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**Professional Outpatient Mental Health Service Delivery to the Church: An Analysis of Conservative Evangelical Attitudes in the Pacific Northwest United States**

Daniel D. Carpenter

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Professional Outpatient  
Mental Health Service Delivery  
to the Church:  
An Analysis of Conservative Evangelical Attitudes  
in the Pacific Northwest United States

by

Daniel D. Carpenter

Presented to the Faculty of  
George Fox University  
in partial fulfillment  
of the requirements for the degree of  
Doctor of Psychology  
in Clinical Psychology

Newberg, Oregon


October 30, 1998

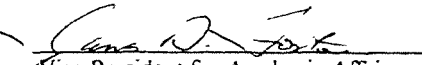
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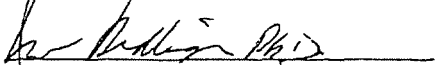
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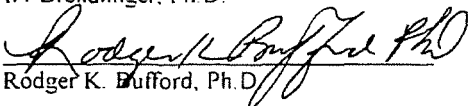
  
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Professional Outpatient  
Mental Health Service Delivery  
to the Church:  
An Analysis of Conservative Evangelical Attitudes  
in the Pacific Northwest United States

Daniel D. Carpenter  
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George Fox University  
Newberg, Oregon

Abstract

Over the years, various models have been developed for optimal mental health service delivery to various populations. The Christian community is not exempt from this evolutionary process which is affected by culture, technology, economics and research. This study investigated attitudes of Conservative Evangelical Christians toward professional outpatient mental health service delivery, and examined six research questions which investigated (a) perception of antagonism between Christianity and psychology; (b) utilization of mental health services in the past; (c) perceived degree of pastoral influence on views toward psychology; (d) factors thought

to be significant in shaping present attitudes toward psychology; (e) differences between rural and urban respondents, and (f) suggested steps that counselors might take to facilitate a comfortable counseling relationship with a Conservative Evangelical Christian client.

Participants included 549 individuals (524 parishioners and 25 pastors), representing 12 churches from 3 denominations (Conservative Baptist, Evangelical Church of North America [ECNA], and Christian Independent). Churches were selected based on their representation as “Conservative Evangelical.” Both rural and urban locales in the Pacific Northwest United States were represented in the sample. Congregant attitudes toward professional mental health services were influenced by many factors, the most important being “Family and Friends” and “Personal Experience.” Professional clergy had less influence on congregant attitude than was expected. The themes of “Compassion”, “Christian commitment”, and “Connection” were important to respondents for the facilitation of a comfortable professional relationship with a mental health counselor. By understanding current Evangelical attitudes toward professional mental health services, as well as the factors that shape those attitudes, practitioners interested in serving this population can formulate appropriate service models, marketing approaches, and treatment interventions to better serve the needs of the Conservative Evangelical Church community.

### Acknowledgments

It has been my pleasure to work with many individuals during the course of this project.

Some, including Mr. David Skiff of Spencerport, NY, Mr. George Powell of Clackamas, OR, and Dr. Gary Collins, current President of the American Association of Christian Counselors out of Schaumburg, IL, are new friends whom I was able to meet through my work on this project.

Others, such as Donna Smith, Natasha Stokem, John Garrison, and Will Worrall, who each served on this project as survey administrators, have worked and studied with me in graduate school, and I have learned much from their collegial relationship as well as experienced the sweet taste of their Christian fellowship.

Still others, such as Dr. Robert Buckler, Dr. Rodger Bufford, and Dr. Irv Brendlinger, I initially met as instructors at the George Fox University Graduate School of Clinical Psychology (GSCP). They have each become good friends and close Christian brothers of mine, and I'm thankful that they cared enough about this project to serve as my dissertation committee. Special thanks go to Dr. Buckler who chaired the Committee, and spent countless hours counseling with me and sharing his years of expertise in ways that would make the final dissertation a product worthy of his signature. I would also like to thank Dr. Chris Koch at the George Fox University GSCP for assisting me with the statistics portion of this project. Because of his willingness to consult with me via email while I was 2500 miles away from Portland when most of this dissertation was written, I was able to generate the project in a timely and efficient manner.

Even greater thanks go to my wife, Debbie, who served as assistant, proof-reader, and chief motivator during this entire project. Debbie assisted me with data collection, and literally

input the entire 90,000 item database for this project as my help-mate. Most persons reading this project won't have had the privilege of meeting this wonderful woman personally, but her description can be found in Proverbs 31. Although we've been married for over 27 years now, it has been this project more than any other event that has demonstrated to me how apt the words of Proverbs 31:29 are: "Many women do noble things, but you surpass them all." My colleagues stand in awe at the support given me by this beautiful lady. Family support has also been found in my son, D.J., who had to "pass" on many a father-son basketball game while the priority was data-collection or writing. I am indebted to both him and his wife, my daughter-in-law Felicia, for their love, support, and encouragement during the time this dissertation was being written.

Finally, I wish to thank my Lord and Savior Jesus Christ, who took his servant out of a Christian psychiatric hospital ten years ago, lifted him out of "the slimy pit", set his feet on a rock, and put a new song in his mouth (Psalm 40). Although my Christian rebirth occurred in 1977, my emotional rebirth began with a 30-day hospitalization for depression in 1988 and has continued since then. What a faithful God I serve! I love you, Lord, and I dedicate this work and my life to Your service.

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## Chapter I

### Introduction

#### Psychology and Christianity: Basic Concerns

That psychotherapy is not a "one size fits all" proposition is seen in the broad range of models currently practiced, which serve a broad diversity of human needs. Unique populations may require unique mental health delivery systems or models. For example, techniques, systems, and approaches can be seen to differ in groups such as dual diagnosis clients (Miller, Leukefeld & Jefferson, 1994), lesbian women and gay men (Brown, 1991), African-American clients (Cook, 1993), adult borderline clients (Nehls & Diamond, 1993), homeless teenagers (Ray & Roloff, 1993), and rural Americans (Murray & Keller, 1991). Just as each of these populations has a unique set of needs for mental health care, religious populations also have unique needs (King, 1978, p. 276, Carter & Narramore, 1979, p. 47, Worthington, 1986, p. 429). This project investigated the attitudes of a sample of Conservative Evangelical Christians (particular sub-population of religiously-identified individuals) toward professional outpatient mental health service delivery to the Christian population. The research focused on the unique needs of this group in order to take steps toward laying a sound foundation for effective service delivery planning, and providing the most efficacious service possible.



This study related specifically to mental health service delivery by professionals: persons possessing specific training, experience, and advanced degrees in the mental health field. Although other service-delivery models (e.g. lay counseling, pastor-counseling) are addressed in the overview, the survey research component itself centered on the role of the professional clinician as related to the Church in general and the Evangelical Christian community specifically. The following text explores the areas of ethical considerations in relationship to working with clients of diverse worldviews, defines various terms used in the text with an emphasis on terms used in the mental health field, examines contemporary models of counseling now used within the Christian community, summarizes current mental health service delivery to the church, and provides an overview of the research conducted within this particular work.

### Ethical Considerations

The study at hand should also be helpful toward assisting clinicians in becoming ethically appropriate when serving members of the Conservative Evangelical Christian community, as it provides insight into the attitudes and worldviews of the subject population. The ethical guidelines from various mental health service disciplines address the need to understand and respect the differences of diverse populations. For example, Principle D, of the *Ethical principles of psychologists and code of conduct* (American Psychological Association, 1992) states:

Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training,

experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals. (American Psychological Association, 1992)

Principle B of the same document states that “Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work” (American Psychological Association, 1992). Similarly, Pate and Bondi (1992) pointed out that the Ethical Standards of the American Counseling Association state that counselors are to “guard ‘the individual rights and personal dignity of the client’ ” and to do so “must learn during their professional education to respect the importance of spirituality and religion in the lives of clients and how to incorporate that respect in their practice” (p. 108).

In spite of the these mental health professions’ clearly-stated ethical guidelines which address the need for an understanding and appreciation of clients’ value and belief systems by professional mental health practitioners, many Conservative Evangelical Christian clients, as well as those from other religions, are uncomfortable with therapists who do not share their beliefs. Genia (1994) wrote that “the tendency for secular psychotherapists to reject organized religious involvement points to a ‘religiosity gap’ between mental health providers and the religiously committed United States majority” (p. 395). Such an awkward relationship is correlated with resistance to therapy and high rates of premature termination (King, 1978; Lovinger, 1979; Worthington, 1986)

One reason for the dissonance between therapist and client may be that the cross-cultural distinctives of the religious client are not given the same “value” as those given to those of clients who are clearly racially different or speak in a language not understood by the therapist. For

example, Lovinger (1984, p. 88) wrote that scientific literature regarding religion and psychology has been relatively scarce but this "silence indicates the degree to which American psychology tacitly views a nonreligious position as normative, and a belief position as worthy of study, if not pathological. Since the bulk of the American population is at least conventionally religious, this is indeed a curious stance". Whereas other cultural differences seem to be acceptable, religious beliefs are sometimes the exception. An illustration of this phenomena is found in Brook's (1996) Presidential Address to the American Psychological Association Convention in Toronto:

Here I reach the heart of my message and the point at which I most sharply diverge from the objectives of the Religious Right and the Promise Keepers [as if the terms were synonymous]. Yes, we who support families wish to empower them and help them fulfill their most lofty promises. But this cannot be done by seeking return to an era when men were "real men" and their wives were "the little woman," when father knew best and mother knew (or pretended) that he did, when boys were made of snakes and snails and puppy dogs tails; girls were made of sugar and spice and everything nice. Instead of trying to distort the reality of contemporary life, we family psychologists need to help families cope and develop their maximum potential. To do this, we cannot be agents of moralizing, suppression, or coercion of women and men into outmoded social roles.

(p. 5)

Note that Brooks' attack on what many Christians consider healthy or even Biblical roles lends no credence to the possibility that a family with such role definitions may indeed be very happy and functional. To the extent that such a family system is unduly oppressive, the system may

legitimately be challenged. Empowerment of all family individuals is a worthy goal. However, if Brooks' attack is based on merely a different value system than the "Religious Right" promotes, such a viewpoint which suggests literal overhaul must be challenged. It appears that by labeling a family system such as this "outmoded", the tendency is to "rescue" it or at least change it, despite the fact that it may be quite healthy and functional, and not asking for any help at all! Brooks' implication appears to be that "we cannot be agents of...suppression", apparently unless religious values differ from our own, and in that case an exception may be made. The cultural ignorance and insensitivity displayed here by Brooks is exactly one of the problems that discourages religious clients from seeking necessary mental health services. Perhaps it would be appropriate at this point to investigate the culture of Christianity in order to better make the point.

### Christianity as a Culture

Regardless of the viewpoint of some American psychologists toward religion, it seems that in order to remain true to the ethical guidelines of professional psychology, the issues of religion (as well as other cultural issues) should at least be considered within the context of a cultural framework, lest religious clients be denied the same understanding afforded to those more overtly culturally distinct. As Ridley (1995) stated "...all clients deserve equitable treatment, regardless of their background" (p. 6).

In the last two decades there has been an increase in sensitivity to culture in professional literature (Sue & Sue, 1990, p. 159). For example, from 1990 to 1996 the frequency of the word "culture" in professional abstracts increased approximately 50% (PsychLIT). A similar survey of

the ATLA Religious database shows that the phrase “cross-cultural” doubled in its use in abstracts from 1991 to 1993 (ATLA, 1996).

Sue & Sue (1990) reported several factors which define culture. These included class values, language factors, unique experiences, communication style (Sue & Sue, 1990, p. 161) as well as outlook on individuality, verbal/emotional/behavioral expressiveness, self-disclosure, cause/effect orientation, structure/flexibility/ambiguity (Sue & Sue, 1990, pp. 35-45). Their “shorthand” version for culture was “all those things that people have learned to do, believe, value, and enjoy in their history. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born” (Sue & Sue, 1990, p. 35).

Using the above terms to define culture, it is easy to see that the populations of Christians can indeed form cultures. Within Christianity one may find specific cultural values (e.g. attitudes toward sexual intercourse outside of marriage, cohabitation, or use of alcohol and drugs), language factors (implicit in phrases like “born again” and “filled with the Spirit”, plus the lack of cursing), unique experiences (e.g. conversion, Eucharist, baptism), communication style (intercessory prayer, speaking in tongues), outlook on individuality (focus on serving others, including those outside of the Christian community), verbal/emotional/behavioral expressiveness (often demonstrated in worship expressions such as raising of hands, shouting or dancing), self-disclosure (seen both in verbal prayer requests and in repentant requests for forgiveness), cause/effect orientation (concept of omnipotent, omniscient God), and structure/flexibility/ambiguity (as seen in liturgical form and doctrinal statements).

Clearly, the Christian community not only has a culture of its own, but indeed it is made up of many subcultures. Denominations are created by distinct differences of opinion (often reflected in doctrinal statements) while still remaining under the larger “Christian” cultural umbrella. Kitayama and Markus (1994) pointed out the concept of “micro-cultures” when they wrote:

In the United States, men and women, African-American or European-American, Jewish or Christian, may share similar culturally organized ways of thinking about self and others because they share a single, broadly defined cultural and sociopolitical reality. However, *each person must also respond to a set of cultural requirements that are associated with being of a particular ethnic group, gender, religion, [denomination], age, generation, region of country, and so on.* (p. 347, emphasis provided)

Consistent with identifying Christianity (and its various sub-populations) as cultures, we move now to an exploration of the meeting of Christianity and the larger “broadly defined cultural and sociopolitical reality” (p. 347) which includes the field of psychology. The encounter between psychology and certain sub-populations of Christianity can be appropriately characterized as a clash of cultures.

### Christianity and Psychology: The Schism

The culture of Conservative Evangelical Christianity (a particular sub-population of a group identifying with the Christian faith) has been influenced by a history of unrest with psychology. Early psychologists and other practitioners often viewed religion with suspicion, wariness, or outright disdain. Insensitivity toward religious belief was seen in early comments by

several prominent members of the psychological community. Warnock (1989) captured the essence of the "anti-religious" spectrum of psychology as follows:

Through the years, religion has been viewed by psychologists and those in related professions in many ways: by Freud as an illusion, an obsession and a fulfillment of infantile wishes; by Jung as an Archetype; by Fromm as human love; by Erikson as an epigenetic virtue; by James as an intensely personal experience, by Sargant as a matter of classical conditioning; by Skinner as a matter of operant conditioning; by Allport as a matter of personal becoming; [and] by Maslow as a quest for man's higher nature.

(p. 263)

Perhaps one of the most famous quotes capturing the anti-religion bias among prominent psychologists was made by Albert Ellis (1962) who said:

And because any deity-positing religion almost by necessity involves endowing those members who violate the laws of its gods with a distinct concept of blameworthiness or sinfulness, I am inclined to reverse Voltaire's famous dictum and to say that, from a mental health standpoint, if there were a God it would be necessary to uninvent Him.

(p. 142)

Even more recently, Arnold Lazarus demonstrated that the anti-religious bias is alive and well amongst even other prominent contemporary psychologists with his statement "There is no truth in religion!" (personal communication, December 19, 1996).

Reasons for an often-negative view of religion from psychologists vary from an unthinking acceptance of the "traditional" views espoused above, which view religious belief as detrimental

to mental health, to more personal issues such as the past experience of the therapist. Why is it that “compared with the public at large, secular psychotherapists are less likely to affiliate or participate in organized religion and are more likely to express their spiritual interests in nontraditional ways”? (Genia, 1994, p. 395). Lovinger (1984) posited that training in the sciences (such as psychology, psychiatry and nursing) “is at odds with the religious orientation and background of many Americans” (p. 1). Additionally, he offered a taxonomy of three types of nonreligious therapists: the nonaffiliated (“an explicit religious tone or orientation is essentially absent”); the anti-affiliated (“clear, antireligious orientation”); and the formerly affiliated (who typically changed to a nonaffiliated position following a painful religious experience) (p. 5).

Because of psychology’s often-overt rejection of religiosity as a valid human experience, word of this attitude traveled in many Christian circles. It seems that figurative battle lines were drawn, with the promoters of psychology on one side and the defenders of the Faith on the other. Over time, the only mental health professionals that were encouraged to access clergy and laity were those that also professed the Christian faith. That remains essentially true to the present in churches which profess a Conservative Christian theology. For example, Worthington (1986) wrote “Conservative Christians prefer like-minded counselors and distrust secular counselors” (p. 425). Citing research by Beutler, Pollack and Jobe (1978), Worthington added “When clients agreed with the initial values of their therapists, they were more attracted to their therapists and were more trusting of them than were clients who did not” (p. 425).

In an attempt to address the growing interest in psychology and other mental health counseling services, the Christian church has reacted in a variety of ways, from embracing



psychology as a helpful option for mental health care, to demonizing it as a work of Satan. The essence of this latter response is characterized in the following section, with more positive reactions following.

