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Christian seminary students' attitudes toward psychology: effects of an introductory course on the integration of psychology and theology

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Christian Seminary Students' Attitudes Toward Psychology:

Effects of an Introductory Course on the Integration

of Psychology and Theology

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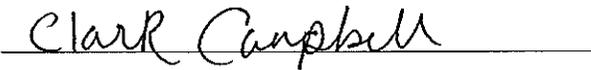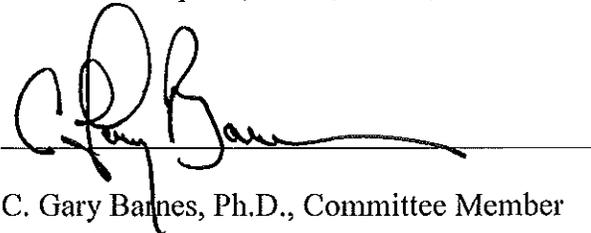
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Approval

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Christian Seminary Students' Attitudes Toward Psychology:

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of Psychology and Theology.

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Abstract

Historic tensions exist between psychologists and Christian theologians, yet some rapprochement has occurred in recent years. Increasing efforts have been made to integrate psychology and Christian theology, including the addition of new doctoral programs in psychology and counseling at Christian universities and seminaries. Many seminaries now offer counseling and psychology courses as well as degree programs that are built largely on psychological theory. Seminary students desiring to become pastors often are required to take at least an introductory course in counseling that has an integrative focus. Much of the curriculum in these courses is designed by professional counselors or psychologists and is intended to encourage integrative thinking on the part of those entering into ministry roles.

The purpose of the present study was to examine the effectiveness of an introductory counseling course in altering students' attitudes about psychology and particularly the integration

of psychology and Christianity. Pre- and post-tests were administered to 45 students in an introductory counseling class and 9 students in an unrelated theology class. Attitudes did not change over time for those in the counseling and theology classes; however, a main effect was observed between groups, $F(1, 52) = 10.2$, $p < .005$. Religious coping and religious commitment did not change over time for either group, and attitudes about integration did not change. However, a between-groups difference was noted in students' willingness to engage in a collaborative relationship between a psychologist and a Christian minister, $F(1, 50) = 6.6$, $p < .05$. A profile analysis of learning factors contributing to positive attitude change indicated that the example of the professor was most influential.

Acknowledgments

First and foremost, I would like to thank my wife, Sherry, for her mutual commitment to this long journey toward a doctorate in clinical psychology. She has always believed in me, encouraged me, and supported me. Without her at my side, this achievement would not be possible and would not mean as much.

I offer many thanks to the students at Dallas Theological Seminary who participated in the study. Their responses to this study offer important insights into Christian seminary students' attitudes toward psychology and, hopefully, will facilitate further discussion and research into integrating psychology and theology.

To committee members Dr. Clark Campbell and Dr. Gary Barnes: Thank you for your involvement and contributions to this project. To the George Fox University Richter Scholars Grant committee for funding participant incentives and travel expenses to present my findings at a convention of the American Psychological Association: Your support is much appreciated.

Finally, I owe much gratitude to Dr. Mark McMinn, the chair of my dissertation committee. From the beginning, Mark was on board with his enthusiasm, guidance, and expertise. He demonstrated his dedication to my success not only in the hours he spent reading my drafts and offering feedback, but in encouraging and affirming me. I always welcomed his feedback, which was always thoughtfully formed, gently delivered, and consistently right on the money. I admire his special powers, which I think he reserves for editing dissertations. More than that, I admire his commitment to the Christian faith, his compassion for people, his great wisdom, and his strong character.

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Chapter 1

Introduction

Historic tensions between psychology and religion demand careful navigation on the part of anyone seeking to explore the numerous ways in which the two fields interface with each other. The tension has been especially evident between psychologists and Christian theologians, particularly those describing themselves as evangelical (Beck, 2006a; Beck, 2006b; Ellens & Sanders, 2006; Foster & Ledbetter, 1987). However, some rapprochement has occurred in recent years. Increasing efforts have been made to integrate psychology and Christian theology, including the addition of new doctoral programs in psychology and counseling at Christian universities and seminaries (Ellens & Sanders, 2006; Sorenson, 2004). Research has revealed a growing interest in collaborative work between clergy and mental-health professionals (Beck, 2002; Bland, 2003; Edwards Lim, McMinn, & Dominguez, 1999; Henry & Agee, 2003; Lish, Fitzsimmons, McMinn, & Root, 2003; McMinn, Aikins, & Lish, 2003; McMinn & Dominquez, 2005; McMinn, Meek, Canning, & Pozzi, 2001; Savage, 2005). In addition, the influence of a changing therapeutic culture in Western society has contributed to the church's increasing openness to psychological perspectives (Benner, 2005; Gallagher, 2007; Garzon, 2005; McRay, McMinn, Wrightsman, Burnett, & Ho, 2001; Watts, 2000). Psychologists have become more receptive to discussing issues of faith that are pertinent to clients' lives (Ellis, 2000; Miller & Delaney, 2005; Pargament, 2007; Sperry & Shafranske, 2005). Some psychologists are even

appealing to the discipline of theology to inform the core of psychological theory (Dueck & Lee, 2005). Christian psychologists continue to point to new ways of approaching therapy from a biblically and psychologically informed worldview (McMinn & Campbell, 2007; Plante, 2007). However, despite strides made by psychologists wishing to integrate science with faith, there are still misgivings among some Christians about the appropriateness of applying psychological theory and practice in their lives and the lives of other Christians.

