 2002; 7(3):205–219.
- Miles, MB.; Huberman, AM. An expanded sourcebook. *Qualitative data analysis*. 2. Thousand Oaks, CA: Sage; 1994.
- Mintz SW, Du Bois CM. The anthropology of food and eating. *Annual Review of Anthropology*. 2002; 31:99–119.
- Mishra L, Singh BB, Dagenais S. Healthcare and disease management in Ayurveda. *Alternative Therapies in Health & Medicine*. 2001; 7(2):44–50. [PubMed: 11253416]
- Newcombe MA, McCarthy MB, Cronin JM, McCarthy SN. “Eat like a man”. A social constructionist analysis of the role of food in men’s lives. *Appetite*. 2012; 59:391–398. [PubMed: 22683804]
- Patton, MQ. *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications; 2002.
- Peterson J, Atwood JR, Yates B. Key elements for church-based health promotion programs. Outcome-based literature review. *Public Health Nursing*. 2002; 19(6):401–411. [PubMed: 12406175]
- Proeschold-Bell RJ, LeGrand SH. High rates of obesity and chronic disease among United Methodist clergy. *Obesity*. 2010; 18(9):1867–1870. [PubMed: 20448538]

- Proeschold-Bell, R.J.; LeGrand, S.; James, J.; Wallace, A.; Adams, C.; Tool, D. A theoretical model of the holistic health of United Methodist clergy. *Journal of Religion and Health*. 2009. <http://dx.doi.org/10.1007/s10943-009-9250-1>
- QSR International Pty Ltd. NVivo (Version 9). 2002.
- Resnicow K, Campbell MK, Carr C, McCarty F, Wang T, Periasamy S, Stables G. Body and Soul. A dietary intervention conducted through African–American churches. *American Journal of Preventive Medicine*. 2004; 27(2):97–105. [PubMed: 15261895]
- Resnicow K, Davis R, Zhang N, Tolsma D, Alexander G, Wiese C, Strecher V. Tailoring a fruit and vegetable intervention on ethnic identity. Results of a randomized study [multicenter study randomized controlled trial]. *Health Psychology*. 2009; 28(4):394–403. <http://dx.doi.org/10.1037/a0015217>. [PubMed: 19594262]
- Resnicow K, Jackson A, Braithwaite R, DiIorio C, Blisset D, Rahotep S, Periasamy S. Healthy body/ healthy spirit. A church-based nutrition and physical activity intervention [clinical trial randomized controlled trial]. *Health Education Research*. 2002; 17(5):562–573. [PubMed: 12408201]
- Sellaeg K, Chapman GE. Masculinity and food ideals of men who live alone. *Appetite*. 2008; 51:120–128. [PubMed: 18343534]
- Sneijder P, te Molder H. Normalizing ideological food choice and eating practices. Identity work in online discussions on veganism. *Appetite*. 2009; 52:621–630. [PubMed: 19501759]
- Sobal J. Men, meat, and marriage. Models of masculinity. *Food and Foodways*. 2005; 13:135–158.
- Stryker, S. Symbolic interactionism. A social structural version. Menlo Park, CA: Benjamin/ Cummings Publishing Company; 1980.
- Stryker S, Burke PJ. The past, present, and future of an identity theory. *Social Psychology Quarterly*. 2000; 63(4):284–297.
- Terrell, K. Commentary. Is healthy food white people's food?. 2013. <http://www.bet.com/news/health/2013/01/18/commentary-is-healthy-food-whitepeoples-food.html> Retrieved from BET: Health
- Terry, B. The inspired vegan. Seasonal ingredients, creative recipes, mouthwatering menus. Philadelphia, PA: De Capo Press; 2012.
- The Pew Forum on Religion and Public Life. A religious portrait of African Americans. 2009. <http://pewforum.org/docs/?DocID=389> Retrieved 15.04.11
- Thomas SB, Quinn SC, Billingsley A, Caldwell C. The characteristics of northern Black churches with community health outreach programs. *American Journal of Public Health*. 1994; 84(4):575–579. [PubMed: 8154559]
- Torrence WA, Phillips DS, Guidry JJ. The assessment of rural African–American churches' capacity to promote health prevention activities. *American Journal of Health Education*. 2005; 36(3):161–164.
- Watson, R. Doctoral dissertation. Walden University; 2008. Obesity, physical activity, and healthful nutrition. What does the pastor think?. ProQuest database
- Webb, B.; Bopp, M.; Fallon, EA. A qualitative study of faith leaders' perceptions of health and wellness. *Journal of Religion and Health*. 2011. <http://dx.doi.org/10.1007/s10943-011-9476-6>
- Whittemore R, Chase SK, Mandle CL. Pearls, pith, and provocations. Validity in qualitative research. *Qualitative Health Research*. 2001; 11(4):522–537. [PubMed: 11521609]
- Wilcox S, Laken M, Anderson T, Bopp M, Bryant D, Carter R, Yancey A. The health-e-AME faith-based physical activity initiative. Description and baseline findings. *Health Promotion Practice*. 2007a; 8(1):69–78. <http://dx.doi.org/10.1177/1524839905278902>. [PubMed: 16885511]
- Wilcox S, Laken M, Bopp M, Gethers O, Huang P, McClorin L, Yancey A. Increasing physical activity among church members community-based participatory research. *American Journal of Preventive Medicine*. 2007b; 32(2):131–138. [PubMed: 17234487]
- Wilcox S, Laken M, Parrott AW, Condrasky M, Saunders R, Addy CL, Samuel M. The Faith, Activity, and Nutrition (FAN) program. Design of a participatory research intervention to increase physical activity and improve dietary habits in African American churches [randomized controlled trial]. *Contemporary Clinical Trials*. 2010; 31(4):323–335. <http://dx.doi.org/10.1016/j.cct.2010.03.011>. [PubMed: 20359549]