### The Anti-Psychology Response

The Christian community has not lacked for volunteers to return volleys against psychology. Adams (1970) wrote “The thesis of this book is that qualified Christian counselors properly trained in the Scriptures are competent to counsel—more competent than psychiatrists or anyone else” (p. 18). A book entitled The Psychological Way/ The Spiritual Way told its predominantly-Christian audience “Psychotherapy has attempted to destroy religion where it can and to compromise where it cannot” (Bobgan & Bobgan, 1979, p. 183). The same authors’ 1987 book Psychoheresy: The Psychological Seduction of Christianity continued the attack on psychology with chapters entitled “Psychoseduction”, “Psychotheology”, “Psychobabble” and “Psychoquakery” (Bobgan & Bobgan, 1987). Christian authors Hunt and McMahon (1985) wrote “By now it should be more than clear to the reader that psychology is playing a major role in an ongoing and staggering seduction of Christianity” (p. 202). In the sequel, Beyond Seduction, (Hunt, 1987) added “Christian psychology is one of the most alarming examples of a wrong approach to Scripture: It is based upon predetermined psychological theories that are imposed upon the Bible. Nor were these ideas developed by sincere Christians” (p. 128).

Popular pastor, writer, and radio preacher John MacArthur Jr. recently wrote:

The rush to embrace psychology within the Church is frankly mystifying. Psychology and Christianity have been enemies from the beginning...Those who followed Freud at first

were uniformly hostile to biblical belief. The foundational doctrines of the movement were therefore based on blatantly anti-Christian presuppositions. (MacArthur & Mack, 1994, p. xiii)

Lest they be misunderstood, MacArthur and Mack (1994) emphasized:

There may be no more serious threat to the life of the Church today than the stampede to embrace the doctrines of secular psychology. They are a mass of human ideas that Satan has placed in the Church as if they were powerful, life-changing truths from God... Though many psychologists call their techniques "Christian counseling" most of them are merely using secular theory to treat spiritual problems with biblical references tacked on. (p. 11)

The antagonism between Christianity and psychology has resulted in an environment where "A number of Christians, both lay and clergy, are still uncomfortable with and even hostile to the notion of Christian psychology or counseling" (Coe, 1991, p. 1). This reluctance to obtain appropriate services is found even though the incidence of emotional dysfunction suffered by evangelical Christians (approximately 27%) is comparable to the emotional dysfunction in the general population (King, 1978, p. 280). (By way of comparison, the NIMH catchment area epidemiological study found that about 33% of individuals are likely to have substance abuse or psychological disorder problems sometime during their lifetimes [Carson & Butcher, 1992, p. 16]). Paradoxically, both laypersons and clergy seem dissatisfied with the *status quo*. King (1978) wrote that "42% of evangelical Christian pastors are dissatisfied with available counseling

services” (p. 279). The battle continues, however, fueled by rhetoric launched from both positions while compromise and reconciliation seem unlikely.

Recent events tend to confirm that there is a movement still alive to some degree within the Christian community which has sometimes taken on the task of “de-psychologizing” the church. In August of 1995, for example, the editors of the magazine Christianity Today, published an article called “Conversations: Putting an end to Christian psychology” (Miller, 1995, p. 16) following a catchy and inflammatory magazine cover which read “Larry Crabb’s Anti-psychology Crusade” After noting by-lines such as “Larry Crabb thinks therapy belongs back in the churches”, psychologist Larry Crabb was quick to defend his comments to the psychological community by placing distance between the publication’s presentation of the interview and the facts as Crabb presented them. He responds:

Those titles were not mine...they are not the titles that I gave to the article; they were titles that I discovered the same time that everybody else did...when the magazine came. I think...the title is misleading, and I think *seriously* misleading, and seriously misrepresents the direction of my heart. There is nothing in *me* that wants to put an end to Christian psychology...there is nothing in me that’s on an anti-psychology crusade....I want to go on record as saying...“I didn’t like the title, and they don’t represent my heart at all”. (Crabb, 1995)

Based on Crabb’s comments, it would appear that the Christian magazine either had an anti-psychology agenda or otherwise lacked professional competence and/or integrity in presenting the article as it did. The result for readers was that the use of psychology (and psychologists) was

again questioned as a viable way for Christians to obtain mental health services and, by implication, the other services provided by psychologists (e.g. vocational, cognitive, and personality assessments, and work in forensic settings). In view of the position commonly taken against psychology by religious individuals, it seems appropriate to examine the religious beliefs among psychologists themselves in order to evaluate that stance more fully. Are psychologists a group with similar religious beliefs when compared to the larger culture, or are there indications of non-religious attitudes which may support a healthy suspicion between psychologists and religious persons?

#### Religious Belief Among Psychologists

Based on the contrast between the religious belief of psychologists compared to that of the general population, conservative Christians may have good reason to be wary of psychologists. When 91% of psychologists surveyed endorse the idea that science provides a better explanation of the universe than does religion (Eckhardt, Kassonov & Edwards, 1992, p. 140), religiously-sensitive clients may be uneasy. The same study concluded that "psychologists as a group certainly do not endorse religious values with the same frequency as the general public and are not as likely to be thinking of 'spiritual' concepts as are their clients" (Eckhardt, Kassonov & Edwards, 1992, p. 141). Two years later Jones (1994) wrote that "fully 50% [of responding psychologists] had no current religious preference, compared with only about 10% for the general population" and that "Perhaps their most striking finding was that only 33% of clinical psychologists described religious faith as the *most important influence in their lives*, as compared with 72% of the general population" (p. 184, emphasis provided). An internet survey which

started in August of 1995 and is ongoing, shows that 64% of respondents believe in a supreme being, 29% attend religious functions weekly, and 44% indicate that the passage of time has made them more religious. The majority (59.6%) felt that religion was constructive to society (SurveyNet, 1996). This survey, while anything but scientific (only internet users could access the survey), is remarkable because it reflects the thoughts of persons who are predominately theologically liberal (e.g. 50.7% indicated a “pro-choice” preference, while 30.2% indicated a “pro-life” preference; only 30% believed in a Trinity; 26.6% believed in Creationism; and nearly 10% believed in polygamy [only 3.5% believed in the Book of Mormon, indicating not all positive “polygamy” responses were Latter Day Saints/Mormon]) (SurveyNet, 1996).

Even Hollywood seems to be more connected with spirituality than professional psychology is. The November 1, 1996 issue of USA Today boasted a headline of “Hollywood immersed in a spiritual rebirth” and contained a byline reading “movies spin themes of faith, hope” (Oldenburg, 1996, p. D1).

Another example of the lack of religious compatibility between therapists and clients is found in an August, 1995 Gallup poll which showed that 80% of college students consider religion important in their lives, and only 2.3% identified themselves as atheists (Gallup, 1995). An earlier (1992) Gallup poll “found that when confronted with a personal problem needing counseling or psychotherapy, 66% of persons would prefer a therapist who represented spiritual values and beliefs, and 81% would prefer a therapist who enabled them to integrate their values and belief system into the counseling process” (AAPC, 1996, p. 2, emphasis provided). When one considers how a Spanish-speaking client would interact with a non-Spanish therapist, one is

able to begin to appreciate the lack of “connection” between religious clients and non-religious therapists, often even in cases where clients are not *deeply* religious. Having determined that psychologists are as a group less religiously-oriented than society as a whole, and having determined that Conservative Christians prefer a like-minded clinician, it becomes important to investigate ways that the Christian population can receive necessary mental health counseling services. The next section surveys that important area.

#### Mental Health Service Delivery to the Christian population

Historically, delivery of mental health services to the Christian community has been accomplished in several ways. Bufford (1997, p. 111) points out that the traditional role for the church is to be involved more in “spiritual counseling, which is directed toward encouraging a person to enter into the spiritual life, to resolve spiritual problems, or to grow and mature spiritually.” Often, clergy (pastors, priests, elders and bishops) serve as counselors (referred to herein as pastor-counselors). Formal Pastoral Counselors serve at some churches, while others have created volunteer “lay” ministries designed to attend to the counseling needs of the church. Other churches refer to community providers (some Christian and some not). Unfortunately, what the Church gains in spiritual compatibility it may lose in professional mental health counseling expertise as persons trained in psychotherapy are not always available in the church setting to meet mental health counseling needs.

Already, it can be seen that terminology in this area is often ambiguous and awkward, which limits communication on the topic. For that reason, the following section is included.

### Defining Terms

It seems important at the outset to distinguish terms. What is “psychotherapy”, and how does its meaning contrast with “counseling”? In the context of Conservative Evangelical Christianity, it also seems appropriate to consider the terms from a Biblical viewpoint. This section provides insight into terms used relative to the practice of offering counsel. It examines words often used in a counseling context, but words which are frequently ambiguous to the point of communicating little of value.

Benner (1992, p. 178) addressed this issue when he provided a brief but fascinating historical overview of the word “psychotherapy”, pointing out that the definition had changed “frequently and radically since the term was first used near the end of the nineteenth century.” He explained that in 1933, the word referred to “one who treated disease by psychic methods” such as sleep, hypnosis and suggestion”. He concludes that “early psychotherapy was, therefore, psychosomatic medicine”, a concept which seems far from its present use in our contemporary understanding

Benner goes on to explain that some other early twentieth century definitions of psychotherapy advocated that the term “should be understood to involve health through the use of mental, moral, and spiritual methods” (p. 178) and that in the mid-1950s William Rickel “argued that with *psyche* meaning *soul* and *therapist* meaning *servant*, the psychotherapist was a servant of the soul” (p. 178). All of these earlier definitions seem surprising in the context of our more modern usage of the word.

McLemore's (1985) rather cumbersome definition of psychotherapy demonstrated the difficulty inherent in trying to distinguish definitions between psychotherapy and counseling, but moves closer toward an understanding the contemporary use of the terms:

Few professional services are as difficult to define as counseling and psychotherapy. Both terms have been used to mean a wide variety of things, from the giving of legal advice to the administration of antipsychotic medications. Except for the vague sense that psychotherapy is somehow a more serious and perhaps professionally respectable service than counseling, few people, including mental health professionals, could sum up clear and nonoverlapping definitions of the two. Even these professionals, if pressed, might fall back on some kind of distinction grounded in credential: therapy is what doctors do and counseling is what every other psychological helper does. Alternately, a distinction might be drawn on the basis of frequency and duration of sessions; therapy is a long-drawn-out endeavor, sometimes involving several sessions per week, while counseling is a brief and less intense process. Yet another distinction that might be made is that therapy is what sick people get, whereas counseling is for normal people. (p. 245)

Jones and Butman (1991) added that

The traditional distinction has been that counseling is done by less comprehensively and intensively trained professionals (e.g. pastors, school guidance counselors) and by paraprofessionals (lay counselors or mental-health volunteers). It is done with less seriously disturbed groups of persons...Historically, psychotherapy was thought to be more appropriate for "deeper" problems and was most often done by more highly trained



and/or certified therapists. The focus was on significant personality change rather than adjustment to situational and life problems. (p. 13)

As noted above, the word "counseling" is often used synonymously with "therapy" or "psychotherapy", but the term "counseling" can be ambiguous. For example, Bufford (1997) posits that usually when the term "counseling" is used in a Christian context, it is used to identify "spiritual counseling" which relates to spiritual growth of one sort or another, but may also refer (without being so-labeled) to "mental health counseling" which is concerned with "psychological, emotional, and relational distresses" (p. 111).

Because Conservative Christians profess to rely primarily on the Bible for guidance, it seems appropriate to understand what the words "counsel" and "counseling" mean to the Christian community, in that context. This can then be better understood in contemporary usage.

According to Abinudon Strong's Exhaustive Concordance of the Bible, the word "counsel" appears 143 times in the biblical text (Strong, 1890a, pp. 220-221). The predominant Hebrew (the Old Testament language) word is *etsah* which means "advice, advisement, counsel, purpose" (Strong, 1890b, p. 90). Tregelles (1979) further elaborates with "Especially used of the counsel or purpose of God" and cites Isaiah 46:11 "man of my counsel", whom I use as an instrument to execute my purpose" (p. 647). Similarly, the most commonly used New Testament word (Strong, 1890a, p. 220) for "counsel" is *boule* which comes from a root word meaning "to will" (Strong, 1890c, p. 19) and carries with it meanings of volition, advice, purpose and will (Strong, 1890c, p. 19). Vine (undated) places the word *boule* in his dictionary under "advice" and explains "from a root meaning a will, hence a counsel, a piece of advice is to be

distinguished from *gnome*; *houle* is the result of determination, *gnome* is the result of knowledge.”

(p. 37). To further clarify, Vine defines the word *gnome* as follows (sic):

to know, perceive, firstly means the faculty of knowledge, reason; then, that which is thought or known, one's mind. Under this heading there are various meanings: 1) a view, judgment, opinion (2) an opinion as to what ought to be done, either (*a*) by oneself, and so a resolve, or purpose; or (*b*) by others, and so, judgment, advice. (p. 37)

Other words are used in both the Old and New Testaments for “counsel”, but the above words were chosen for closer examination because they are the most prevalent and are used in a counseling context.

Summarizing the word study above, the word “counsel” as used in the Biblical writings is quite different from “psychotherapy” in a contemporary setting where many therapists, rather than advise clients, lead them in the discovery of self and surroundings, similar to the definition of *gnome* above, and in contrast to the words *houle* and *etsah*.

Further examples of counseling in this manner are found throughout the “Pastoral Epistles” in the New Testament books of 1 and 2 Timothy, and Titus (Douglas, 1980, p. 1158). Here, the didactic and directive nature of the letters clearly captures the nature of the word “counseling” as used in Scripture. Paul’s writings throughout the Pastoral Epistles contain an air of authority and a direct style which exemplify the Biblical idea of counseling.

For purposes of this work, counseling will be seen as directive in nature, and stemming from a paradigm wherein one party imparts his/her knowledge or wisdom to another party who seeks such information in order to make a decision in life. Examples would include an accountant

“counseling” a client about tax implications of an investment, or a pastor “counseling” discerning God’s will. Psychotherapy, or *mental health counseling*, might be thought of as further down the continuum (as opposed to at *opposite* ends, as McLemore [1985, p. 245] indicated in his suggestion that “counseling and therapy are actually opposite points on a continuum”) from counseling, in that it tends to be done more systematically (e.g. in concert with a treatment plan, often with a treatment team, and often on a daily or weekly basis), relates most frequently to a DSM-IV (American Psychiatric Association, 1994) diagnosis (and thus implies a degree of pathology), is done by individuals possessing advanced credentials, and often is in conjunction with psychopharmacological intervention and a medical consultant or team. Depending upon the clinician’s theoretical framework, psychotherapy may be very *non*-directive whereas counseling, by this working definition, is directive (Corsini & Wedding, 1989). One might further offer that counseling addresses concerns which tend to be more *extrinsic* (e.g. career change, financial management, adjustment to a new geographical location) and psychotherapy/mental health counseling has more of an *intrinsic* orientation (e.g. focus on depression, anger-management, childhood abuse issues). Although it is impossible to fully “tease out” the nuances of each word, and eliminate all overlap, this overview of the contrasts between the words should serve well for the purposes of this work.

Consistent with the discoveries above, counseling within the fundamentalist portions of the evangelical church has historically tended to be directive in nature. Perhaps the essence of this viewpoint was best articulated by Adams (1973):

It is true that talk about problems may bring relief. But this relief frequently is temporary....Talk, in and of itself, usually does little more than raise the issue afresh for the counselee....Talk must be combined with biblical action. Nothing less than talk that focuses not upon problems, but rather upon God's solutions is adequate...That is why, as the conclusion of every session, *the counselor should lead the counselee to an understanding of God's Scriptural solution to the problem* (or at least to some aspect of it). Together, they should agree upon a biblical plan of action and close the session with the counselee prayerfully going forth in obedience to the will of God to take specific, concrete steps to change the situation. (pp. 244-247, emphasis added)

Using the "directive, advice-giving" definition of counseling as defined above, it would be hard to find a time in history when counseling did not exist as a role in the church, or for that matter, in the history of the Judeo-Christian faith. Although the pastoral epistles are a good example of a pastor counseling a brother pastor, there are other biblical examples of counseling which fit this definition. For instance, in Exodus 18:17-27 (New International Version, 1984) Jethro counsels (advises) Moses to select Godly subordinates to assist him in his obligation as judge, because the numbers were too great for one man to handle. Jesus counseled both directly, as in the case of the adulterous woman when he said "Go now and leave your life of sin" (John 8:11) (New International Version, 1984) and indirectly by way of parable as explained in Matthew 13:18-23 (New International Version, 1984), paradox and metaphor (Boghosian, 1983, p. 99). In these two examples of Jesus' counseling, the former may be considered *houle* and the latter *gnome*.