Perhaps the biggest barrier for the Christian is a lack of trust pertaining to psychologists' often limited knowledge of theology and their reliance on metaphysical perspectives found among social scientists. Because both clergy and mental-health professionals address issues of cognition, affect, and behavior in their work, there may be some uneasiness in attempting to learn from psychology when many psychologists embrace an epistemology rooted in science and psychological theory more than the epistemology of faith, based on a sacred text and authoritative truth claims (Delaney, Miller, & Bisono, 2007). Christian clergy often point to key doctrines that they feel must not be overlooked when working with people in conflict. Many Christian leaders have expressed concern that psychologists and other mental-health professionals lack understanding of essential Christian doctrines, such as sin and grace (McMinn, Ruiz, Marx, Wright, & Gilbert, 2006; McMinn, 2008). Misapplications of the doctrine of sin (Carter, 1994) and an outright rejection of it (Ellis, 1960) also have incited strong responses from Christian leaders (Foster & Ledbetter, 1987). If psychological and experiential ways of knowing gain favor to the exclusion of authority, tradition, and special revelation, then the concept of integration is invalidated. Jones (2006) has criticized critics who have suggested that the integration movement is "faltering." He accuses them of "judging the integrationist project to

have failed because it fails to conform to certain procedural virtues that clearly define success. . . . Success means broad acceptance in the academy *on the academy's terms"* (p. 257). Integration of psychology and theology cannot occur unless both sides are willing to review more than one source of revelation.

The potential threat to the authority of Scripture becomes another barrier for Christian leaders (Hill, 2005). Evangelicals hold the Bible with high regard, and some fear that psychological perspectives are always antithetical to and detract from the authority of Scripture (Hill, 2005). Beck (2006a) acknowledges a "small but vocal group of Christian critics . . . [who] build their case by declaring that revealed truth in Scripture is . . . both complete and sufficient. . . . They would argue that we dare not align it with 'truths' from questionable disciplines built on non-Christian presuppositions—and any efforts to do so are heretical. . . . [T]heir influence among laypersons is . . . extensive" (p. 101). Even theologians who appreciate the insights available through general revelation will encounter difficulty finding common ground with a psychologist who denies the authenticity of Scripture as equally valid and authoritative.

For some Christian leaders, the barrier may be territorial and ecclesiological. Although they may appreciate psychologists who share their understanding of essential Christian doctrines and the authority of Scripture, they are concerned about abdicating pastoral care of their parishioners and allowing that work to be done by non-clergy members who are accountable not to church leaders, but to state licensing authorities (Powlison, 2000, 2001). Clergy concerns over the usurping of pastoral care are understandable in light of the scriptural mandate for ministers to take responsibility for the spiritual well-being of parishioners. Plante (2007) writes, "Professionals must be sure that they do not usurp the role of clergy in their therapeutic work.

They must avoid falling into pastoral care, spiritual direction, or theological consultation if they are not competent to do so or if their professional role does not include these areas of competence or expertise" (p. 899). More collaborative work between clergy and mental-health professionals may help to alleviate doubts in this area.

Although there still is some opposition to the integration of psychology and theology, especially in more conservative faith traditions, many conservative, evangelical seminaries offer counseling and psychology courses as well as degree programs that are built largely on psychological theory. The course offerings and degree programs reflect the change in perspectives that have occurred over the last 20 to 30 years, and indicate the value that educators and Christian leaders increasingly are now placing on teaching integration to future Christian leaders and professionals. Seminary students desiring to become pastors often are required to take at least an introductory course in counseling that has an integrative focus. Much of the curriculum in these courses is designed by professional counselors or psychologists and is intended to encourage integrative thinking on the part of those entering into ministry roles. Because there is a lack of research on the effectiveness of such courses to encourage integrative thinking among seminary students, it is important to conduct research on the relationship between seminary students' attitudes about psychology and an introductory course on the integration of psychology and theology.

Research in a number of different areas has found that classroom curricula and coursework have an effect on changing attitudes, values, and perspectives of students. Specific measures have been developed to detect attitudinal changes about death and dying as a result of end-of-life curricula for undergraduates in medical school (Schwartz, Clive, Mazor, Ma, Reed, &

Clay, 2005). Researchers found that an intervention program for physical-education students effectively decreased avoidance tendencies toward thrilling risky motor tasks and increased optimal-pleasant emotions (Robazza & Bortoli, 2005). Kowalski and Taylor (2004) researched students' attitudes before and after an introductory psychology course, and found that misconceptions changed after the completion of the course. They emphasized critical thinking as a significant factor contributing to attitude change during the course. Another researcher (Dorman, 2004) examined students' perspectives on controversial issues addressed in a survey-of-media course. Students' perspectives changed on five out of seven issues, and five of the attitude changes matched the professor's attitudes presented in class. Siegel and Ranney (2003) found that innovative, issue-based activities may enhance students' attitudes about the relevance of science. Students in an occupational-therapy educational setting developed more favorable attitudes toward persons with mental illness after coursework on the topic than when participating in fieldwork (Penny, Kasar, & Sinay, 2001).

Because coursework in a particular subject area has been instrumental in changing attitudes of students in a variety of settings, I expected to find seminary students' attitudes about psychology and counseling positively influenced by the completion of an introductory course in counseling (i.e., students would view psychology and counseling more favorably after having completed the course; Hypothesis 1). Although overall attitudes were expected to shift toward a more positive view of psychology, it was hypothesized that attitudes would become more positive among counseling students than theology students (Hypothesis 2). This expectation was attributed to the historical tensions between theology and psychology, which may influence attitudes of theology students more than students specifically interested in counseling. I also

expected to find a more highly favorable attitude toward psychology from students who

completed the introductory counseling course than other students who completed another

seminary course not related to counseling (Hypothesis 3). Counseling students might come into

the course with more positive attitudes than theology students. If this were the case, theology

students might show greater change than counseling students as a result of the course

(Hypothesis 4).

Chapter 2

Method

Participants

Study participants included 45 students enrolled in a course titled Introduction to

Christian Counseling at Dallas Theological Seminary. Approximately half of the participants

were male (51.1%), and half were female (48.9%). The participants' ages ranged from 18 years

to 59 years ($M = 31.3$, $SD = 10.0$). The majority of the sample was of European American

ethnicity (77.8%); other students described themselves as African American (4.4%), Asian

American (6.7%), Hispanic (4.4%), or international (6.7%). The majority of the students were

enrolled in the first or second year of their program (77.8%). Also, the majority of the students

were enrolled in either the Master of Arts in Biblical Counseling program (44.4%) or the Master

of Theology program (42.2%). Most participants attended the class on campus during the fall

semester (73.3%); others attended the class during a one-week winter session (22.2%) or took the

course online (4.4%).