- Willett W. Lessons from dietary studies in Adventists and questions for the future. *American Journal of Clinical Nutrition*. 2003; 73(supplement):539S–543S. [PubMed: 12936947]
- Williams, RM.; Glanz, K.; Kegler, MC.; Davis, E, Jr. A study of rural church health promotion environments. Leaders' and members' perspectives. *Journal of Religion and Health*. 2009. <http://dx.doi.org/10.1007/s10943-10009-19306-10942>
- World Cancer Research Fund/American Institute for Cancer Research. Food, nutrition, physical activity, and the prevention of cancer. A global perspective. Washington, DC: AICR; 2007.
- Yanek LR, et al. Project joy. Faith based cardiovascular health promotion for African American women. *Public Health Reports*. 2001; 116(Supplement 1):68–81. [PubMed: 11889276]
- Yeary KH, Cornell CE, Turner J, Moore P, Bursac Z, Prewitt TE, West DS. Feasibility of an evidence-based weight loss intervention for a faith-based, rural, African American population. *Preventing Chronic Disease*. 2011; 8(6) <http://www.cdc.gov/pcd/issues/2011/nov/10_0194.htm>.

Fig. 1.
Understanding of eating and pastoral identity post-analysis.

Table 1

Demographics of pastors interviewed.

Characteristic	Value (<i>n</i> = 30)
<i>Gender</i>	
Male	25
Female	5
<i>Age (years)</i>	
30–39	8
40–49	3
50–59	15
60 and over	4
<i>Household composition</i>	
Lives Alone	1
Lives with Spouse	8
Lives with Spouse and Children	21
<i>Denomination</i>	
Baptist	20
United Methodist	3
Other (non-denominational, holiness, etc.)	7
<i>Years as a pastor</i>	
Less than 10	9
10–20	11
21–30	6
Over 30	4
<i>Years at current church</i>	
Less than 10	18
First year	5
10–20	7
21–30	4
Over 30	1

Table 2

Selected questions from the semi-structured interview guide.