As Christianity grew, parishioners continued to ask advice of clergy as they sought to lead lives consistent with Scripture and which would result in their attainment of their heavenly goal, as well as be “a light unto the world” in the interest of evangelism. Clergy have continued to be a major source of personal and spiritual counsel, both corporately from the pulpit and individually through private meetings

For example, Sarles (1994) tied the Puritan movement to contemporary Christian counseling by pointing out that

The biblical foundation for Puritan counseling rested upon the doctrine of divine inspiration. The method of inspiration, as the Puritans saw it, was by the divine superintendence of the Holy Spirit in the choice of words without doing violence to the knowledge or personality of the human author. The result was an inspiration of the text understood to be verbal, plenary, infallible, and inerrant...In other words, the Puritans had a holistic theological perspective rooted in Scripture, leading William Ames to conclude: “There is no precept of universal truth relevant to living well in domestic economy, morality, political life, or lawmaking which does not rightly pertain to theology.” As far as the English Puritans were concerned, every conceivable psychological need could be met and every imaginable psychological problem could be solved through a direct application of biblical truth. (pp 23-35)

It is difficult to say when it occurred, but the Puritan principle of Godly lay individuals counseling other lay individuals has been largely lost in some circles. In an apparent reversing of the tradition

of a Christian counseling another Christian, Adams (1973) wrote "...the work of counseling as a special calling is assigned particularly to the pastor" (p. 9). He added comments about:

the important matter of whether Christians may legitimately assume the position of counselors as a life task and calling *apart from ordination to the Christian ministry*. ... There is no indication in the Scriptures that anyone but those who have been so recognized should undertake the work of counseling or proclamation of the Word *officially* (i.e., as an office, work, or life calling). This means that persons with a life-calling to do counseling ought to prepare for the work of the ministry and seek ordination, since God describes a life-calling to counseling as the life-calling of a minister (p. 12).

Thus, although a return to "Puritan practice" was advocated by Sarles (p. 41), it was propounded by Adams that only ordained clergy are qualified "officially" to counsel. According to him, unordained people (professionals or laity) are specifically *not* qualified for this important task. Adams (1970) echoed this when he wrote "A good seminary education rather than medical school or a degree in clinical psychology, is the most fitting background for a counselor" (p. 61).

#### Contemporary Counseling Models in the Christian Community

Apparently, not all Christians agreed with Adams, for a number of models have emerged for providing counseling to the Evangelical Christian community. Among them are counselors affiliated with the American Association of Pastoral Counselors (AAPC), Biblical-Nouthetic Counselors, Pastoral Counselors, Lay Counselors, Pastor-Counselors, Circuit-Riders, Samaritan

Counseling Centers, and referral to Christian Professionals. The following sections address each of these models.

#### American Association of Pastoral Counselors (AAPC)

One of the earliest attempts to integrate religious interests with psychological theory was the American Foundation of Religion and Psychiatry (AFRP), which began in 1937 as the Religious-Psychiatric Clinic of Marble Collegiate Church in New York City. This clinic was founded when psychiatrist Smiley Blanton began working together with Norman Vincent Peale in response to people who sought counseling from the church. Over time, other clinicians (ministers, psychiatrists, psychiatric social workers and psychologists) were added to the staff and, in 1951, the clinic was incorporated with its new name (American Foundation of Religion and Psychiatry). The clinic reportedly:

was one of the largest inter-professional church counseling centers in the country. Both the idea and the plans for this organizational meeting came from a group of AFRP physicians and ministers who had incorporated in 1959 under the name of "Psycho-analytic Counselors, Inc." (Van Wagner, 1992, p. 1)

Bolstered by an overwhelming demand for counseling services in the early 1960s, the move toward formation of the AAPC grew stronger. In fact, the President of the National Psychological Association for Psychoanalysis stated "the need for help is so great in our profession that we welcome anyone with training" (Van Wagner, 1992, p. 7). Following a period of dialogue between various professions and interests, in 1963 the American Association of Pastoral Counselors was officially formed, based on a code of ethics which listed several items.

Three principles were of particular note:

(1) with regard to fee-setting, assistance should not be denied solely on the basis of inability to pay; (2) with regard to the Church, the pastoral counselor was to remain in good standing with his denomination, and to have denominational approval of the type of work he does as a pastoral counselor; and (3) with regard to collegiality, the pastoral counselor “should not work in isolation, but maintain interprofessional associations” via appropriate consultation. (Van Wagner, 1992, p. 19)

The American Association of Pastoral Counselors (AAPC) “grew out of a dynamic interaction between church and world, the theological and the psychological, and the pastoral and the clinical” (Van Wagner, 1992 p. viii). In stark contrast to biblical counseling, pastoral counseling “has gradually come to signify counseling offered by a clergyperson who is informed not only by his/her theology, but also by modern theories of psychotherapy” (Van Wagner, 1992, p. xi).

The formation of the AAPC was in direct response to the overwhelming and immediate success of the pastoral counseling movement. Van Wagner (1992) pointed out that:

with the relatively unrestrained and unregulated growth of pastoral counseling centers, the situation was confused. While other counseling professionals were actively organizing themselves, pastoral counselors operated in a vacuum. There were no clear lines of authority: any minister could begin a private practice, calling himself or herself a pastoral counselor, regardless of his or her training. Reports from California noted that “guys were going around with turbans and crystal balls calling themselves pastoral counselors.” Any self-proclaimed “pastoral counselor” could charge whatever fee the market would bear



and any "pastoral counseling center" was responsible only to itself in its administrative structure, fee-setting, professional ethics, and relationship to the institutional church. (p. ii)

Soon after the AAPC was formed, it became clear that the organization sought to be as inclusive as possible. For example, in the Chicago meeting of 1965, the membership of the 161 members was spread among Methodists, Presbyterians, Baptists (American and Southern), Episcopalians, United Church of Christ, Lutherans, Disciples (sic), Jewish, United Church of Canada, Nazarene, Pilgrim Holiness, Evangelical Mennonite, and Evangelical United Brethren groups from 31 states and Canada (Van Wagner, 1992, p. 28). This inclusive attitude has facilitated growth of AAPC to its current level of "approximately 3,000 persons" (personal communication with Marilyn Olson, AAPC, September 11, 1996)

This inclusive nature of AAPC may have also kept it from being embraced fully by more conservative circles. Illustrating this, Van Wagner (1992) wrote:

I was surprised by the lack of theological discussion and debate during AAPC's early development. Prior to doing the history, I would have expected to find a much greater emphasis upon theology than I discovered, perhaps because I knew that many early AAPC members had to wrestle with the relationship between classical theology and Freudian and post-Freudian psychology. Most of the leaders explain this apparent dearth of theological interest by saying that in those years, fraught with the seeds of conflict over more practical organizational issues, it was almost as if everyone had silently agreed to let theological issues lie. (p. 82)

The lack of theological dogma within AAPC apparently serves to promulgate resistance to the AAPC movement among churches which strongly emphasize a specific theological belief statement. The diverse AAPC membership includes gay and lesbian members (Gelo, 1995), as well as non-Christian religions. As quoted in the AAPC Membership Committee Operational Manual :

A central goal of the Association is to develop theological understandings at all levels--in a critical but non-judgmental way. The task is made more complex by the theological diversity that makes up our organization--a diversity which is valued. For some, doing theology is interpreting Scripture. For some, it is applying doctrines of the Judeo-Christian tradition to life. For some, it is interpreting the Torah. For some, it is the process of talking about the meanings of life--which may or may not make reference to God. (Membership Committee, 1995, p. 62)

The tendency to embrace diversity within AAPC appears to be a two-edged sword; attracting some religious groups and clients, while repelling others.

In summary, the AAPC is an international organization of spiritually-sensitive clinicians who attempt to serve clients regardless of the client's belief system. The group has several goals, including high professional and ethical standards as evidenced by six other items in the AAPC Mandate, including: 1) professional affiliation, 2) standardization and educative services, 3) member support through encouraging continued professional dialogue, 4) representation before governmental agencies (e.g. lobbying), 5) advocating for pastoral counselors as a professionally

identified group and 6) service to the public through established and enforced professional Code of Ethics (AAPC, 1996).

### Biblical-Nouthetic Counselors

One contemporary model of Christian counseling is commonly known as “Biblical Counseling”. This approach uses different names. Adams (1970, p. 51) promoted “nouthetic” counseling which he defined as “confrontation with the principles and practices of the Scriptures” but did essentially what “Biblical Counselors” do, with some semantic differences. The inclusive term “biblical-nouthetic” is also used as a name for biblical counseling (Powlison, 1994, p. 53).

The biblical-nouthetic movement has also spawned the creation of the Christian Counseling and Educational Foundation (CCEF) in 1968, which was formed to offer counseling and training opportunities to future biblical counselors. This organization also has published *The Journal of Pastoral Practice* since 1977, an “intensely practical” journal which would “meet the needs of men serving in the pastoral ministry” (Powlison, 1994, p. 54). Although the name of the journal was changed in 1992 to *The Journal of Biblical Counseling*, the basic premises behind it remained the same, with the exception that its audience now included trained lay people (Powlison, 1994, p. 54). To regulate the growing field, and offer certification procedures, ethical guidelines and protection from lawsuits, the National Association of Nouthetic Counselors was founded in 1976 (Powlison, 1994, p. 53).

In summary, biblical counseling has gained wide popularity through Jay Adams’s prolific writing, and is likely the prevalent counseling style in most fundamental and many conservative churches. It is patriarchal in nature, owing largely to the fact that the churches which embrace it

also promote patriarchal leadership. To this end, opportunities for women who seek to become biblical counselors seem to be primarily as Women's Ministry Directors, school counselors, or teacher/counselors in school. due to the lack of pastoral opportunities for women in many fundamentalist/conservative churches (personal communication with Biblical Counseling Department, The Master's College, January 2, 1997). A review of the National Association of Nouthetic Counselors, Inc. (N.A.N.C.) application packet in January 1997 revealed that all 22 Nouthetic training centers were directed by men, and that the list of 18 Fellows in the National Association of Nouthetic Counselors included no women. Further, language throughout the Constitution, Bylaws, Standard of Conduct, Code of Ethics, and Statement of Policy and Procedures was non-inclusive. For example, the N.A.N.C. Personal Evaluation Form for an applicant requests the respondent to answer whether to what degree the applicant has "An exemplary relationship with his wife or parents". Despite the obvious patriarchal bias, however, nothing was found in the material which would officially exclude women (National Association of Nouthetic Counselors, 1991).

Biblical counseling may be roughly defined according to seven "core elements" listed by Powlison (1994):

- 1) God is at the center of counseling.
- 2) Commitment to God has epistemological consequences.
- 3) Sin, in all its dimensions, is the primary problem counselors must deal with.
- 4) The gospel of Jesus Christ is the answer.
- 5) The change-process counseling must aim at is progressive sanctification.

6) The situational difficulties people face are not the random cause of problems in living.

7) Counseling is fundamentally a pastoral activity and must be church-based.

(pp. 57-58)

Despite its somewhat limited applicability to non-conservative churches, it appears that biblical counseling as described above will continue to be utilized in the fundamentalist and conservative circles which led to its birth and continue to maintain its life.

### Samaritan Counseling Centers

Another agency whose proclaimed mission is to "promote psychological and spiritual health and wholeness through accessible, highly competent pastoral counseling, psychotherapy, and education" (Samaritan Handout, 1996) is The Samaritan Counseling Center, which was founded by the Samaritan Institute in Denver, Colorado. Samaritan Counseling Centers are staffed by therapists who "are thoroughly qualified mental health professionals who are also specially trained to assist with the spiritual dimension of life" (Samaritan Handout, 1996). This non-profit, congregationally-supported service utilizes professionals with "advanced degrees, training and supervision in counseling and psychotherapy. Most are also ordained clergy" (Pastoral Counseling, 1996). Mainline churches, in particular, have welcomed Samaritan Counseling Centers to help meet the demand of counseling needs within congregation and community. For example, of the eight sites in the Portland, Oregon area, four are in Presbyterian churches, one Methodist, and one Episcopal, with the remaining two in non-church facilities (Samaritan Handout, 1996). More fundamentalist/conservative churches have been slow to embrace the Samaritan movement, which may be partly related to the diversity represented in the

counselors themselves, which includes gay and lesbian counselors (personal communication, Ann Beattie, January 13, 1997). Another example of counselor diversity is found in Portland, Oregon, where a Samaritan therapist shares her counseling facility with several other non-Samaritan therapists. In the brochure explaining the services offered at this facility, one non-Samaritan therapist is described as “a true Renaissance woman, holding a B.A. in Art, a license for massage therapy, and practicing as an astrological consultant since 1987” (Welcome to Meridian House, 1996). Undoubtedly, certain Christians would be very uncomfortable with even a Christian counselor who worked on a “team” of therapists where one held such a philosophy.

In summarizing the Samaritan movement, one recognizes the desire of the organization to be attentive to spiritual concerns, while noting that the emphasis on inclusiveness and diversity (similar to AAPC) limits its outreach to more conservative Christians in favor of mainline denominations.

#### Pastor-counselors

The traditional role of pastor as pastor-counselor continues to be a common method of mental health service delivery, although it is almost always in more of a “spiritual counselor” role (Bufford, 1997, p. 111) than formal “mental health service delivery”, “mental health counseling”, or “psychotherapy.” The position of pastor-counselor (as opposed to pastoral counselor, which is a formal position and role in and of itself) brings with it several factors. First, such a role allows the pastor to be seen truly as a minister and people-helper. Second, it helps keep the pastor involved closely with the congregation as a whole. Illustrating the importance of this, Jim Bankhead, pastor of First Presbyterian Church in Opelika, Alabama said that his “number one

priority [is] the Sunday event, the sermon...But one-on-one *caring* is very important to me. It's right up there with the Sunday-morning event" (Forum, 1987, p. 128, emphasis added).

The pastor-counselor role is one that often causes distress to pastors, and the flock they serve. Although many pastors desire to be involved in the counseling of their congregations, other commitments often "crowd out" these good intentions. In an interview addressing the priority of counseling in pastoral work, Paul Koehneke, pastor of Trinity Lutheran Church in St. Joseph, Michigan, stated that counseling necessarily took a lower priority than other items. "For me counseling would be fourth. Above it would be almost everything else: preaching and worship, reaching the unchurched, and teaching" (Forum, 1987, p. 128). Frank Tillapaugh, pastor of Bear Valley Baptist Church in Denver, Colorado, echoed this sentiment with his comments "counseling never goes away; it clamors for time. If you're open to counseling, particularly technical counseling (which you're probably not trained to do in the first place), then my guess is that in principle it will be sixth on the list" (Forum, 1987, p. 129).

On Tillapaugh's list, counseling was "At the very bottom. And because of the way we've structured ourself, it works out that way practically. When I look at the hours I've spent a week in counseling, I find I actually have given it less emphasis than everything else" (Forum, 1987, p. 129).

Counseling is often difficult for pastors because of many reasons ranging from time management to utilitarian concerns. Pastor Tom Tyndall of First Presbyterian Church in Lakeland, Florida said "As much interest as I have in counseling, I've got to be the

preacher/teacher. I can't feed people on Sunday morning with only what's happened in my counseling that week" (Forum, 1987, p. 128). He explained the limits of one's personal resources:

In my first pastorate, I tried earnestly to help some kids who had deep needs...But these kids didn't want to have anything to do with me. I spent so much time trying to reach them that I neglected the healthy kids who were saying, "What's next? Help me grow; put me in a Bible study; send me to a missions conference." I basically said, "I don't have time for you..." (Forum, 1987, p. 129)

Additionally, pastors Bankhead, Tyndall and Tillapaugh stated that over-involvement in counseling tended to limit their vision for the church. Tillapaugh remarked "As a pastor, if I haven't developed a strategy to limit counseling, I'm playing with fire. Counseling will usurp its rightful place, and I'll begin to see problems rather than opportunities" (Forum, 1987, p. 130).

Rumberger and Rogers (1982) suggested that clergy roles for congregants in need are not limited to pastor counseling, but include referral:

It has long been established that the clergy play a key role in ministering to the mental health needs of the American public. The pastor is one of the "gatekeepers" of the mental health field and is often active in both counseling and referral roles in the earliest stages of people's emotional distress. (pp. 338-339)

Tillapaugh illustrated this point clearly, when he stated:

My policy is to talk to anyone about anything *once*. Then I refer. And in my experience that hasn't been too little. That's enough to stay in touch with the hurts and problems and get a feel for where the church is...We have a staff policy that no pastor counsels beyond



an initial visit. We'll always refer, unless it's purely a discipleship issue, such as "How do I get into the Bible?"...But we don't expect our pastoral staff to counsel in more traditional counseling areas. (Forum, 1987, p. 130, emphasis added)

Tillapaugh (Forum, 1987) refers to one of three possibilities for counseling, which have been pre-approved by his congregational leadership. Referrals are made to: a) the church's own counseling department which consists of two professional counselors; b) a layperson in the church trained as a peer counselor; or 3) a professional counselor in the community with the cost subsidized by the church if necessary. He explained "...we think it's better to pay the dollar price than to pay the time-and-energy price on our leaders" (p. 131).