Additionally, a simultaneous comparison group included nine students enrolled in a

course titled Introduction to Theology. Half of those students were male, and half were female.

Their ages ranged from 23 years to 52 years ($M = 31.9$, $SD = 10.4$). Eight students were

European American and in their first year of seminary study; one student was Native American

and in his second year of study. Approximately half of the students in the comparison group

were enrolled in the Master of Theology program (55.6%), with the remaining enrolled in other

programs. None of the students in the comparison group was enrolled in the Master of Arts in Biblical Counseling program. Comparison group participants attended the class on campus during the fall semester.

Instruments

The instruments used were the Religious Commitment Inventory-10 (RCI-10), the Brief Religious Coping Inventory (RCOPE), and the Attitudes Toward Seeking Professional Psychological Help scale. Additional items queried participants about specific integration attitudes as well as personal collaboration with a Christian psychologist. Students completing the post-test also were asked to endorse learning factors that contributed to attitude change during the counseling course.

The RCI-10 is a 10-item measure used to assess an individual's religious commitment. Internal consistency in the initial study was .93 for the full scale, .92 for Intrapersonal Religious Commitment, and .87 for Interpersonal Religious Commitment. The two subscales were found to be highly correlating, $r = .72$, p < .001. Three-week test-retest reliability coefficients were .87, .86, and .83, respectively. Another study involving Christian college students found reliability to be moderately high (.88) and five-month test-retest reliability also high, $r = .84$, p < .001 (Worthington et al., 2003).

The Brief RCOPE is a brief measure of religious coping that consists of 14 items measuring positive and negative religious coping methods. Three initial studies found strong reliability and validity; the two factors appeared to differentiate the two subscales for positive and negative religious coping methods. In the first study, internal consistency was moderately high for both scales (.87 for positive religious coping methods and .78 for negative). The scales

were uncorrelated (r = .03). In the second study, internal consistency was .90 for positive

religious coping and .81 for negative; the scales were not highly correlated (r = .17). The third

study found internal consistency to be .87 for positive coping and .69 for negative; the scales did

not correlate (r = .18; Pargament, Smith, Koenig, & Perez, 1998).

The Attitudes Toward Seeking Professional Psychological Help scale is a 10-item scale

assessing individuals' willingness to seek help for issues concerning mental health. Test-retest

reliability at one month was .80 (Fischer & Farina, 1995).

Additional items were developed to examine specific attitudes about the integration of

psychology and Christianity, the likelihood of future integration behaviors (i.e., collaborative

efforts between psychologists and Christian leaders), and specific learning factors that

contributed to positive attitude change.

Procedure

Participants were asked to sign an informed-consent form during the first class session,

then were contacted via e-mail and asked to complete the RCI-10, Brief RCOPE, Attitudes

Toward Seeking Professional Psychological Help scale, and the additional items online. No time

limit was given. At the end of the semester, the measures were repeated, and the participants

answered the items based on their attitudes at that point in their training.

Chapter 3

Results

Demographic characteristics of the experimental and comparison groups, summarized previously, are explored in more detail in Tables 1-5. These tables present the percentages of men and women enrolled in classes, percentages of various age groups represented in classes, percentages of various ethnicities represented in classes, percentages of various degree programs represented in classes, and percentages of course formats in which students enrolled.

Table 1

Percentages of Men and Women Enrolled in Classes

	Group	
Gender	Experimental	Comparison
Men	51.1%	44.4%
Women	48.9%	55.6%
Total	100.0%	100.0%

Table 2

Percentages of Various Age Groups Represented in Classes

	Group	
Age	Experimental	Comparison
18-29 years	60.0%	66.7%
30-39 years	15.6%	11.1%
40-49 years	17.8%	0.0%
50-59 years	6.7%	22.2%
Total	100.0%	100.0%

Table 3

Percentages of Various Ethnicities Represented in Classes

	Course	
Ethnicity	Experimental	Comparison
African American	4.4%	0.0%
Asian American	6.7%	0.0%
European American	77.8%	66.7%
Hispanic American	4.4%	0.0%
Native American	0.0%	8.3%
International	6.7%	25.0%
Total	100.0%	100.0%

Table 4

Percentages of Various Degree Programs Represented in Classes

	Group	
Degree Program	Experimental	Comparison
Certificate of Grad Studies	0.0%	11.1%
MA, Biblical Counseling	44.4%	0.0%
MA, Biblical Studies	6.7%	0.0%
MA, Christian Education	6.7%	0.0%
MA, Cross-Cultural Ministries	0.0%	22.2%
MA, Media and Communication	0.0%	22.2%
MA, Theology	42.2%	55.6%
Total	100.0%	100.0%

Table 5

Percentages of Course Formats in Which Students Enrolled

	Group	
Course Format	Experimental	Comparison
On campus, fall semester	73.3%	100.0%
On campus, winter session	22.2%	0.0%
Online course	4.4%	0.0%
Total	100.0%	100.0%

I conducted a series of mixed-method analyses of variance (ANOVAs) to look for differences between theology and counseling classes (between-subjects), differences between pre-test and post-test (within-subjects), and interactions between the between-subjects and within-subjects variables.

First, does attitude change over time for those in counseling and/or theology classes? The means for both classes at pre-test and post-test are reported in Table 6. There was no repeated-measures main effect from pre-test to post-test, $F(1, 52) = 2.3$, NS. The anticipated interaction effect was not found, $F(1, 52) = 0.5$, NS. There was, however, a main effect observed between groups, $F(1, 52) = 10.2$, $p < .005$.

Table 6

Pre- and Post-Test Means for Attitude

	Attitude	
Group	Pre-Test	Post-Test
Experimental	38.3 ($SD = 5.2$)	40.0 ($SD = 4.2$)
Comparison	33.9 ($SD = 5.9$)	34.6 ($SD = 4.3$)

Notes. Attitude was measured by ratings on the Attitudes Toward Seeking Professional Psychological Help scale. The rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A great deal*).