Pastoral identity

- 1 How would you describe yourself as a pastor (or your style as a pastor)? *Probes: What makes a (fill in with their words) pastor?*
- 2 What about being a (fill in with their words) pastor do you like? *Probes: What about being a (fill in with their words) pastor do you not like?*
- 3 What type of pastor do you wish you could be? *Probes: What keeps you from this ideal?*

Program promotion

What (inspirational, educational, service, or health) programs in your church best fit with who you are as a pastor? *Probes: What is your role in bringing programs to your church? Where do non-spiritual messages fit in your church? Where do messages related to health fit in your church?*

Eating identity

- 1 I am a ____ eater. *Probe: What is it about you that makes you a ____ eater? How does being a ____ eater connect with your life as a pastor?*
 - 2 I used to be a ____ eater. *Probe: What caused you to change?*
 - 3 I could never be a ____ eater. *Probe: What about being a ____ eater keeps you from being that way?*
 - 4 I wish I weren't a ____ eater. *Probe: What is it about you that makes you a ____ eater? What about being a ____ eater makes you not want to be that way?*
 - 5 I wish I could be a ____ eater. *Probe: What keeps you from being a ____ eater?*
 - 6 Who knows the most about the way you eat? *Probes: What kind of an eater would they say you are? What kind of an eater would they say you are not?*
 - 7 How does the way that you eat compare with others that you know? *Probes: Your family? Your congregation? Other pastors you know?*
-

Table 3

Pastor quotes related to eating and pastoral identity dimensions.

<i>Eating identity</i>
Dimension related to health
Healthy: <i>I can say [I'm a] healthy [eater], I might slide off the scale now and then, but mostly healthy. I do my vegetables. I try to have balanced meals</i>
Blended: <i>I love a good burger...But I do love a good salad...So I try to blend them in</i>
Unhealthy: <i>I might eat a cookie. I might eat popcorn. I might eat that sweet and salty trail mix and stuff like that...I'm a junk food eater</i>
Dimension related to over-eating
Moderate: <i>I could never be a big eater...Because I don't want to be a big pastor</i>
Over-eater: <i>I am a big eater...A big eater is gluttonous. I like good food...</i>
Dimension related to pickiness
Indiscriminate: <i>I don't think I would ever be a picky eater.... I could basically eat anything. I love food</i>
Picky: <i>I am a picky eater...As much as I tell you I like rice, my rice has to be prepared in a certain way...If my wife is cooking, I'm looking over her shoulder to make sure that she cooks it the way I do</i>
<i>[I'm a] Picky [eater]...A lot of traditional food, particularly in the African-American culture that people eat, I don't eat</i>
Dimension related to meat
Vegan: <i>I don't think I could ever be a vegan.... I think I could do vegetarian with certain exceptions...I think I could go without red meat</i>
Vegetarian: <i>No, I tried [being a vegetarian] one time and it's not that hard. You've just got to put your mind to it. And actually I keep saying I'm going to go back to it because I, really I was the healthiest at that time</i>
Meat: <i>[I couldn't] be a vegetarian...I guess because, to me, the meal has not been complete without some type of meat</i>
<i>Pastoral identity</i>
Pastor's heart dimension: <i>Jesus said, "I came to serve, not to be served." So, as a pastor...I see myself as a humble servant</i>
Teacher dimension: <i>So the educational training/teaching aspect of the congregation is a gift that I bring...Hopefully, eventually we will do more of training and teaching as far as health goes, but that is my biggest gift, training, teaching</i>
Motivator dimension: <i>I'm a mover...motivator...I think before I even became interested in pastoring or being church related, I think I've always been a motivator</i>
Role model dimension: <i>I've not ever been able to see myself pastoring apart from leading, and I have always wanted to lead by example...And so I don't know how you can differentiate between pastoring and then not actually living that which you pastor</i>