A similar system was described by Bankhead (Forum, 1987), who explained that he evaluates "each person's problem", and, where he can't help, will "try to refer the person to someone else in the church or community". Bankhead identified himself as being "gifted" in an area often uncomfortable for others, and he focuses his counseling energy specifically in one particular area. "If someone has lost a loved one or gone through a divorce and has a deeply 'wounded spirit,' as the Bible calls it, I seem to be gifted by the Lord to help guide the person through that" (pp. 131-132).

Pastor Koehneke has a large church of over 1,500 families. He limits his counseling caseload to 15 to 18 hours of counseling per week, referring some clients to staff and others to professional counseling services. For Koehneke, church policy allows that, when referral is made to a source outside of the church, "the church picks up half the cost of six sessions" (Forum, 1987, p. 132).

Summarizing pastor-counseling, Frank Tillapaugh (Forum, 1987), who pastors Bear Valley Baptist Church in Denver, Colorado said:

There are a handful of multi-talented individuals, such as W. A. Criswell, who can manage, preach, and counsel, but in my opinion, multi-gifted people are the wrong model for most of us. Most of us are far less gifted than that, and our models need to be pastors who realize they can't do everything. We cannot afford to be generalists. We've got to narrow our focus. (p. 133)

Tyndall (Forum, 1987) added "... we play to our gifts. Counseling is a major gift for some people, and a minor one for others" (p. 133). Recognition of this important fact seems to be the key when a balance of pastoral duties is sought.

### Lay Counselors

In addition to the counseling services offered through Pastor-Counselors, Pastoral Counselors, and Samaritan Counseling Centers, many Christians are able to take advantage of the Christian lay counseling movement which has been defined by Crabb as "nurses, so to speak, to care for those folks who aren't so bad off that they need a doctor..." (Miller, 1995, p. 17). Bufford's (1980) prediction that "The decade of the eighties promises further developments in this area" (p. 2) was accurate. Tan (1990) responded "This prediction has certainly come true, since lay Christian counseling has definitely developed further and matured much in the past decade" (p. 59). Collins (1991) wrote that "Within the past thirty years...lay counseling (including Christian lay counseling) has expanded, blossomed, and become more prevalent...and...growing in sophistication and influence" (p. 8). Important publications about the lay counseling movement

such as Tan's (1991) seminal book, Lay Counseling: Equipping Christians for a Helping Ministry as well as the special issue of the Journal of Psychology and Christianity (Volume 6, Number 2, Summer, 1987) which dealt with Lay Christian counseling have been well-received and have contributed to the growing interest in lay counseling.

One of the advantages of the lay counseling movement is primary prevention (Caplan, 1964) which "is concerned with the initial occurrence of mental disabilities; it reduces the incidence of mental illness much like smallpox vaccination reduces the incidence of smallpox" (Bufford & Buckler, 1987, p. 23). Prevention, of course, is a key element in addressing any malady. Regarding lay counseling, Pastor Frank Tillapaugh explained:

The biggest benefit for us in training lay counselors is prevention. These people take their skills back into their jobs, their families, their ministries, and begin to implement them.

They build healthier relationships and in that way help stem the tide of pastoral counseling. (Forum, 1987, p. 136)

Past professional literature has suggested that "A balanced view of the church's mission will give prominence to evangelism and edification but will not neglect social concern" (Cook, personal communication, cited in Bufford & Buckler, 1987, p. 23). In view of the church's mission, it certainly doesn't seem like too much of a stretch to assume that Matthew 25:34-45 applies to psychological pain as well as the other problems listed:

Then the King will say to those on his right, "Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something

to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me". Then the righteous will answer him, "Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?" The King will reply, "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me" (New International Version).

The lay counseling model is not necessarily done in a Christian context (Tan, 1991, p. 61). The study at hand, however, will specifically address Christian lay counseling (when lay counseling is discussed at all) in keeping with the theme of the paper. Thus, the term should infer a Christian context herein, unless stated otherwise. Because the focus of this work is on "Professional Outpatient Mental Health Service Delivery...", the emphasis on lay counseling will be minimal, but an overview and critique will be provided because of the impact on the Church of the lay counseling movement

Tan (1991) discussed several reasons for the interest in lay counseling in recent years. First, there is a shortage of mental health professionals to meet an increasing demand for services. Second, survey results support the concept of developing non-psychiatric resources to utilize in the treatment process. Roughly 60 percent of those seeking mental health services still seek help *first* from clergy or their physician (Veroff, Kulka and Douvan, 1981, p. 134, emphasis provided). A third reason is the expense involved in professional counseling (Collins, 1986, p. 73). Professional services for mental health treatment have never been inexpensive, but as third-party

payers shift to dictating, via preferred-provider lists, who will and who will *not* be compensated, clients are left to decide to go to a clinician they wouldn't have chosen for themselves, or face the expensive prospect of non-coverage with a clinician of their own choosing. Due to the relative scarcity of religiously-sensitive professional clinicians, the prospect of going to a non-professional who shares one's religious worldview becomes increasingly attractive.

A fourth reason for the interest in lay counseling was alluded to earlier- the fact that both pastoral counselors and pastor-counselors both tend to be overworked (Collins, 1986, p. 73).

A fifth reason is a growing understanding of the biblical mandate to love one's neighbor as one's self. This was suggested in the Matthew 25 passage quoted above, and was developed more fully by Collins when he explained:

The writers of the Epistles used the words *one another* almost sixty times, usually in the form of admonitions to care, encourage, edify, teach, confront, and support. James defined *pure and undefiled religion* in terms of both holy living ("keeping oneself unstained by the world") and compassionate service, such as caring for needy widows and orphans. Throughout the Scriptures, people-helping is not proposed as an option- it is commanded as a requirement for all believers. (Collins, 1986, p. 72)

A sixth and final reason was elaborated by Tan (1991), and it:

has to do with the phenomenon of "spontaneous remission", referring to the finding that a good number of patients with emotional disorders seem to recover over a two-year period without any professional treatment. Estimates of such spontaneous recovery rates vary from 43 percent to 65 percent of "untreated" patients. However, "spontaneous remission"

is really a misleading term, since many of such patients obtained counsel, advice, and support from a variety of helping persons, e.g. spouses, friends, teachers, physicians and clergy-- "persons untrained in formal psychotherapy but who practice a kind of natural therapy." Lay counselors such as the clergy and physicians are, therefore, most sought after by people who have personal problems, and they seem to succeed quite well in helping such people, based on indirect evidence bearing on spontaneous recovery rates. (Tan, 1991, p. 62)

The efficacy of lay counseling, as compared to professional counseling, has yet to be fully determined. Methodological problems with these studies make the conclusions somewhat tenuous and perhaps raise as many questions as they answer (Tan, 1991, p. 63). Collins (1986) wrote "I know of no competent research study that investigates the effectiveness of lay counseling among Christians" (p. 7). Propst (1985) aptly pointed out that "So many people have become involved in paraprofessional training that the idea of its effectiveness seems to have been forgotten" (p. 793). Clearly, more research is needed in this area before sound conclusions can be made in many important areas, including efficacy and client satisfaction (Tan, 1991, pp. 72-73).

One of the biggest problems in lay counseling is that of role boundaries and the definition of duties. Problems may include going beyond one's training, or not utilizing supervision or consultation appropriately. Is the counselor remaining within the confines of a Biblically-oriented advice-giving, supportive role, or moving into mental health counseling for which he or she is unqualified? Another factor in the area of boundaries is the difficulty with maintaining professional objectivity with clients who may be "supper club" friends or Bible study group

members. Sometimes lay counselors may feel insecure because of their lack of experience or education. Lastly, questions related to professional collegiality sometimes arise. Tan (1991) suggested that

Many professional counselors may be unwilling to support more nonprofessional or lay involvement in people-helping because of their own vested interests in and concern for prestige, social status, and income as professionals... [and] Academic leaders in universities and professional training centers may resist having to train more lay counselors, preferring to concentrate instead on the training and education of professional counselors. (pp 67-68)

Other problems with lay counselors stem from motivational concerns (e.g. does the counselor have a problem with rescuing, or is involvement in lay counseling a compensation for the lack of relationships in the counselor's personal life?); misunderstanding or ineffectiveness as a counselor, where a person may be more gifted in a different area of ministry (e.g. evangelism or teaching); confusion with roles, which may result in "visiting instead of counseling [or] being judgmental instead of unbiased [or] being emotionally overinvolved instead of remaining objective"; lack of ability to handle counseling dynamics such as countertransference and resistance; sexual attraction to clients; confidentiality issues, value conflicts, problems with burnout, and neglecting one's own need to have a counselor/colleague for support (Tan, 1991, pp. 213-215).

Tan (1991) explains that "the possibility of negative effects on clients due to lay counseling (perhaps because of factors like the lack of experience and insecurity or unclear role boundaries on the part of the lay counselor) should be of real concern, since research has shown

that psychotherapy or counseling provided even by professionals tends to hurt some clients (p. 68).” In an environment where a client opens himself to a counselor for help and support, caution is indeed warranted lest emotional wounds become exacerbated within the counseling process.

Legal concerns in non-professional counseling. A major concern for churches utilizing non-professionals as counselors is the legal implication faced when services are provided by individuals who do not possess advanced training in counseling and/or psychotherapy, but operate under the auspices of a particular church.

In addressing the legal problems inherent in providing counseling, Crabb pointed out that “Government regulations often do regulate the offering of psychological services” (Miller, 1995, p. 17). This was brought to the attention of clergy with dramatic impact when, following a “clergy malpractice” (MacArthur & Mack, 1994, p. 5) suit against Grace Community Church in 1980, the appeals court majority opinion ruled against the church, concluding:

We hold that, while defendants’ religious beliefs are absolutely protected by the First Amendment, the free exercise clause of the First Amendment does not license intentional infliction of emotional distress in the name of religion and cannot shield defendants from liability for wrongful death for a suicide caused by such conduct. (Billingsley, 1984, p. 65)

Although the suit was later decided in the favor of Grace Community Church, some of the events in the case are noteworthy to the discussion of the topic at hand. According to the April 19, 1985 edition of Christianity Today, in an article titled “Nation’s First ‘Clergy Malpractice’”, as preparations were being made for trial:



Attorneys for the Nallys will focus on tapes of sermons preached by Grace Church pastors, and argue that pastoral counseling offered by the church was “incompetent”.

Barker said he believes the case already has set an unofficial precedent: that “incompetent counselors can be held accountable.”

(pp. 60-61)

Further commentary in the same article stated “If the lawsuit succeeds, it could seriously inhibit pastoral counseling efforts and curtail the use of lay counselors as well” (p. 61).

In the above case, clergy was put on notice that “clergy malpractice” could indeed be prosecuted given certain circumstances (MacArthur & Mack, 1994, p. 7) and clergy has thus been warned about the possibility of future litigation against churches. As Samuel Ericsson, the defense attorney in the Grace Community Church trial, stated “If pastors have to defend what they did in this case, then there isn’t a clergyman in the country who is safe” (Dart, 1985, p. 549). Needham (Malony, Needham, & Southard, 1986) pointed out that one issue in the Nally v. Grace Community Church was “the charge that Grace’s lay counselors were inadequately trained and unavailable” (p. 19). He went on to discuss the following important concerns related to the dangers in church counseling ministries:

- 1) a litigious atmosphere
- 2) increasing demands for pastoral counseling
- 3) new lay ministries
- 4) a lag or gap between intention (which may be good and sincere) and ability (to carry out good and sincere intentions)

- 5) inadequate attitudes toward problems and problem-solving
- 6) inadequate training; and
- 7) inadequate follow-up preaching after a suicide or other crisis situation (pp. 93-95).

Other utilization of lay counselors Lay counselors, however, don't need to be limited to a strictly "counseling" environment. Other ways individuals with a desire to help have been utilized are as volunteers in mental hospitals, companion-therapists to troubled boys, and housewives as nonprofessional child aides who work with high-risk school children (Tan, 1991, p. 68). The possibilities within a church setting are myriad: "buddies" for nursing home residents, surrogate fathers for single mothers with children (or vice versa) and companions to at-risk adolescents. As the church continues to take the admonition for compassion even more seriously, the possibilities of ministry seem endless. Some would suggest that a good compromise between the concept of "no counselor vs. lay counselor" is a "friendship ministry" training, which trains non-counselor peers in the elements of support and listening. As congregants learn to better "bear one another's burdens" in friendship, the need for a more formal (and somewhat problematic) lay counseling ministries may be significantly minimized. Some churches, in response to this concept, have been able to recruit members who mentor a needy congregant because of expertise in a specific area (e.g. career change, financial expertise, experience in grief recovery) in a way that minimizes problems associated with a formal lay counseling program (personal communication, Randy Christian, Beaverton Christian Church, May 28, 1996), while others have minimized this facet of ministry in favor of emphasizing the more systematized formal lay counseling ministry.

In summary, Lay counseling allows the Christian client to utilize a free service in an environment generally consistent with the client's religious worldview, while minimizing the impact on the pastor's schedule. It is not, however, without its own unique problems, which include training, ethics and legal issues. Although lay counseling is expected to continue its growth due to the demonstrated need for these types of services, much remains to be seen in the legal arena due to the litigious society in which these ministries currently operate. The Grace Community Church case (Billingsley, 1984, p. 65) graphically illustrates the potential legal ramifications to churches who operate with lay counselors or even solely with pastor-counselors. Despite the statement that "The decision...helps close the door to any future suits seeking to make pastoral counseling accountable to the state" (MacArthur and Staff "Grateful", 1985, p. 64), such optimism is unwarranted in most jurisdictions at this time. Collins' (1987) caution of lay counseling seems sobering and appropriate:

I am enthusiastic about lay people helping one another. This is a responsibility for all Christians, clearly taught in the scriptures and practiced throughout the history of the church. But our enthusiasm over lay counselor training must not distract us from lingering questions that need to be considered seriously. (p. 9)

The cautions in lay counseling lead to the consideration of another source of help for congregants requiring mental health counseling services; referral to professionals within the Christian community.

### Referral to Christian Professionals

Because of the high level of training and experience required for counseling competence (Action for Mental Health, 1961, p. 119), many churches are turning to professionally-trained counselors in the community who either identify themselves as Christians or who are otherwise sensitive to the Christian religion and worldview. Minirth (1977) described one category of counselor as the "Christian Professional...Christians who have professional training in psychiatry or psychology" (p. 28). As MacArthur & Mack (1994) wrote "Many pastors, feeling inadequate and perhaps afraid of possible malpractice litigation, are perfectly willing to let 'professionals' take over what used to be seen as a vital pastoral responsibility" (p. 7). For example, Pastor Dave Nolte, of Eastside Christian Church in Albany, Oregon stated:

I regularly refer clients to professional counselors unless the client is absolutely adverse to it or can't afford it. My reasoning is: 1) more expertise there; 2) [the professional has] more time to devote to extended counseling requirements; 3) [referral] prevents me [from] knowing too much about sexual or other personal things which might lead to future embarrassment; 4) the people [referred to outside counseling] don't need to be uncomfortable about my preaching, thinking that when I refer to some marital problem I have them in mind. (personal communication, March 31, 1996)

Pastor Nolte continued his comments by explaining that he considers the religious beliefs of the professional before making a referral:

I used to refer to a local [professional] but quit since "Christian" was on his shingle, but not very deep in his practice. He pretty much melded humanism into his approach. I'm

pretty picky now, and question the [counselor] personally on Biblical issues [before making referrals to that person]." (personal communication, March 31, 1996)

Views regarding referrals. Not all pastors are comfortable with the referring of congregants to others for help. Realizing that clergy play a vital role in "gatekeeping", Rumberger and Rogers (1982) conducted a study which focused on identifying the characteristics of pastors who are "open" to referral to mental health services in the community. These "open" pastors demonstrated "a desire to reach beyond personal resources and skills" (p. 338). The authors pointed out that:

such openness is behaviorally observable not only in referral and professional consultation but in reading books about counseling, in discussing counseling-related issues and problems with a knowledgeable friend, and in a tendency to interact regularly with other clergy. Openness is attitudinally evident in a belief that psychology and theology are not inherently antagonistic toward one another, and in a tendency to value highly the input provided by competent and responsible mental health resources. (p. 338)

Inferred in the above is that the "open" pastor readily admits that he or she does not possess "all of the answers", but is willing to enlist the aid of others who have more expertise in a certain area, much as they themselves might be enlisted by others for help with a Biblical passage. Conversely, there are pastors who consider professional mental health service practitioners, and particularly the field of psychology, the "rot of hell" as Jimmy Swaggart put it (Collins, 1987, p. 7). These pastors would be quite reticent to refer a parishioner out to a professional for mental health counseling unless all other avenues had first been exhausted. There seems to be much room,

however, between “panacea” and “rot of hell,” and most pastors seem to understand and appreciate this fact.