Second, does religious coping change over time? The means for both groups at pre-test

and post-test are reported in Tables 7 and 8. No significant change was reported in positive

religious coping for the repeated measure, $F(1, 51) = 0.62$, NS. The anticipated interaction effect

was not found, $F(1, 51) = 1.7$, NS. No main effect was observed between groups, $F(1, 51) = 2.9$,

NS. Similarly, negative religious coping did not change over time, $F(1, 51) = 3.5$, NS, an

interaction effect was not found, $F(1, 51) = 0.37$, NS, and no main effect was observed between

groups, $F(1, 51) = 1.3$, NS.

Table 7

Pre- and Post-Test Means for Positive Religious Coping

	Positive Religious Coping	
Group	Pre-Test	Post-Test
Experimental	29.8 (SD=3.0)	30.1 (SD=3.2)
Comparison	29.0 (SD=2.1)	27.8 (SD=2.5)

Notes. Positive religious coping was measured by item ratings on the Brief RCOPE scale. The

rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A great deal*).

Table 8

Pre- and Post-Test Means for Negative Religious Coping

Negative Religious Coping

Group	Pre-Test	Post-Test
Experimental	13.4 (*SD* =3.9)	14.3 (*SD* = 5.6)
Comparison	15.0 (*SD* = 6.3)	16.7 (*SD* = 7.2)

Notes. Negative religious coping was measured by item ratings on the Brief RCOPE scale. The rating scale was a 5-point Likert-type scale, ranging from 1 ("Not at all") to 5 ("A great deal").

Third, does religious commitment change over time? The means for both classes at pre-test and post-test are reported in Table 9. No significant change was reported in religious commitment on the repeated measure, $F(1, 49) = 0.03$, NS, an interaction effect was not found, $F(1, 49) = 0.88$, NS, and no main effect was observed between groups, $F(1, 49) = 0.03$, NS.

Table 9

Pre- and Post-Test Means for Religious Commitment

Religious Commitment

Group	Pre-Test	Post-Test
Experimental	43.7 (*SD* = 4.0)	44.1 *(SD* = 3.6)
Comparison	44.0 (*SD* = 4.3)	43.3 (*SD* = 4.6)

Notes. Religious commitment was measured by ratings on the RCI-10. The rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A great deal*).

Fourth, do integration attitudes change over time? Along with attitude changes toward seeking professional psychological help, I also sought to learn whether integration attitudes change over time as a result of integrative coursework. Respondents were asked to endorse items involving their attitudes about areas of integration between psychology and Christianity. The means for both classes at pre-test and post-test are reported in Table 10. Again, there was no significant change in attitudes about integration on the repeated measure, $F(1, 51) = 0.60$, NS. The anticipated interaction effect was not found, $F(1, 51) = 4.7$, NS. No main effect was observed between groups, $F(1, 51) = 2.8$, NS.

Table 10

Pre- and Post-Test Means for Integration Attitudes

	Integration Attitudes	
Group	Pre-Test	Post-Test
Experimental	22.8 ($SD = 2.6$)	23.5 ($SD = 2.2$)
Comparison	22.6 ($SD = 1.7$)	21.1 ($SD = 2.2$)

Notes. Integration attitudes were measured by ratings on five items addressing the integration of psychology and Christianity. The rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A great deal*).

Fifth, do integration behaviors change over time? Integration behaviors were measured by asking respondents how likely they were to engage in certain behaviors as a result of integrative coursework (e.g., referring congregants for outside psychological help or bringing psychologists into the church for lay-counselor training). The means for both classes at pre-test

and post-test are reported in Table 11. No change was observed on the repeated measure, $F(1, 50) = 0.12$, NS, and no interaction effect was found, $F(1, 50) = 3.6$, NS. However, a main effect was observed between groups taking the two different courses, $F(1, 50) = 6.6$, $p<.05$.

Table 11

Pre- and Post-Test Means for Integration Behaviors

	Integration Behaviors	
Group	Pre-Test	Post-Test
Experimental	29.4 (*SD* = 4.5)	30.5 (*SD* = 4.2)
Comparison	26.9 (*SD* = 5.2)	25.3 (*SD* = 4.9)

Notes. Integration behaviors were measured by item ratings on a scale asking about specific behaviors that might occur as a result of attitudes about integration. The rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A great deal*).

I also conducted a profile analysis of students in the counseling class to see which factors were reported to be the most important in learning outcome. The specific learning factors were first tested for overall differences, and differences were found to exist among the factors, Wilks' $\lambda (4, 38) = .37$, $p < .001$. The profile analysis entailed using paired-samples t-tests to look for differences in the adjacent means. See Table 12 for a rank-ordered list, with significant differences indicated.

Table 12

Special Learning Factors Found Among Counseling Students

Learning Factors	Means
Example set by the professor	4.38
Content of the class sessions	4.17
Class readings	3.83
Class assignments (other than readings)	3.57
Interactions with others in the class*	3.05

Notes. Students in the counseling class endorsed these factors as important in the learning

outcome. The rating scale was a 5-point Likert-type scale, ranging from 1 (*Not at all*) to 5 (*A*

great deal). Items are arranged in descending order based on mean provision ratings. * indicates

item rated significantly lower than the preceding item ($p < .01$).

Chapter 4

Discussion

Summary

Past conflicts between psychology and religion have been mitigated somewhat in recent years by increased efforts to integrate psychology and Christian theology. Many Christian schools and seminaries, including conservative institutions that traditionally have been skeptical about psychology, now offer counseling and psychology courses and degree programs. Although increasingly valued by educators and Christian leaders, the integration of Christianity and psychology will continue to thrive only as its value is shared by future professionals in both fields. Other researchers have found coursework in various subjects to be instrumental in changing attitudes of students (Dorman, 2004; Kowalski & Taylor, 2004; Penny et al., 2001; Robazza & Bortoli, 2005; Schwartz et al., 2005; Siegel & Ranney, 2003), but research on the effects of integration courses has been sparse. The purpose of this study was to determine the effects of an introductory integration course on seminary students' attitude toward psychology.

I hypothesized that seminary students experience attitude change and come to view psychology and counseling more favorably after completing coursework in which integration of psychology and Christianity is emphasized. I expected to find a more highly favorable attitude toward psychology from students who completed the introductory counseling course than students who completed another, unrelated course.

Although attitudes among students did not change significantly in either the counseling course or the comparison group, a difference was found between groups. Students who completed the integrative counseling course viewed psychology and counseling more favorably than did students in the comparison group.

There were no significant changes in students' responses to the other two previously published measures, the Religious Commitment Inventory-10 and the Brief RCOPE, nor were there between-groups effects. Students also were asked specific questions about their attitudes toward integration as well as how they viewed the application of integration (i.e., collaboration between psychologists and Christian leaders) in their careers and ministries. A main effect was observed between groups in the area of integration behaviors, with students in the counseling class scoring higher on their views of integration behaviors than those in the comparison group (theology class).

Rather than corroborate the findings of previous research, this study failed to find significant attitude changes after the completion of a course curriculum. However, students exposed to the integrative curriculum had higher scores in the areas of attitude change and integration behaviors than those who attended another, unrelated class.

Strengths and Limitations of the Current Study

Repeated measures were given to students in both the integrative counseling course and a comparison group in which students were introduced to theology. Attempts to observe a main effect within groups and an interaction effect failed consistently, giving credence to two possible conclusions. Either attitudes were not changing in significant ways, or this study lacked the power to detect the changes.

Power was compromised in several ways. First, the heterogeneity of class composition may have reduced the clarity of the design. Because all students at the seminary are required to take the theology (comparison) course and most students are required to take the counseling course, regardless of the degree program sought, there was a mix of students in both the counseling course and the comparison group. Theology students were studying integration, and counseling students were studying theology. In one regard, this is a strength of the study. Students in both classes were not there because they were choosing counseling or theology, but because attendance in both courses was mandated by the seminary for the majority of students, including those in counseling and theology degree programs. But in another regard, the diversity of students in each class may have contributed to random variance, thereby making it more difficult to detect real differences in the classes.

Second, because only nine theology students participated in the study, the comparison group was much smaller than the class of counseling students. The small sample size directly reduced power in the study.

Third, students could not be randomly assigned to experimental and comparison groups, thereby creating the risk of selection bias. Perhaps the theology students' lack of participation in the study was indicative of a negative bias toward psychological theory and its integration with Christianity. If such resistance existed, it might account for the between-group differences in attitude change and integration behaviors while also making it more difficult to detect changes over time.

Response bias also may have resulted in respondents answering differently than others who chose not to respond. This study also was limited by its narrow focus on one type of integrative curriculum in one course offered at one Christian seminary.

Implications

The study has implications for the future of integration among professional counselors and ministry leaders. Although no interaction effects were found, the students who participated in the counseling course for one semester scored higher than students in the comparison group in two areas, attitudes toward seeking psychological help and future integrative behaviors. It is possible that simply enrolling in a Christian counseling class, or sitting through the one or two class sessions before completing the pretest, changed students' perspectives on psychology. Educators may wish to consider ways of introducing integration into other courses, especially those required by students wishing to become leaders in Christian ministry. Collaboration with a psychologist or counselor could enhance integrative components in non-counseling courses.

A course on church leadership, for example, could benefit from psychological research on issues from communication and conflict to premarital counseling and domestic violence. Social psychologists have studied persuasive communications and group dynamics, and could consult with a professor teaching a preaching class. All seminary students take a course on cultivating one's spiritual life, and psychologists and counselors could contribute to this topic by addressing spirituality as it relates to self-care.

Religious institutions that value integration must be willing to take a closer look at what curriculum is labeled integration. The concept of integration may not appear to have priority if only offered in one degree program and left out of others. Integration is best seen as something

for which students must strive, rather than something to be tolerated. The low number of comparison group respondents and lower scores on the attitude scale may mean that students working toward a theology or other non-counseling degree may not be as open to the possibility of professional counseling as being a legitimate way of helping people with mental or emotional distress. Because the professor's example was named the most important learning factor contributing to attitude change among students in the counseling class, personal interaction with a mental-health professional may be meaningful in opening doors for future integration. An open dialogue between counseling and theology students may also be a non-threatening way to discuss issues related to psychology and theology.

Without personal interaction with a professor or student who can, by example, demonstrate what it is to be a Christian and work with people from psychologically informed theories and interventions, the church may not benefit from important services and resources when there are people in a community who are hurting. Clergy still provide about 40% of mental-health services (Weaver, 1995) and can be better equipped to serve people when their resources include professionals trained in issues such as chronic mental illness, relational conflict, substance abuse, and trauma.

Psychologists and counselors wishing to serve the church may not find it easy to approach church leaders or may find resistance to their offers of help. Preparation for future collaboration will require understanding the history of the church and the psychological community, suggesting dialogue about ways the two fields can support each other collaboratively, and even educating people that psychology is bigger than one person's theory that may have mocked biblical Christianity. At the same time, psychologists and other helping

professionals interested in integration and collaboration would do well to listen to the concerns church leaders have about their profession.

Directions for Future Research

Future research should clarify attitudes of seminary students toward the integration of psychology and theology. Although this study was designed to measure attitude change, other researchers may find it useful to explore the spectrum of attitudes about integration, how those attitudes have been formed, and what has been influential in changing opinions. There are ways in which this particular study could have more power. For example, the study could be modified to allow for pre-test and post-test scores of students when they are beginning a degree program as well as when they are preparing to graduate. Because the integrative counseling course at Dallas Seminary is offered early to counseling students and later (near the end of a four-year program) for theology students, pre- and post-test scores obtained the first week of classes and just prior to graduation would provide a clearer picture of how integration attitudes develop or change over time, especially among students working toward a degree in counseling or a degree in theology.

Another consideration for modifying this study in future research is the comparison group used. Perhaps an introductory psychology course that is not integrative (whether at a Christian program or a secular institution) would be a better group for measuring attitude change in comparison to students in the integration class. New approaches to research in this area should consider potential influential variables such as age, denominational background, past experiences seeking psychological help, and positive and negative outcomes associated with psychological treatment. Since the professor's example has been named as an influential factor in positive

attitude change about integration, specific information should be solicited to discover what is most persuasive (e.g., personal anecdotes, personal story, collaborative work with church leaders).