Referral to professional counselors accomplishes much that benefits clergy. First, as Pastor Nolte suggested above, it provides mental health services from a more extensively trained professional compared to most clergy (personal communication, March 31, 1996). Thompson (1984) pointed out that “the typical pastor’s [preparation] has largely been theological and only minimally psychological” and “there remains a group of clinicians and other professionals who contend that the typical pastor...has no business presuming to dabble in the highly potent processes of trained psychotherapists” (p. 341). Thompson further stated that many pastors “at best have only a brief course or two in ‘Pastoral Counseling’ while in seminary!” (p. 342). This is validated in a study by Linebaugh & Devivo (1981) which showed that, of responses returned, only “53% of these seminaries require a course dealing in the area of pastoral care and counseling” (p. 267). Surprisingly, an informal survey by this researcher in January of 1997 indicates the situation is largely unchanged. Although there are more opportunities for seminarians who wish to *specialize* in counseling, a surprising number of seminaries still *require* little or no counseling or psychology classes. Lack of adequate training, therefore, remains a major motivation to refer. As mentioned earlier, pastors are typically comfortable with spiritual counseling, but as the problem becomes more identified as needy of mental health counseling, the action of referral is often taken.

Second, referral to professionals maximizes the effectiveness of the pastor who needs to invest time resources elsewhere. Some parishes are particularly needy, and require even more counseling services than other churches of the same denomination or locale (Tisdale, 1978, p. 36).

Third, pastors who refer may minimize their legal liability instead of maximizing it by taking on cases which may be beyond their training and expertise. A survey by Linebaugh & Devivo (1981) found that "forty-seven percent [of seminaries] are doing very little or nothing in preparing their students for the almost inevitable role of counseling which will be thrust upon them" (p. 268). Results from King (1978) showed that "Most evangelical pastors (88%) believe that some of their church members have marriage, family, and personal problems beyond the professional capability and/or time the pastor has available to help alleviate the problems" (p. 280). In view of the Grace Community Church case (Billingsley, 1984, p. 65) pastors, who historically have studied counseling only minimally in seminary, may make themselves vulnerable to accusations of "incompetence" (Nations First 'Clergy Malpractice', 1985, p. 61) in the event a particular case doesn't go as smoothly as anticipated.

Thompson (1984) added that pastor-counseling is sometimes resisted by congregants because "they maintain that a pastor's obligations to a whole congregation of believers must preclude his/her involvement in such time-consuming and exclusive relationships with individuals as are entailed in effective therapeutic counseling" (p. 341). This group is "troubled by their fears that preoccupation with personal counseling will inevitably impoverish the pastor's more traditional ministry of proclamation and congregational nurturance" (p. 341).

Finally, referral minimizes dual role issues. “Dual-relationships”, “double-identity”, and “dual roles” all refer to the different functional positions pastors take on, and to some degree are unavoidable. For example, in some roles, the pastor may be the congregation’s spiritual guide, in others a mentor, in others a disciplinarian, and in still others a teacher.

Geyer (1994, p. 188) cited several different Association’s ethical guidelines which caution against dual-relationships. For example, she points out that:

The American Association for Counseling and Development Code of Ethics (cited in Kitchener, 1988) states that “Dual relationships with clients that might impair the member’s objectivity and professional judgment (e.g., as with close friends or relatives...) must be avoided and/or the counseling relationship terminated through referral to another competent professional. (p. 219)”

Demonstrating that the concern about dual-relationships transcends specific Association interests, she also notes that The American Association for Marriage and Family Therapists Code of Ethical Principles (cited in Goldenberg & Goldenberg, 1991) states:

Marriage and family therapists ...make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients (p. 314).

She continues her illustration by pointing out that recently the American Psychological Association (1992) modified their code of ethics in this area to read:



“A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist’s objectivity or otherwise interfere with the psychologist’s effectively performing his or her functions as a psychologist, or might harm or exploit the other.” (p. 1601).

Logistical considerations regarding referrals. Much has been written regarding problems with such dual-roles as pastor and counselor. Hargadon (1983) discussed the difficulty of transitioning from psychotherapist to pastoral counselor, where he saw the distinction between the two as whether his emphasis was psychological (psychotherapist) or theological (pastoral counselor) (p. 32). Krebs (1980) suggested that the difficulty of pastoral dual-roles be solved by limiting counseling to informal settings in which his or her role is limited to evaluation, support and referral (p. 231). He found the dual-relationship problem so difficult that, despite his Ph.D. in clinical psychology and 15 years of counseling experience, “After two years of trying to include counseling as a major part of my pastoral duties, I notified the Church Council that I would no longer be doing any long-term counseling” (p. 229). Trying to juggle two hats, he was forced to conclude:

A pastor has a variety of roles to perform with the members of a congregation...When a pastor tries to add to that already lengthy list the role of counselor, the possibility of role confusion is greater...Pastors should be pastors, NOT underpaid, undertrained psychotherapists. (p. 230)

Another pastor, Randy Alcorn (1985), of Good Shepherd Community Church in Gresham, Oregon, echoed Kreb's sentiments:

I had always considered counseling as just one phase of the pastoral ministry. Now I know how easily it can overshadow not only your ministry but your entire life. It's like the proverbial camel that sticks its nose into the tent and, once allowed that liberty, follows with its shoulders and forelegs, pushing 'til there's room for nothing else. (p. 131)

Alcorn (1985) goes on to explain the lack of enjoyment of fellowship due to the dual roles:

Church retreats and banquets were really tough. I longed to relax and have informal fellowship. What better place than a social gathering? Invariably, however, the people we sat next to grabbed the opportunity to talk to me about their problems. My wife was left out completely. During one retreat I barely saw her--I was doing marriage counseling the whole weekend. Believe me, I resented it. (pp. 132-133)

Alcorn (1985) was fortunate in that he requested, and received, permission from his church to counsel less, and the church instead provided financial aid to those who required professional counseling. He stated that the change has done "wonders" for him:

My relationship with the other staff members is better than ever. I feel part of the team once more. And I love to meet new people again....For the first time in years, I feel like I'm a pastor first, a counselor second...Now I feel I can look forward to many more rewarding years of ministry. (p. 135)

A final reason supporting referral is pastoral safety. Persons seeking mental health counseling services are often labile, and mental instability leads to safety issues. Weaver (1992) wrote

“clergy are increasingly being confronted by dangerous situations that require expert crisis intervention skills” (p.313) and noted that a study combining 214 Catholic, Protestant, and Jewish clergy in Connecticut (Mollica, Streets, Boscarino & Redlich, 1986) showed “of the clergy surveyed, 85% reported that they had counseled dangerous or suicidal persons, and one hundred percent said they did some crisis intervention counseling in the course of their pastoral work” (p. 315). Weaver concluded his article with the sobering prediction that:

In our society, marked by unprecedented levels of violence and a shortage of mental health services, clergy are increasingly being confronted by dangerous situations that require expert crisis intervention skills. Unless significant social and institutional shifts are made, the current problems of violence will increase. (p. 321)

Referral, then, makes a great deal of sense for overburdened and often-undertrained pastor-counselors. Benefits of referral include improved time management, minimizing the perception of exclusive relationships with counselees, alleviation of yet another dual role problem, providing (as a gatekeeper) expertise appropriate to the counselee's situation, increasing pastoral safety, and minimization of legal vulnerability in an increasingly litigious society. Christian professionals are available for a variety of issues, and provide diverse methods of service delivery. The following section examines this issue.

### Christian Inpatient Facilities

Christian professionals, themselves, utilize various service-delivery formats. Most seem to be located in the community, perhaps in a group or private practice, and utilize word-of-mouth as a referral system which announces their presence and availability. Others are found at identified

Christian mental health treatment centers, such as Pine Rest Christian Mental Health Services, described as “a comprehensive mental health facility offering a variety of inpatient, partial hospitalization, and outpatient treatment programs to all ages from childhood to old age” whose mission statement states the organization is committed to “expressing the healing ministry of Jesus Christ by providing mental health services with professional excellence and Christian integrity” (Pine Rest, 1996, pp. 1-2) and EMERGE Ministries in Akron, Ohio, characterized as “a beautiful experience of healing for brokenhearted people...Through Biblically based and psychologically sound counseling, by competent professionals who are also deeply committed to Christ.” Simply stated, the formal mission of EMERGE Ministries is to “heal the brokenhearted following the example of Christ--the ‘Wonderful Counselor’--as recorded in Luke 4:18” (EMERGE Ministries, 1996, pp. 1-2). Like Pine Rest, EMERGE offers inpatient and outpatient services.

Practically speaking, however, most pastors will not have a Pine Rest, EMERGE, or similar facility for a convenient referral source. If the services of a Christian professional are sought, common sense dictates that the professional will certainly need to be close enough to be utilized. Most communities have access to psychological services: the question then becomes one of comfort with the spirituality of the clinician(s) within that community versus referral to a more distant professional with a stronger, more preferred, spiritual foundation. Alternatively, pastors may be interested in speaking to a Christian professional who lives some distance away, but who would be willing to commute to the smaller, or more rural location perhaps once a week to render services, as the next section, devoted to the “Circuit-Rider” model, explains.

### Circuit-Riders

One such method of creatively meeting the needs of churches which are located in communities too small to support a full-time Christian professional is that of the circuit-rider or itinerant Christian professional. This model is being successfully utilized by Reverend David Skiff with Covenant Christian Counseling Services in Spencerport, NY (personal communication, July 5, 1997). Skiff, who possesses an Master of Divinity degree from Asbury Theological Seminary, a Master of Social Work degree from the University of Kentucky, and is an Associate Professor of Sociology & Social Work at Robert's Wesleyan College, has been utilizing a circuit rider approach for some 6 years in New York with the Free Methodist denomination. Now, assisted by three part-time counselors, he works with 6 churches on his "circuit". He explains that the circuit rider concept, as he applies it, contains a provision that churches pick up all of the overhead expenses for the facilities provided at the church building. This makes it financially possible to work the circuit-rider program. Small churches in small communities simply can not afford a professional counselor on staff, so they instead host a counselor who is then paid by clients on a straight fee basis which often utilizes a sliding scale. Churches assist by budgeting a "scholarship fund" and may subsidize approved applicants up to a certain amount per year. Clients who want to utilize insurance may do so, if they are willing to do some of their own paperwork.

One major advantage of the circuit-rider system is the savings in overhead expenses. Skiff pays for his own outside advertising expenses and little else as far as overhead expenses are concerned. He is provided a counseling room with a phone, and file cabinet space for his counseling files. He stated that a benefit for the church (besides having a counselor on-site who

has been approved by the church leadership) is that people will seek services from him rather than share intimate details of their life with the pastor, whom they will face in other settings. For this reason, Skiff does not counsel at his own church, but refers these clients to a counselor from a different church.

Disadvantages with the circuit-rider model are also present. As with a normal counseling practice, “no-shows” are costly (Skiff has a 50% payment arrangement for no-shows). Again, similar to the frustrations of other counseling practices, insurance reimbursement is often slow. Perhaps the biggest disadvantage for Skiff was the difficulty in building the practice in the early years; again, a normal problem with the profession. Skiff’s experience was that for about the first year, clients were generated from seminars and workshops he did with the churches on his circuit. He found “lay counseling” and other seminars to be effective both for maintaining an income (a fee was charged to participants) and also for marketing his own practice. After about a year and a half, referrals from the community (based on “satisfied customers” from church) grew to the point that he added additional counselors to help with the caseload.

Recommendations offered by Skiff (personal communication, July 5, 1997) to those interested in building a circuit-rider practice include:

1. Be prepared to weather a financially-dry period while creative marketing approaches are utilized: plan on approximately 1-2 years for this process.
2. Have a support group in place of professionals who are available to consult and offer peer support and/or supervision: keep contact with professional colleagues.

3. Establish an accountability/discipleship group of non-professionals who can offer weekly support and close friendships: don't isolate from relationships.
4. Be prepared to work plenty of evenings and whatever hours clients need to see you. He cautions: "People don't give me the importance they give to a doctor" so clients don't tend to take off work for daytime appointments.

The circuit-rider system, since it serves several churches for a brief period of time during the week, can be used to cover a) a large geographical area (limited only by the distance the clinician will drive to see a day's worth of clients) or b) a specific denomination (such as several Conservative Baptist churches) in one geographical area).

The advantage of working within a specific denomination is that the clinician comes to understand the idiosyncrasies of that denomination better than he or she would if working with a wide range of denominations. For example, denominations may vary in their beliefs about divorce, or may be oriented to a more "literal" interpretation of Scripture than others. This knowledge allows the clinician to function with less of a "chameleon" mentality such as might be required when spending Monday at the Roman Catholic church, Tuesday at the Southern Baptist church, and Wednesday at the Lutheran church. Additionally, once a clinician has demonstrated success and spiritual sensitivity to the satisfaction of one church within a denomination, it is often much easier to contract with other churches within that same denomination. Of course, this is a two-edged sword: if one church is unhappy with services or makes accusations about an ethics violation, the "whole ship" may sink rapidly.

In summary, the circuit-rider model is effective in providing services of a Christian professional to church communities which may not have such services available otherwise. Literature on the model is virtually non-existent, perhaps owing to its unique format and rather new design in response to recently developed interest in Christian professional counseling services for smaller churches.

#### Summary of Mental Health Service Delivery to the Church

The literature describes several models of mental health service delivery to the Church. These include pastor-counselors, pastoral counselors, Samaritan Counseling Centers, lay counseling ministries, Christian professionals in the community, Christian mental health hospitals, and Christian professionals utilizing a church-visitation system. Each has its own unique characteristics, and offers advantages in some areas and disadvantages in others. King (1978) suggested that his research indicated "strongly that evangelical churches may be ready to expand their hitherto limited involvement in providing (or supporting) professional counseling services as an outreach ministry of the church" and that "Additional research is warranted into the general ideal of determining how to develop and expand efficiently and effectively counseling activities by evangelical Christian churches" (p. 281). This project is one step toward a response to that challenge.

#### Purpose of Research

As was stated earlier, the antagonistic history between psychology and Conservative Evangelical Christianity has been well-documented, and a chasm between the two continues even



to this day in some circles. Despite this at-times uneasy relationship, the need for mental health services to this population remains substantial, often with few resources to meet that need.

The purpose of this project was to gather preliminary data regarding the following research questions:

1. To what degree do Conservative Evangelical Christians believe psychology is antagonistic to Christianity?
2. What has been the degree of past mental health service utilization within the Conservative Evangelical community?
3. To what degree do Conservative Evangelical Christians believe their views toward mental health professionals have been influenced by their pastors?
4. What factors have served to influence or shape present Conservative Evangelical Christians' attitudes toward the field of psychology?
5. What significant differences might be found between rural and urban churches regarding attitude toward mental health service delivery?
6. What actions or steps might a professional counselor take in order to help facilitate a comfortable counseling relationship with a Conservative Evangelical Christian patient or client?

## Chapter 2

### Methods

This chapter has six sections. The first section describes the preliminary processes used to select churches for the study. The second section describes the participants in the study. The third section elaborates on the instruments which were used. The fourth section details the procedures used to obtain the results. The fifth section identifies the statistical research design, and the final section summarizes the chapter.

#### Preliminary Process

The first step identified churches to be included as possible survey hosts. As explained in “Participants” section below, three denominations were selected to be targeted as Conservative Evangelical denominations. Initial survey prospects (specific churches within the selected denominations) were then identified in denominational directories, through pastoral networking, and from the campus of an Evangelical Christian college located adjacent to a large metropolitan area in the Pacific Northwest. This networking system sometimes allowed contacts to be made with the advantage of a referring source, which may have encouraged participation in the project.

In a small pilot study, sample surveys were administered to twelve adults. Administration time was recorded to ensure feasibility of the project, and the surveys were then reviewed with

those pilot respondents for clarity of the survey questions as well as to gather comments regarding the survey.

### Participants

By research design, participants represented a theologically narrow sample. Only selected churches considered Conservative Evangelical were included in the survey. Utilizing data from Spilka, Hood & Gorsuch (1985, p. 41), Hoge & Roozen (1979, p. 185) and Maranell (1974, p. 55), in addition to interviews with four Evangelical pastors, the denominations of Conservative Baptist, Christian Church (Independent), and Evangelical Church of North America (E.C.N.A.), were selected as representative of Conservative Evangelical Christianity and constituted the denominations of the survey population. Specific participating churches were then selected from this relatively large population, based on word-of-mouth referral, pastoral networking and geographic proximity. Twelve of 32 invited churches (38%) agreed to participate in the survey. Table 1 itemizes data regarding church participation by denomination.