Conclusion

The integrative Christian Counseling course did not result in significantly changed attitudes toward integration. Some differences did exist, however, between the students in the counseling course and the comparison group. On completion of a semester's coursework, students in the counseling course scored higher than students in the comparison group in the areas of attitudes toward seeking psychological help and integration behaviors. A low response rate from students attending another, unrelated course may be indicative of some resistance from seminary students in embracing the integration of theology with psychological theory and research. Of the factors named influential in improving students' attitudes toward psychology and professional counseling, the professor's example was cited as most helpful. More information is needed to assess attitude change resulting from exposure to integrative coursework, and modifications and alternative approaches have been recommended for developing a larger sample and studying attitudes over a longer period of time. Further research should produce more information and benefit educators who desire to translate the value they place on integration to the men and women studying in their institutions.

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Appendix A

Online Survey

Informed Consent

Purpose of study: We are exploring Christian seminary students' attitudes toward psychology.

Procedure: You are asked to answer questions about attitudes toward psychology and the

   Christian faith, religious commitment, and ways of coping. The questionnaire will take

   approximately 10 minutes to complete.

Requirements: Current enrollment as a student at Dallas Theological Seminary.

Anonymity and confidentiality: Your identity will be kept confidential. The results of the study,

   if presented at a professional forum or published, will have no identifying information

   that would connect you to the specific results.

Discomforts and risks from participation: There are no anticipated discomforts or risks from

   participating in this study.

Freedom to withdraw: Participation is voluntary. You may decline to participate or withdraw any

   time before completing the online survey. There is no penalty for withdrawal.

Compensation: Participants who complete this study will be entitled to request a summary of the

   results after the study is completed. If interested, e-mail Scott Woods at

   swoods06@georgefox.edu.

Use of research data: The collection of results from this research may be used for scientific or

   educational purposes. It may be presented at scientific meetings and/or published and

   republished in professional journals or books. Again, no identifying information will be

   presented.

Approval of research: This research project has been approved by the Human Subjects Review

   Board of the Graduate Department of Clinical Psychology at George Fox University.

Questions: Any questions about the study may be answered by contacting Scott Woods at

swoods06@georgefox.edu or Mark R. McMinn, PhD, at mmcminn@georgefox.edu.

Participant's permission: By completing this online survey, you agree that you have read and

understood the above description of the study; you have had an opportunity to ask

questions and have them answered; and you are 18 years or older.

1. Your sex
    Male
    Female

2. Your age

3. Your ethnicity (check all that apply)
    African American
    Asian American
    European American/Caucasian
    Hispanic/Latino(a)
    Native American
    International non-American
    Other

4. Program of study
    Certificate of Graduate Studies
    Doctor of Ministry
    Doctor of Philosophy
    Master of Theology
    Master of Arts/Biblical Counseling
    Master of Arts/Biblical Exegesis and Linguistics
    Master of Arts/Biblical Studies
    Master of Arts/Christian Education
    Master of Arts/Cross-Cultural Ministries
    Master of Arts/Media and Communication
    Master of Sacred Theology
    Nondegree program

5. Year in seminary
    First
    Second
    Third

Fourth
Fifth
More than 5

6. Class format
On campus, fall semester
On campus, winter session
Online course

7. Please type the ID number from the e-mail you received

8. To what extent is each of the following statements true ?
(5-point scale where 1 = *Not at All*; 3 = *Somewhat*; 5 = *A Great Deal*)

a. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

b. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

c. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

d. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

e. I would want to get psychological help if I were worried or upset for a long period of time.

f. I might want to have psychological counseling in the future.

g. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

h. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

i. A person should work out his or her own problems; getting psychological counseling would be a last resort.

j. Personal and emotional troubles, like many things, tend to work out by themselves.

9. To what extent have you employed the following ways of coping when facing difficult times?
(5-point scale where 1 = *Not at All*; 3 = *Somewhat*; 5 = *A Great Deal*)

a. Looked for a stronger connection with God

b. Sought God's love and care

c. Sought help from God in letting go of my anger

d. Tried to put my plans into action together with God

e. Tried to see how God might be using a situation to strengthen me

f. Asked for forgiveness for my sins

g. Focused on my religion to stop worrying about my problems

h. Wondered whether God had abandoned me

i. Felt punished by God for my lack of devotion

j. Wondered what I did for God to punish me

k. Questioned God's love for me

l. Wondered whether my church had abandoned me

m. Decided the devil caused a situation to happen

n. Questioned the power of God

10. To what extent is each of the following statements true?
(5-point scale where 1 = *Not at All*; 3 = *Somewhat*; 5 = *A Great Deal*)

a. I often read books and magazines about my faith.

b. I make financial contributions to my religious organization.

c. I spend time trying to grow in understanding of my faith.

d. Religion is especially important to me because it answers many questions about the meaning of life.

e. My religious beliefs lie behind my whole approach to life.

f. I enjoy spending time with others of my religious affiliation.

g. Religious beliefs influence all my dealings in life.

h. It is important to me to spend periods of time in private religious thought and reflection.

i. I enjoy working in the activities of my religious organization.

j. I keep well informed about my local religious group and have some influence in its decisions.

11. To what extent is each of the following statements true?
(5-point scale where 1 = *Not at All*; 3 = *Somewhat*; 5 = *A Great Deal*)

a. Truth about God's creation can be discovered through psychology.

b. A person can be both a psychologist and a godly Christian.

c. If viewed from a Christian perspective, psychology can be helpful to the church.

d. Psychology is compatible with the Christian faith.

e. The person engaged in counseling ministry can benefit from psychological training.

12. Imagine yourself in a future ministry role in a church setting. To what extent would you be interested in collaborating with a Christian psychologist in the following ways?
(5-point scale where 1 = *Not at All*; 3 = *Somewhat*; 5 = *A Great Deal*)

a. Referring someone in your congregation to the psychologist for counseling

b. Bringing in the psychologist to train a group of lay counselors for a church-based caregiving ministry

c. Having the psychologist administer strength-based personality assessments to aid in the hiring of ministerial staff

d. Receiving personal support from the psychologist during stressful times in your ministry

e. Working with the psychologist to conduct an organizational assessment (to better understand your congregation)

f. Asking the psychologist to mediate between differing groups in a time of church conflict

g. Consulting with the psychologist regarding any questions or concerns that arise as you counsel people in your congregation

Thank you for your participation!

Appendix B

Curriculum Vitae

Curriculum Vitae

SCOTT W. WOODS

2316 Paula Circle, Ocean Springs, MS 39564
Cell: (228) 424-4809 ~ Work: (228) 523-5598 ~ scott.w.woods@gmail.com

EDUCATION

Predoctoral Intern (Clinical Psychology, APA-accredited PsyD program)
George Fox University, Graduate Department of Clinical Psychology, Newberg, OR
Anticipated Completion of Internship: July 29, 2011

Master of Arts in Clinical Psychology
George Fox University, Newberg, OR 97132
April 2008

Master of Arts in Counseling
Dallas Theological Seminary, Dallas, TX 75204
May 2006

Bachelor of Arts in Journalism
Major: Journalism; Minor: English
Angelo State University, San Angelo, TX 76909
December 1996

High-School Diploma
Lake View High School, San Angelo, TX 76903
May 1993

CLINICAL EXPERIENCE

08/2010-Present   **Predoctoral Intern**
VA Gulf Coast Veterans Health Care System
400 Veterans Ave.
(116B)
Biloxi, MS 39531
Director of Training: Scott Cardin, PhD
Rotation Supervisors: Ronald Alexander, PhD, Clinton Martin, PhD, and Scott Cardin, PhD
Hours: 45 hours per week
Responsibilities:
- **Mental Health Outpatient Clinic** (February-April 2011): Provide individual psychotherapy from a cognitive-behavioral theoretical orientation. Facilitate and co-facilitate

psychotherapy groups (one Dialectical Behavior Therapy [DBT] group, two process groups for depression, one psychoeducational anger-management group, and one psychoeducational anxiety group). Review chart histories. Consult with psychiatrists, social workers, and other psychologists as needed. Responsible for diagnosis, treatment planning, writing progress notes in patient charts, and terminating treatment. Attend interdisciplinary team meetings, including a meeting to discuss patients on a high-risk list for suicide. Triage walk-in patients, either offering psychological treatment or referring to clinic providers. Assist in coordinating hospitalization of patients requiring stabilization in the inpatient psychiatry unit.

- **Behavioral Medicine/Health Psychology Rotation** (December 2010-February 2011): Provided individual psychotherapy and led group interventions for weight loss, sleep hygiene, and pain management. As a member of the TBI/Polytrauma Support Clinic Team, provided cognitive assessments and neuropsychological screenings, as well as assessments for chronic pain and sleep issues. Conducted mental health assessments for transplant candidates (e.g., lung, liver, and kidney). Consulted with physicians, participated in interdisciplinary team meetings, and conducted capacity evaluations for hospital inpatients. Assessed patients for suicide risk.

- **Inpatient Psychiatry Rotation** (August-November 2010): Participated in interdisciplinary team meetings with the patient present. Provided supportive therapy and psychoeducational groups. Conducted mental status exams, cognitive screenings, and personality assessments. Provided psychoeducation to patients regarding diagnosis.

- **Long-Term Project** (August 2010-July 2011): Develop, coordinate, and facilitate a psychoeducational anger-management group for patients with chronic pain. Collect outcome data to inform process improvement.

- **Neuropsychological Assessment** (August 2010-July 2011): Conduct neuropsychological assessments of Veterans with cognitive impairments. Provide results in the form of a written report. Offer verbal feedback to patients and their families.

- **Chief Intern** (August-October 2010): Provided cohort feedback to supervisors at the training program's Steering Committee and supervisors' meetings. Facilitated communication between the intern cohort and training faculty. Offered administrative support to training faculty. Mediated

conflicts among cohort members. Developed, coordinated, and implemented an educational program for acute-care nurses requesting information about mental health issues.

- **Future rotation** includes the **PTSD Clinical Team** (May-July 2011). Work will include individual psychotherapy with Veterans who have both PTSD and a co-occurring substance-use disorder. Treatment modalities will include Cognitive-Behavioral Therapy and Prolonged Exposure. Work also will include co-facilitating Seeking Safety groups.

07/2009-05/2010   **Psychology Practicum Student**
Kaiser Permanente
Interstate Medical Office East
3550 N. Interstate Ave.
Portland, OR 97227
Supervisor: Ronald Sandoval, PhD
Hours: 17 hours per week
Responsibilities:
- Provided ongoing individual psychotherapy for patients with a variety of Axis I and Axis II psychological disorders
- Coordinated care with Addiction Medicine mental-health care providers for patients with substance-use disorders
- Conducted weekly neuropsychological evaluations, present feedback to patients and family members, and make referrals to appropriate treatment providers
- Produced reports of intake interviews, neuropsychological evaluations, and progress notes in an electronic record-keeping system

08/2008-04/2009   **Psychology Practicum Student**
VA Roseburg Healthcare System
Eugene Community-Based Outpatient Clinic
100 River Ave.
Eugene, OR 97404
Supervisor: Rex Turner, PhD
Hours: 16 hours per week
Responsibilities:
- Provided individual, group, and couples therapy for veterans presenting with a variety of psychological disorders
- Conducted psychological evaluations, as well as provide cognitive, personality, and neuropsychological assessments
- Provided crisis intervention for walk-in patients
- As needed, referred patients to other professionals in a multidisciplinary health-care system

07/2007-05/2008   **Psychology Practicum Student**
Lutheran Community Services Northwest
617 NE Davis St.
McMinnville, OR 97128
Supervisor: Patricia Warford, PsyD
Hours: 20 hours per week
Responsibilities:
- Provided individual, group, couples, and family therapy from a cognitive-behavioral orientation for clients ranging in age from 8 to 70 and with a variety of presenting problems (e.g., depression, anxiety, PTSD, substance abuse), to improve interpersonal relationships
- Conducted intake interviews and referred clients to appropriate resources in order to address their needs
- Conducted evaluations of individuals referred by the courts for anger issues and abusive behaviors in order to recommend appropriate treatment
- Assessed personality factors using the PAI and abusive behaviors using the Domestic Violence Inventory, in order to supplement information received at intake
- Maintained progress notes for all clients to ensure proper documentation of session content and interventions
- Completed paperwork to enable clients to satisfy court and/or agency requirements
- Co-facilitated a domestic-violence group for adult male offenders and an anger-management group for adolescents in order to lower recidivism rates and increase school performance
- Provided counseling at elementary, middle, and high schools to improve interpersonal relationships and school performance
- Conducted assessments using the WAIS-III and Woodcock-Johnson III to determine cognitive abilities of high-school students seeking eligibility for special education services