All participants were church attenders at a facility identifying itself with the Christian faith, but completion of a survey, in and of itself, did not imply either church membership or a Christian commitment. Because the survey was designed to measure attitudes regarding service delivery to the church, as opposed to including only attitudes of Christians, responses of those attenders who did not specifically claim Christian affiliation were also included. (These were quite limited in number, as tables 6 and 9 in the Results section indicate.) Survey participants were restricted to adults 18 years of age or older.

Table 1

Participation by Denomination

Denomination	Churches Invited	Churches Participating	%
Conservative Baptist	11	2	18%
Christian (Independent)	11	5	45%
Evangelical Church of North America (ECNA)	10	5	50%
<b>Total Participation</b>	<b>32</b>	<b>12</b>	<b>38</b>

### Instruments

#### Congregant Survey

The major survey instrument (Appendix A) which was designed specifically for congregants, was modeled after one used in a similar study (Powell, 1997). Significant revisions were made to better-reflect information developed in the Literature Review and in personal interviews with clinicians and clergy, and to provide answers to the research questions (p. 61). Demographic information was modeled after Wurtz (1996) and Spilka, Hood & Gorsuch (1985, p. 40). Additional changes were made after reviewing Fischer (1990), and Gallup and Jones (1989, p. 20). The instrument was then revised in a step-wise manner by consultation and review by two doctoral-level mental health professionals and one doctoral level theology professor with a history of pastoral service.

Survey components included demographics (including church information), personal spiritual experience, respondent experience with various service delivery systems, respondent experience with various categories of counselors or clinicians, reasons for seeking services, attitudes about services offered, stigma about mental health issues, and personal application. Finally, there were two "free-form" questions which allowed for respondent creativity rather than limiting responses to the Likert scales which were used predominantly throughout the other sections of the survey.

Senior Pastor Survey

A second survey instrument (Appendix B) was designed specifically for Senior Pastors. This was a one-page (7-item) survey that provided various demographics (name and location of church, denominational affiliation, average attendance) as well as information about mental health services currently provided, premarital counseling provided, and invited suggestions about actions/steps that professional counselors may take in order to enhance the pastor's comfort level in making referrals to them.

Associate Pastor Survey

The third survey instrument (Appendix C) was designed specifically for Associate Pastors (e.g. Youth Pastors, Music Ministers, Children's Ministry Pastors). This one-page survey included only church identification (name and denomination) and a question which reflected suggested actions/steps that professional counselors may take in order to enhance the pastor's comfort level in making referrals to them.

ProceduresArranging Participation

Senior pastors were initially contacted via letter (Appendix D), which enlisted the cooperation of the church for participation in the survey. In this letter, a pre-paid postcard (Appendix E) was included so the pastor could respond with some initial screening questions (e.g. size of adult Sunday School classes, recommended times for administration). The return of the postcard was viewed as a step of initial cooperation and helped identify those churches that

supported the survey. After the initial contact letter was sent, a phone call was made to the church no more than ten days after the mailing. The purpose of this phone call was to determine level of support and confirm possible survey administration dates, times, and locations. Pastors who neglected to return the postage-paid postcard were also contacted via phone follow-up in order to establish communication, answer questions, and solicit church participation. In this follow-up process, two pastors requested survey copies prior to committing to participation and in both cases those pastors ultimately agreed to participate. Throughout the survey process, all follow-ups by mail included self-addressed, postage-paid postcards when a response was requested, and a self-addressed, postage-paid envelope when a return form was requested.

#### Data Collection

Whenever possible, standardized survey administrations were accomplished in adult Sunday School classes with trained administrators. In these situations, Sunday School class instructors were notified of this scheduling via postcard no less than two weeks prior to the administrations, with reminder phone calls to establish rapport and survey support also made one week before survey administration. Standardized instructions for survey administration (Appendix F) were written and utilized at each standardized administration. Sunday School administrations were done utilizing a pool of three administrators in addition to the principal researcher, each of whom had previous graduate-level training in psychometrics and was sensitive to standardization of test administration.

As Table 2 indicates, not all administrations were completed in a standardized manner. Standardized administration was hindered by the fact that several churches desired that only their

own personnel administer the survey. In other cases churches declined to have the surveys completed on site at all, citing an intrusion into the Sunday School format, and only agreed to hand the surveys out for completion at home and return to the church.

### Form Identification and Coding

Surveys were coded with a 3-digit serial number which served to identify the hosting church and an identifying number to mark the individual survey form. Knowledge of the hosting church made it possible to identify responses of specific churches and denominations.

### Scoring

In most cases, a seven-point Likert scale was used to record survey responses. An explanation of the Likert method was provided early in the survey for respondents not familiar with this system. The Likert responses were always framed with terms such as “Never-Frequently” or “Disagree-Agree”, and occasionally a respondent would circle the word instead of the appropriate number. When this was done, the number represented by that word was coded into the database (e.g. the circled word “Never” would be given a coding of “1” which is the number most reflective of “Never” on the Likert continuum).

Occasionally on the Senior Pastor form, which asked about number of counseling hours, counseling sessions and counseling weeks required for marriage within that church, a range was provided instead of one number (e.g. “5 to 6”). When a range was provided, the mean of that range was determined (e.g. 5.5) and rounded to the nearest whole number (e.g. 6) for data input.

The congregant survey (completed by the majority of respondents) raised the following difficulties in scoring. Item 4 offered a selection of responses regarding education level, and these



responses were then converted (during data input) to a one or two digit number reflecting years of education (e.g. Eighth grade completed=8, one year of college completed=13). Respondents who checked "Less than high school" were requested to furnish the highest grade completed for input purposes. When this was not done, no figure was assumed and thus the item was input into SPSS as a non-response. Resulting figures for item 4, Educational Level, therefore, may not appropriately reflect the low end range for education. For other responses to this item, the following conversions were utilized: High School or GED=12, Associates degree=14, Bachelor's degree completed=16, Master's degree=18, Doctoral degree=20.

Items which were free-form in nature presented additional problems with data input. Occasionally the free-form responses to questions 81 and 82 (congregant survey) were responded to with verbiage which did not address the question asked. When this occurred, the answer was treated as a non-response to the question and was input accordingly.

Table 2

Locale of Participating Churches and Method of Survey Administration


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<u>Church Number</u>	<u>Rural/Urban</u>	<u>Administration Method</u>
1	R	Standard & Take-home Administrations
2	R	Standard & Take-home Administrations
3	U	Sunday School/Pastor Administration
4	U	Take-home Administration
5	R	Standard Administration
6	R	Take-home Administration
7	U	Standard Administration
8	R	Standard Administration
9	R	Standard Administration
10	R	Standard Administration
11	U	Standard & Take-home Administrations
12	U	Standard Administration

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## Key:

Standard Administration: Administrator trained at a graduate level in psychometrics. Standardized instructions were utilized

Sunday School/Pastor Administration: Non-standardized administration with Sunday School teacher or Pastor acting as administrator. Standardized instructions were furnished with a request that they be used

Take-home Administration: Non-standardized administration with Sunday School teacher or Pastor requesting that respondents take survey home, read the instructions, complete it and return it to a drop-box at church.

Note. Where "Standard & Take-home Administration" is used, a standardized administration was completed with a group, but surveys were also left behind for absentees for filling out a form on their own and mailing to the researcher.

In some cases, pastors requested that survey administration be accomplished by their own (familiar) Sunday School teachers and church staff. When this was done, a sample "script" of standardized instruction was furnished with the survey forms, with a request that the administrator utilize the script or an accurate variation of same. There was however, no strict control of this facet of survey administration since no trained administrator was present for this type of administration. When churches utilized a trained administrator (standardized administration), survey copies were collected at that time (except for any left for absentee members and identified within this survey as "mail-in responses"). Churches that administered the survey themselves varied between collecting the surveys immediately or asking members to complete them at home and mail them to the researcher or return them to church. These churches typically were willing to cooperate with the survey itself but unwilling to interrupt the Sunday School hour for it.

#### Statistical Research Design

Research was conducted via a survey instrument which utilized a convenience sample and corresponds to an ex post facto quasi-experimental design (Campbell & Stanley, 1963, p. 64). Descriptive and inferential statistics were calculated using an IBM computer with SPSS for Windows (Version 7.5.1). Most items for which means were calculated (Tables 13-22 and Table 25) also had bar charts constructed (Figures 1-77) which served to illustrate the distribution of responses. Chapter 3 provides the results of descriptive and inferential statistics, as well as all bar charts.

### Summary

After a list of churches was initially compiled from the target denominations, candidate churches were chosen from this list based on pastoral networking, congregant referrals via the e-mail network at a local Christian college, and geographical proximity. A total of 32 churches from the Christian, Conservative Baptist and ECNA denominations were invited to participate. Of these 32, twelve (38%) actually did participate in the survey process and were included in the project, including a total of five ECNA, five Christian (Independent), and two Conservative Baptist churches. Of the 12 churches, five (42%) were urban. Tables 1 and 2 summarize these data.

## Chapter 3

### Results

#### Chapter Overview

This chapter reports the demographic variables and selected statistics for specific survey questions. These are summarized in Tables 6-27 and Figures 1-77. Consistent with the research questions, the following items were chosen as foci out of the 82-item congregant survey: items #46, 54-60, 62, and 78-82. Items 46, 54-60, 78-80 utilized 7-point Likert scales, with continuums ranging from Disagree to Agree. Item 62 was a rank-ordered response and items 81 and 82 were "free-form" response items where common themes were endorsed by the respondents, tabulated by the researcher, and reported as cumulative totals, as percentages of responses by specific category

#### Participants

The participants receiving surveys were 688 church attendees of which 524 (76%) completed the survey, and 34 clergy (Senior Pastors and Associate Pastors), of which 25 (73%) completed the survey. Thus, a total of 549 surveys were completed out of the 722 distributed (76%) (Table 3). Of surveys administered on-site, congregant completion rate was of 96% and

clergy completion rate was 75% (Table 4). On mail-in surveys, there was a lower congregant completion rate of 35% and a clergy completion rate of 71% (Table 6).

Table 3

Total Surveys Completed (On-Site plus Mail-In)

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	<u>CONGREGATION</u>			<u>CLERGY</u>		
	<u>Number Distributed</u>	<u>Number Completed</u>	<u>Percent Completed</u>	<u>Number Distributed</u>	<u>Number Completed</u>	<u>Percent Completed</u>
<b>Denomination</b>						
Baptist	63	50	79	3	1	33
Christian	349	215	62	19	16	84
ECNA	276	259	94	12	8	67
<b>Total</b>	<b>688</b>	<b>524</b>	<b>76</b>	<b>34</b>	<b>25</b>	<b>74</b>
<b>Locale</b>						
Rural	236	182	77	9	7	78
Urban	452	342	76	25	18	72
<b>Total</b>	<b>688</b>	<b>524</b>	<b>76</b>	<b>34</b>	<b>25</b>	<b>74</b>

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Note. A total of 722 surveys were distributed to Congregant and Clergy participants. Of those, 549 (76%) were completed and returned.

Table 4

Surveys Completed On-Site (by Church)

Church	<u>CONGREGATION</u>			<u>CLERGY</u>		
	Number Distributed	Number Completed	Percent Completed	Number Distributed	Number Completed	Percent Completed
1 (B-R)	19	19	100	0	0	0
2 (B-R)	31	31	100	1	1	100
3 (C-U)	88	79	90	6	4	67
4 (C-U)	No on-site administration: see "Mail-in" table					
5 (C-R)	23	23	100	0	0	0
6 (C-R)	No on-site administration: see "Mail-in" table					
7 (C-U)	35	35	100	5	5	100
8 (E-R)	22	21	95	1	1	100
9 (E-R)	20	20	100	1	1	100
10 (E-R)	21	21	100	1	1	100
11 (E-U)	78	76	97	0	0	0
12 (E-U)	128	120	94	5	2	40
<b>TOTAL:</b>	<b>465</b>	<b>445</b>	<b>96</b>	<b>20</b>	<b>15</b>	<b>75</b>

Key: B=Baptist (Conservative), C=Christian (Independent), E= Evangelical Ch. of N. America  
 R=Rural, U=Urban



Table 5

Surveys Completed On-Site (by Denomination & Locale)

	Congregation Receiving	Congregation Completed	Percent Completed	Clergy Offered	Clergy Completed	Percent Completed
<b>Denomination</b>						
Baptist	50	50	100	1	1	100
Christian	146	137	94	11	9	82
ECNA	269	258	96	8	5	63
<b>Locale</b>						
Rural	136	135	99	4	4	100
Urban	329	310	94	16	11	69

Table 6

Mail-in Surveys Completed (by Church)

Church	<u>CONGREGATION</u>			<u>CLERGY</u>		
	Number Distributed	Number Completed	Percent Completed	Number Distributed	Number Completed	Percent Completed
1 (B-R)	9	0	0	2	0	0
2 (B-R)	4	0	0	0	0	0
3 (C-U)	0	0	0	0	0	0
4 (C-U)	116	31	27	5	4	80
5 (C-R)	0	0	0	1	1	100
6 (C-R)	87	47	54	2	2	100
7 (C-U)	0	0	0	0	0	0
8 (E-R)	0	0	0	0	0	0
9 (E-R)	0	0	0	0	0	0
10 (E-R)	0	0	0	0	0	0
11 (E-U)	7	1	14	4	3	75
12 (E-U)	0	0	0	0	0	0
<b>TOTAL:</b>	<b>223</b>	<b>79</b>	<b>35</b>	<b>14</b>	<b>10</b>	<b>71</b>

Key: B=Baptist (Conservative), C=Christian (Independent), E= Evangelical Church of North America; R=Rural, U=Urban

Table 7

Mail-In Surveys Completed (by Denomination & Locale)

	<u>CONGREGATION</u>			<u>CLERGY</u>		
	Number Distributed	Number Completed	Percent Completed	Number Distributed	Number Completed	Percent Completed
<b>Denomination</b>						
Baptist	13	0	0	2	0	0
Christian	203	78	38	8	7	88
ECNA	7	1	14	4	3	75
<b>Total</b>	<b>223</b>	<b>79</b>	<b>35</b>	<b>14</b>	<b>10</b>	<b>71</b>
<b>Locale</b>						
Rural	100	47	47	5	3	60
Urban	123	32	26	9	7	78
<b>Total</b>	<b>223</b>	<b>79</b>	<b>35</b>	<b>14</b>	<b>10</b>	<b>71</b>

Demographic Statistics for Congregants and Clergy

The demographic statistics for congregants included the following: (a) gender, (b) age, (c) race, (d) education completed, (e) marital status, (f) Christian identity (identified self as a Christian) and (g) history regarding use of mental health services. These demographics, reported in Table 8, were requested on the congregant survey, but not on the shorter Senior Pastor and Associate pastor surveys. Some pastors chose to complete the large survey with their congregation, and when this was done, those demographics are listed within the “clergy” totals in Table 10 below. In addition to the congregant demographics, Senior pastors also provided demographic information for:

a) denomination, b) locale (e.g. urban or rural), c) average attendance, and d) total months served as “regular preaching pastor at this church”. Tables 10 and 11 provide the demographics for Senior pastors and Associate pastors

A majority (58%) of congregants responding were female, while all of the pastors responding were male (100%). Congregant age ranged from 18 to 90 years with a mean of 52.92, while pastors were slightly younger with a mean age of 46.45. The vast majority in the survey (91.9%) described themselves as Caucasian, while less than 10 percent were non-Caucasian. It should be noted that the Native American figures should be interpreted cautiously, as these may be over-reported in this survey, since it later was brought to this researcher’s attention that some respondents apparently understood “Native American” to mean “born in America” and responded positively to that question in error. This erroneous response was noted with at least one church, and that church verified that there were not enough Native Americans

involved there to validate the figure reported. It is conceivable that the same error occurred with other responding churches as well. Of the 11 pastors reporting race, over 90% described themselves as Caucasian and one (9.1%) as African-American. Educationally, congregants averaged about two years of post-secondary education as reflected in the mean of 14.18 years. Pastors were better-educated with a mean of 18.40, which represents approximately six years of post-secondary education. The majority of congregants (74.5%) were married, as were all of the pastors. Most of the congregants strongly identified with Christian Identity, with over 96% reporting a 6 or a 7 on the Likert scale. All eleven pastors responding indicated a "7" in response to this item (100%). Regarding past utilization of mental health services, 46% of congregants responded affirmatively to this item, while more pastors who responded on the long survey (63.6%) reported that they had used mental health services at some point in the past.