01/2007-04/2007   **Psychology Prepracticum Student**
George Fox University
414 N. Meridian St.
Newberg, OR 97132
Supervisor: Clark Campbell, PhD
Hours: 4 hours per week
Responsibilities:
- Conducted intake interviews, mental-status exams, and individual, client-centered therapy sessions with undergraduate student volunteers

- Participated in weekly supervision, both individual and group, with videotape review
- Obtained informed consent at the beginning of treatment, developed treatment plans, maintained progress notes, and provided a termination summary at the end of treatment

01/2005-12/2005   **Counseling Practicum Student**
Mech Psychiatric Associates
7500 San Jacinto Place
Plano, TX 75024
Supervisor: Arnold Mech, MD
Hours: 16 hours per week
Responsibilities:
- Provided individual and couples therapy for clients with a variety of presenting problems to improve interpersonal relationships and job performance
- Conducted intake interviews and referred clients to appropriate resources in order to address their needs
- Maintained progress notes for all clients to ensure proper documentation of session content and interventions

RESEARCH EXPERIENCE

2007-2010   **Dissertation and Research Team – George Fox University**
Dissertation Chair: Mark McMinn, PhD
- Dissertation investigated the effects of an introductory psychology course on Christian seminary students' attitudes toward seeking, and referring others for, psychological help.
- Attended bi-weekly meetings with a research team for consultation regarding dissertation progress and research design.
- Mentored research team members from other cohorts who were at various stages in the research process.

RELEVANT TEACHING/MENTORING EXPERIENCE

2010   **Teaching Assistant – George Fox University**
Professor: Rodger Bufford, PhD
Prepared exams, graded coursework, and taught class.

2009-2010   **Mentor/Peer Supervisor – George Fox University**
Provided education and feedback to first-year practicum students.

2009   **Teaching Assistant – George Fox University**

Professor: Cliff Rosenbohm, ACSW, LCSW
Prepared exams, graded coursework, provided feedback on research proposals, and taught class.

RELEVANT VOLUNTEER EXPERIENCE

2007   **Lead Facilitator**
            Depression Recovery Program – Newberg, OR
            Responsibilities:
            - Coordinated duties of co-facilitators for two psychoeducational groups consisting of individuals with mildly depressive symptoms
            - Co-facilitated one group in order to help participants process information received in an instructional video and to discuss opportunities for change

2007   **Judge**
            Portland Community College Science Expo – Portland, OR
            Responsibilities:
            - Interviewed high-school students about research projects in the field of behavioral science
            - Participated in a committee of two other judges to determine the winners and their official ranking

2005   **Lead Facilitator**
            GriefShare Support Group – Dallas, TX
            Responsibilities:
            - Coordinated volunteers to participate in a support group for grieving individuals
            - Facilitated discussions to help participants process emotions related to grief

PRESENTATIONS

Woods, S. W., & McMinn, M. R. (2009, August). *Christian seminary students' attitudes toward psychology: Effects of an introductory course on the integration of psychology and theology.* Poster presented Aug. 8, 2009, at the 117th annual convention of the American Psychological Association, Toronto, Ontario, Canada.

McMinn, M. R., Hathaway, W. L., Woods, S. W., & Bendeck, K. (2008, August). *What American Psychological Association leaders have to say about* Psychology of Religion and Spirituality. Paper presented Aug. 17, 2008, at the 116th annual convention of the American Psychological Association, Boston, MA.

PUBLICATIONS

Woods, S. W., & Wilkinson, D. S. (Work in progress). PTSD and the treatment-resistant patient: A retrospective case study.

McMinn, M. R., Hathaway, W. L., **Woods, S. W.,** & Snow, K. N. (2008). What American Psychological Association leaders have to say about *Psychology of Religion and Spirituality. Psychology of Religion and Spirituality, (1)*1, 313.

McMinn, M. R., Orton, J. J., & **Woods, S. W.** (2008). Technology in clinical practice. *Journal of Psychology & Christianity, (27)*1, 56-60.

PROFESSIONAL AFFILIATIONS

American Psychological Association
APA Division 18 (Psychologists in Public Service)
APA Division 56 (Trauma Psychology)

PROFESSIONAL CONFERENCES AND SEMINARS

2009   Basic Course in Clinical Hypnosis
Keynote speaker: Susan Rustvold, DMD, Oregon Society of Clinical Hypnosis

2008   Primary-Care Psychology
Keynote speaker: Julie Oyemaja, PsyD, Lifeworks/Virginia Garcia Health Centers.

2008   Toward a Global Psychology: Reconsidering Culture and Context
Keynote speaker: J. Derek McNeil, PhD, Wheaton College

2008   Trauma and Older War Veterans: Long-Term Adjustment
Keynote speaker: Patrick J. Stone, PhD, private practice, The Dalles, OR
May 21, 2008

2008   The Psychology of Forgiveness in Clinical Practice: The Benefits and Pitfalls of Helping Clients Forgive
Keynote speaker: Nathaniel G. Wade, PhD, Iowa State University

2007   Forensic Assessment: Competency Evaluations and Risk Assessment
Keynote speakers: Elena Balduzzi, PhD, Alex Millkey, PsyD, and Daniel Smith, PhD, Oregon State Hospital

2007   Couples in Conflict: A New Paradigm for Therapists
Keynote speakers: Chris Huffine, PsyD, and Chris Wilson, PsyD, Allies in Change Counseling Center

2006   Motivational Interviewing
    Keynote speaker: William Miller, PhD, University of New Mexico