Reviewing the demographics of the Senior pastors specifically (Tables 10 and 11), of the 12 Senior Pastors who participated in the survey, 2 (16.7%) were Conservative Baptist, 5 (41.7%) were Christian (Independent), and 5 (41.7%) were Evangelical Church of North America (ECNA). Churches were located in both rural (58.3%) and urban (41.7%) locales. Responding pastors averaged about ten years in their positions as "regular preaching pastor" at the time of the survey administration, and reported a wide range in church attendance (53 to 1800). Because of the large size of one participating 1800-member church (the next-closest size was 458), the mean of 423.11 was skewed disproportionately large, and better measures of central tendency for church attendance are the mode of 230 and a median of 265.

Associate Pastors reported only their denomination, and of the 12 Associate Pastors who participated in the survey, 8 (66.6%) were Christian (Independent), 4 (33.3%) were Evangelical Church of North America (ECNA). No Conservative Baptist Associate Pastors participated in the survey (Table 12).

Table 8

Demographics for Congregants (Response by Percentage of Endorsements)

---

	Reporting	Percent	N
Gender			
Male	211	42	
Female	291	58	(n=502)
Race			
Caucasian	454	92	
African-American	6	1	
Asian-American	5	1	
Hispanic	3	.6	
Native American *	26	5	
Other	0	0	(n=494)
Marital Status			
Single	40	8	
Married	372	75	
Divorced	21	4	
Widowed	56	11	
Separate	10	2	
Cohabiting	0	0	(n=499)
Christian I.D. (Likert response summary)			
7	456	91	
6	22	4	
5	6	1	
4	5	1	
3	0	0	
2	2	.4	
1	6	1	(n=497)
Past use of services	246	46	(n=537)

---

\*According to follow-up with one church, "Native American" status was likely over-reported due to a misinterpretation of the term.

Table 9

Demographics for Congregants (Descriptive Statistics)


---

	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>N</u>
Christian I.D.	6.81	.83	1/7	6	(n=497)
Age	52.92	17.37	18/90	28	(n=490)
Education	14.18	2.29	8/20	12	(n=494)

---



Table 10

Demographics for Clergy (Response by Percentage of Endorsements)

	Reporting	Percent	N
Gender			
Male	11	100	
Female	0	0	(n=11)
Race			
Caucasian	10	91	
African-American	1	9	
Asian-American	0	0	
Hispanic	0	0	
Native American	0	0	
Other	0	0	(n=11)
Marital Status			
Married	11	100	(n=11)
Past use of services	7	64	(n=11)

Table 11

Demographics for Senior Pastors (Descriptive Statistics)


---

	Mean	SD	Low/High	Range	N
Age	46.45	8.94	32/60	28	(n=11)
Education	18.40	1.26	16/20	5	(n=10)
Christian I.D.	7.00	0.00	7/7	0	(n=11)
Months in Pulpit	127.73	118.36	1/360	359	(n=11)
Average Attendance	339.50	481.00	53/1800	1747	(n=12)

---

Note. Because the mean is skewed with a particularly large church (1800), the mode of 230 and median of 265 are better measures of central tendency for the "Average Attendance" category.

Table 12

Church & Denomination Demographics for Clergy (Response by Percentage of Endorsements)

---

SENIOR PASTORS

	<u>Reporting</u>	<u>Percent</u>	<u>N</u>
Denomination			
Conservative Baptist	2	17%	
Christian	5	42%	
ECNA	5	42%	(n=12)
Locale			
Rural	7	58%	
Urban	5	42%	(n=12)

ASSOCIATE PASTORS

	<u>Reporting</u>	<u>Percent</u>	<u>N</u>
Denomination			
Conservative Baptist	0	0%	
Christian	8	67%	
ECNA	4	33%	(n=12)

---

Note. Demographic information for Associate Pastor surveys included only denomination.

### Research Questions

This project focuses on six specific research questions, which are summarized in the following sections. The first research question queried general attitude of the respondent toward psychology, seeking specifically to assess level of perceived antagonism between psychology and Christianity. The second question assessed the respondents past utilization of mental health services, while the third investigated respondents perception of clergy influence on their current views toward mental health service professionals. The fourth research question identified factors which respondents felt had served to shape current attitudes about the field of psychology, and the fifth question investigated differences between rural and urban respondents in the survey. The sixth and final question asked respondents about actions and steps that could be taken by mental health professionals in order to facilitate a more comfortable counseling relationship with them.

#### Attitude Toward Psychology

Research Question #1 asked: To what degree do Conservative Evangelical Christians believe psychology is antagonistic to Christianity? Items 55, 56, 57, 58 & 59 all addressed this question by querying various congregant attitudes about psychology.

Item 55 (Table 13) was designed to measure the most oppositional attitudes toward psychology, with phrases in the question such as "I want nothing to do with psychology" and "I believe [psychologists] to be anti-Christian". By denomination, Baptist, Christian, and ECNA respondents tended to disagree at about a moderate level with this statement, with item means of 2.71, 2.36, and 2.16, respectively. No congregational differences were found ( $F [2,459]=2.221$ ,

$p=.110$ ). No significant differences were found between Urban and Rural respondents on this question. Item means were 2.20 for Urban and 2.48 for Rural ( $t[460]=1.636, p=.103$ ). Clergy tended to disagree with the statement more than any other group, with a mean of 1.40, while the mean for Non-Clergy was slightly higher at 2.32, but the differences were not significant ( $t[460]=-1.634, p=.099$ ).

Figures 1-7 illustrate responses to this question by respondent category (e.g. Clergy, Rural, ECNA) via bar charts. All of these graphs show a modal response to Likert item #1, indicating a predominantly "disagree" endorsement of question 55. Frequencies of each Likert response within that category are also depicted on the same page.

Table 13

Perception of Psychology as "anti-Christian"

Question 55: [My attitude toward the terms "psychology" and "psychologists" is that] I want nothing to do with psychology and psychologists because I believe them to be "anti-Christian".  
 Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	2.71	1.93	1/7	6	49
Christian	2.36	1.81	1/7	6	185
ECNA	2.16	1.64	1/7	6	228

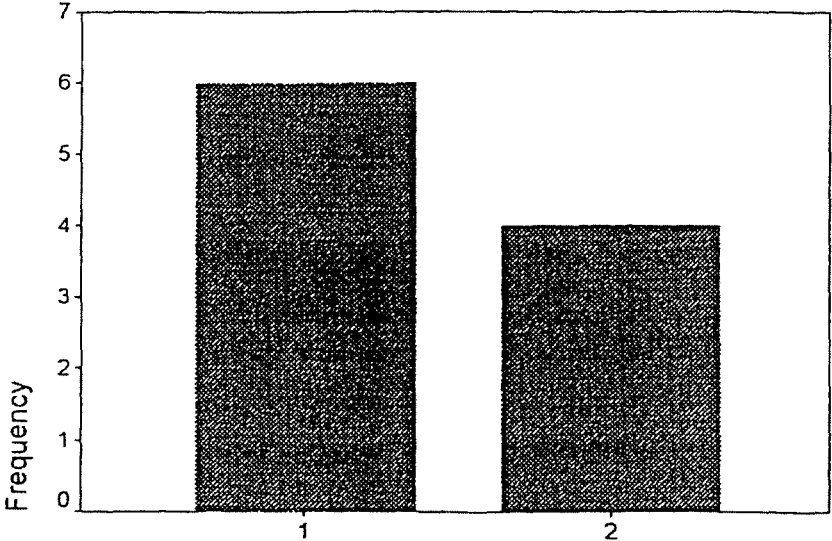
One-Way ANOVA  $F(2,459)=2.221, p=.110$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	2.48	1.77	1/7	6	168
Urban	2.20	1.72	1/7	6	294

t-test for independent samples  $t(460)=1.636, p=.103$

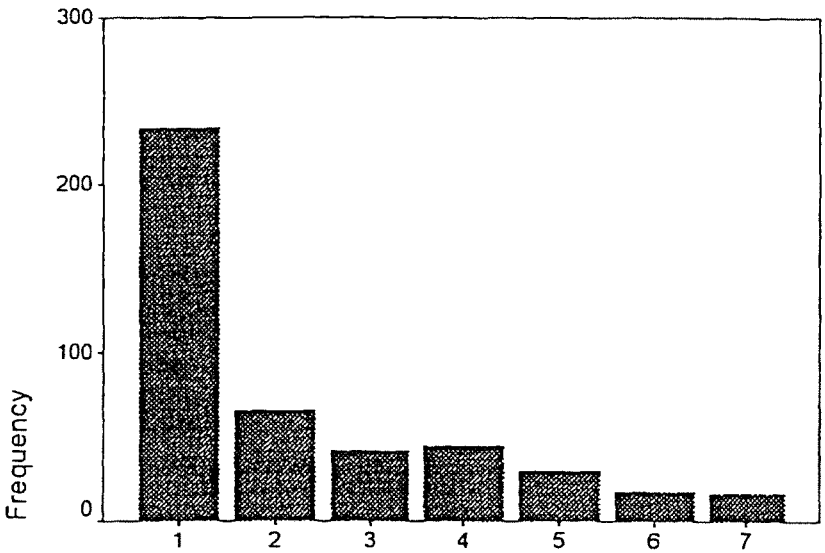
<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	1.40	.52	1/2	1	10
Non-Clergy	2.32	1.76	1/7	6	452

t-test for independent samples  $t(460)=-1.634, p=.099$



**Figure 1.** Distribution of Clergy responses to item 55: "I want nothing to do with psychology and psychologists because I believe them to be 'anti-Christian'." Respondents answered question according to the following Likert scale:

Disagree	Agree
1 2 3 4 5 6 7	

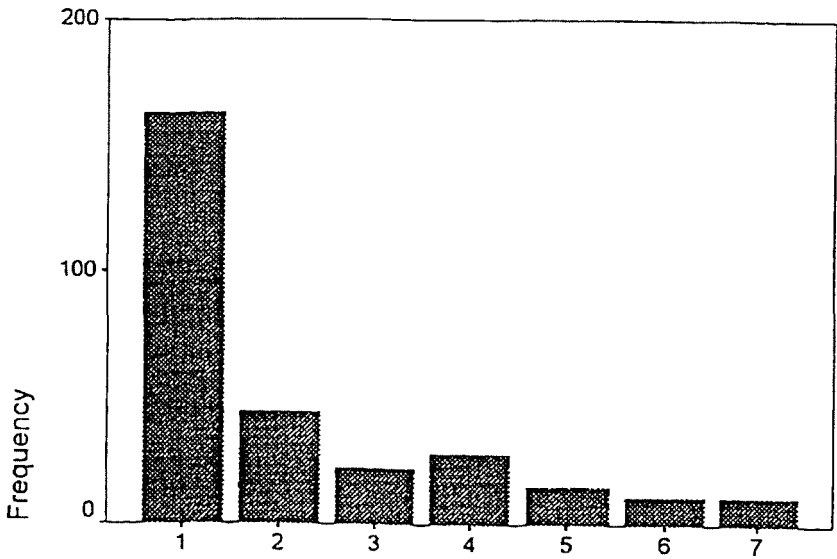


**Figure 2.** Distribution of Non-Clergy responses to item 55: “I want nothing to do with psychology and psychologists because I believe them to be ‘anti-Christian’.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



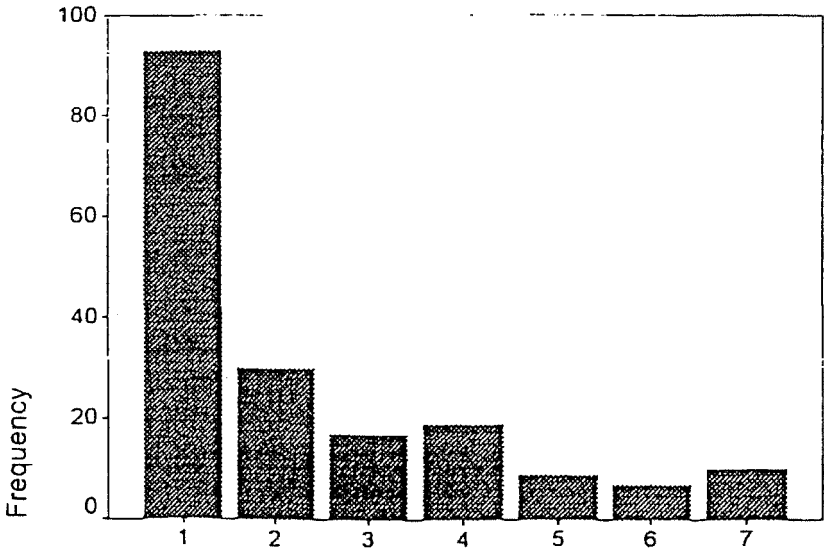




**Figure 4.** Distribution of Urban responses to item 55: "I want nothing to do with psychology and psychologists because I believe them to be 'anti-Christian'." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree





**Figure 6.** Distribution of Christian Independent responses to item 55: “I want nothing to do with psychology and psychologists because I believe them to be ‘anti-Christian’.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

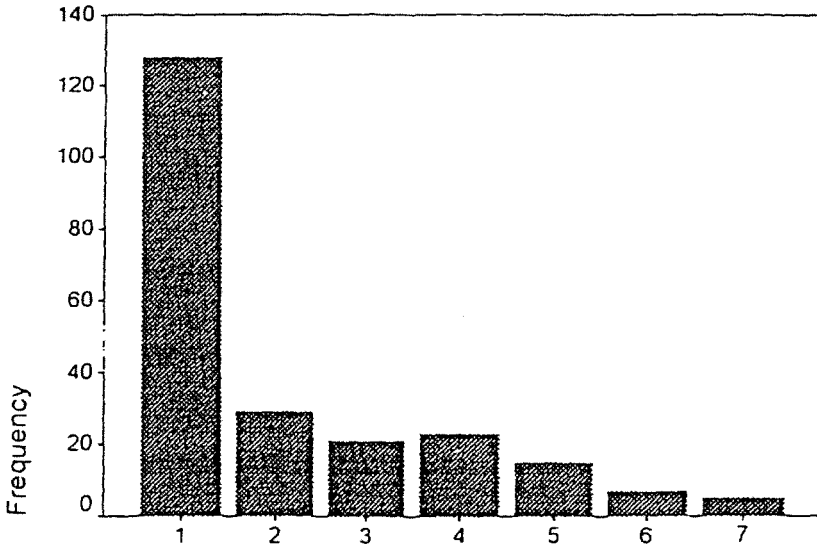


Figure 7. Distribution of ECNA responses to item 55: “I want nothing to do with psychology and psychologists because I believe them to be ‘anti-Christian’.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

Item 56 (Table 14) assessed the degree of negativity respondents felt toward the field of psychology, by deliberately loading the question with terms such as “negative, secular and unspiritual”. All denominations tended to disagree with this question, at least mildly. ECNA showed the strongest disagreement with a mean of 2.93, followed by Christian (Independent) at 3.27 and Baptist at 3.82. A One-Way ANOVA revealed significant differences between denominations ( $F [2,459]=4.912, p=.008$ ), and a Tukey’s HSD results indicated a significant difference between Baptist and ECNA respondents ( $p=.009$ ). By locale, Urban respondents (mean=3.02) disagreed significantly more than Rural respondents (mean=3.40), although both reported at least slight disagreement with the statement ( $t [457]=2.038, p=.042$ ). Clergy expressed the highest level of disagreement with this statement of all groups examined, with a mean of 2.90 ( $N=10$ ), but did not significantly differ from Non-Clergy respondents who also disagreed with the statement, achieving a mean of 3.16 ( $t [457]=.428, p=.669$ ).

Figures 8-14 illustrate responses to item 56 by respondent category. This question elicited more diverse opinion than did item 55, although a Likert response of 1 remained modal for Non-Clergy, Urban, Christian and ECNA respondents. Clergy responded with a mode of 2 to this item, and Baptist and Rural responses were quite distributed and nearly tri-modal. Baptist respondents selected Likert items 4, 1, and 6 most frequently with 11, 10, and 9 responses respectively, while Rural respondents selected items 1, 4, and 2 with 36, 33, and 31 responses, respectively.

Table 14

Perception of Psychology as "secular/unspiritual"

Question 56: [My attitude toward the terms "psychology" and "psychologists" is] fairly negative, because psychology and psychologists are very "secular" and unspiritual for the most part.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	3.82	2.01	1/7	6	49
Christian	3.27	1.92	1/7	6	182
ECNA	2.93	1.89	1/7	6	228

One-Way ANOVA  $F(2,456)=4.912, p=.008^{**}$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	3.40	1.88	1/7	6	167
Urban	3.02	1.95	1/7	6	292

t-test for independent samples  $t(457)=2.038, p=.042^*$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	2.90	1.37	1/5	4	10
Non-Clergy	3.16	1.94	1/7	6	449

t-test for independent samples  $t(457)=-.428, p=.669$

\* Significant at .05 level

\*\*Significant at .01 level

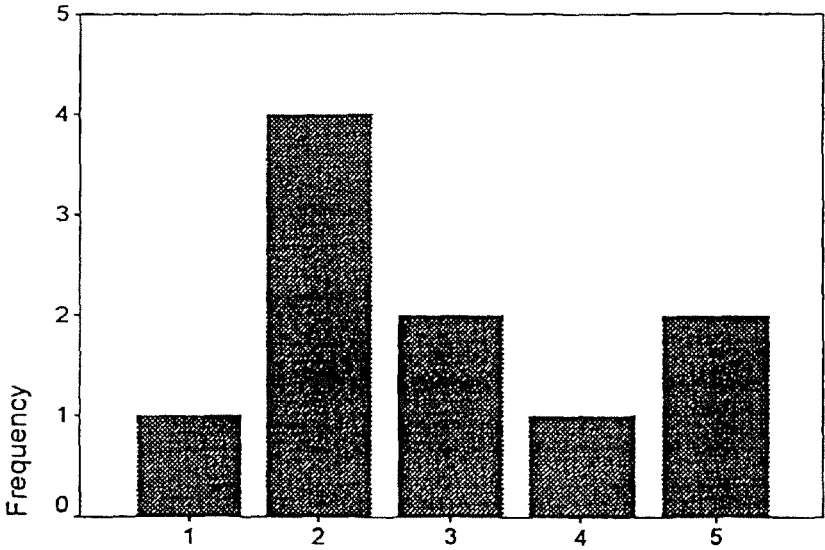


Figure 8. Distribution of Clergy responses to item 56: [My attitude toward psychology and psychologists is] “fairly negative, because psychology and psychologists are very ‘secular’ and unspiritual for the most part.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



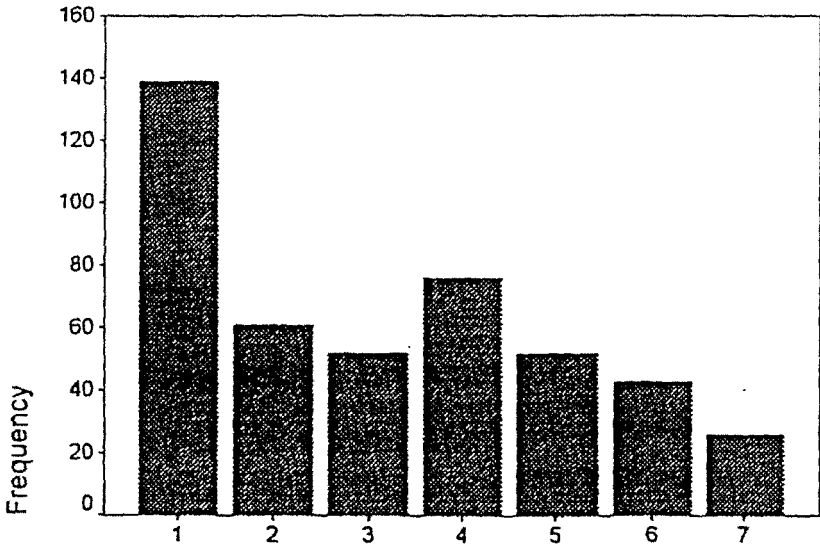
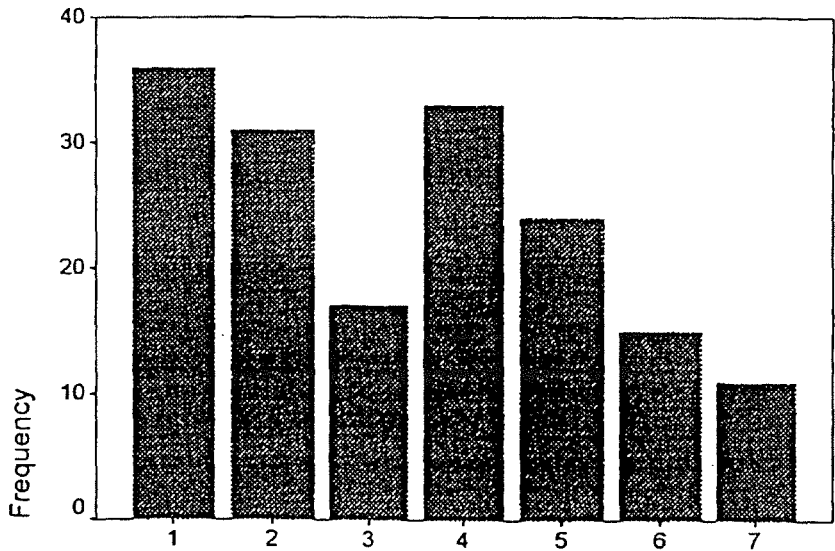


Figure 9. Distribution of Non-Clergy responses to item 56: [My attitude toward psychology and psychologists is] “fairly negative, because psychology and psychologists are very ‘secular’ and unspiritual for the most part.” Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7

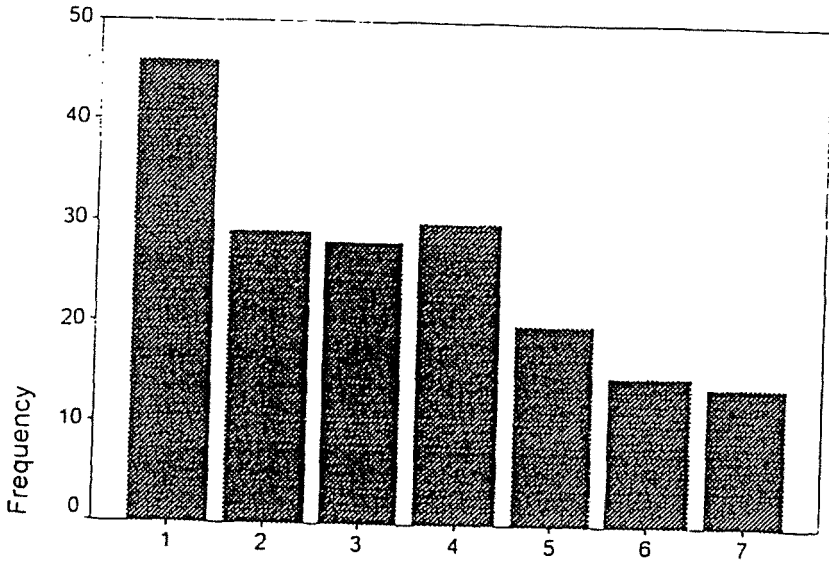


**Figure 10.** Distribution of Rural responses to item 56: [My attitude toward psychology and psychologists is] “fairly negative, because psychology and psychologists are very ‘secular’ and unspiritual for the most part.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7







**Figure 13.** Distribution of Christian Independent responses to item 56: [My attitude toward psychology and psychologists is] "fairly negative, because psychology and psychologists are very 'secular' and unspiritual for the most part." Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

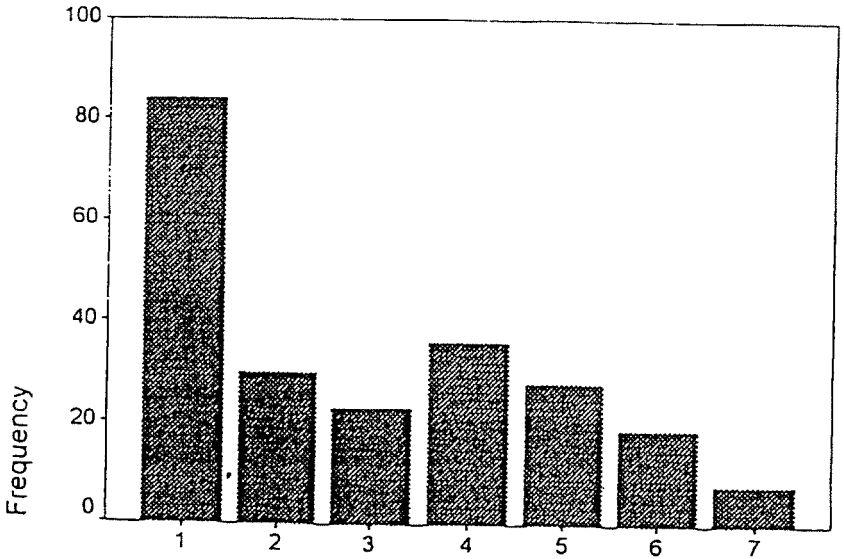


Figure 14. Distribution of ECNA responses to item 56: [My attitude toward psychology and psychologists is] “fairly negative, because psychology and psychologists are very ‘secular’ and unspiritual for the most part.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

Item 57 (Table 15) shifted to a more positive framing of attitudes toward psychology, but allowed for a feeling of “wary” regarding respondent attitude. By denomination, the ECNA mean was the lowest (3.88) and indicated a slight disagreement with the question. The Christian (Independent) mean (4.17) was the highest, followed by Baptist (4.02), indicating a slight agreement with the question for both of the latter denominations, but with no significant denominational difference ( $F [2,453]=1.399, p=.248$ ). Rural churches exhibited a slight agreement with the question with a mean of 4.07, whereas Urban churches (mean of 3.97) slightly disagreed ( $t [454]=.609, p=.543$ ). Clergy, with a mean of 4.20, indicated slight agreement with the question. Overall, Non-Clergy respondents exhibited general ambivalence in their responses with a mean of 4.00 ( $t [454]=.355, p=.723$ ). Bar charts (Figures 15-21) illustrate a modal response of 4 in all respondent categories for this item.

Table 15

Attitude toward Psychology: "positive but wary"

Question 57: [My attitude toward the terms "psychology" and "psychologists" is] fairly positive, but somewhat wary because of some things I've heard or read about psychology and psychologists. Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	4.02	1.64	1/7	6	49
Christian	4.17	1.74	1/7	6	180
ECNA	3.88	1.76	1/7	6	227

One-Way ANOVA  $F(2, 453)=1.399, p=.248$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	4.07	1.65	1/7	6	167
Urban	3.97	1.79	1/7	6	289

t-test for independent samples  $t(454)=.609, p=.543$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	4.20	1.32	2/6	4	10
Non-Clergy	4.00	1.75	1/7	6	446

t-test for independent samples  $t(454)=.355, p=.723$









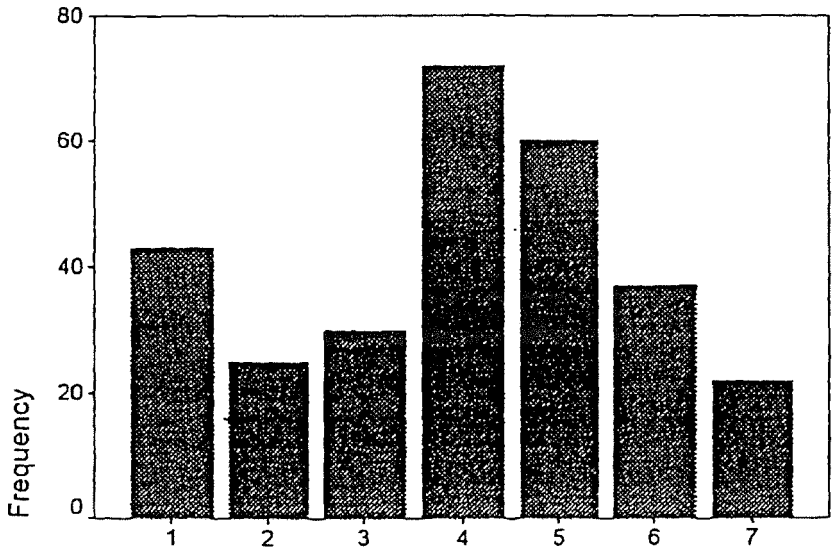


Figure 18. Distribution of Urban responses to item 57: [My attitude toward psychology and psychologists is] "fairly positive, but somewhat wary because of some things I've heard or read about psychology and psychologists." Respondents answered question according to the following

Likert scale:

Disagree						Agree
1	2	3	4	5	6	7

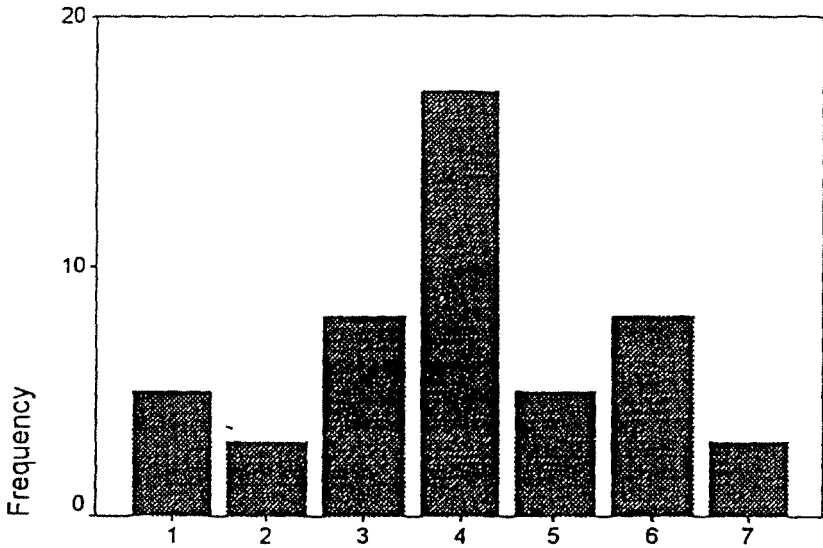
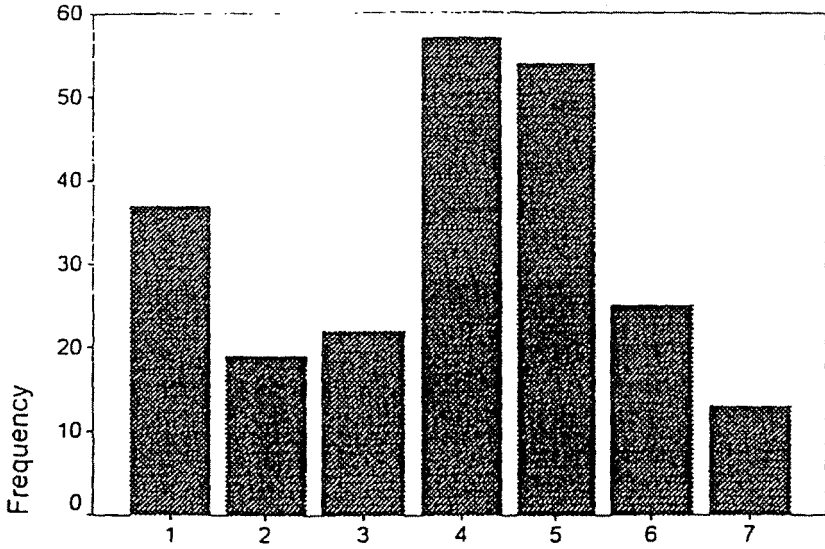


Figure 19. Distribution of Conservative Baptist responses to item 57: [My attitude toward psychology and psychologists is] "fairly positive, but somewhat wary because of some things I've heard or read about psychology and psychologists." Respondents answered question according to the following Likert scale:

Disagree						Agree
1	2	3	4	5	6	7





**Figure 21.** Distribution of ECNA responses to item 57: [My attitude toward psychology and psychologists is] “fairly positive, but somewhat wary because of some things I’ve heard or read about psychology and psychologists.” Respondents answered question according to the following

Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

Item 58 (Table 16) achieved the highest level of agreement of any within this set of questions about attitude toward psychology (items 55-59), demonstrating a clear preference for a Christian psychologist. Christian (Independent) respondents generated the highest mean (5.33) of any group responding to this question, followed by Baptist and ECNA respondents who had identical means of 4.78 ( $F [2, 461]=4.564, p=.011$ ). Tukey's HSD showed this difference to exist between Christian and ECNA denominations ( $p=.011$ ). Locale seemed to have a minimal effect on responses to this question, with Urban and Rural populations attaining 5.02 and 4.96 means, respectively ( $t [462]= - 3.49, p= .727$ ). The mean for Clergy (5.10) was slightly higher on this question than for Non-Clergy who had a mean of 5.00 ( $t [462]= .165, p= .869$ ). Figures 22-28 illustrate the diversity of responses on this question, although most response categories generated a mode of 7 to this item. Exceptions were found in the Clergy and Baptist groups which each had a mode of 6



Table 16

Attitude toward Psychology: "positive if Christian psychologist"

Question 58: [My attitude toward the terms "psychology" and "psychologists" is] Very positive if you utilize only a Christian psychologist.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	4.78	1.90	1/7	6	50
Christian	5.33	1.84	1/7	6	184
ECNA	4.78	1.97	1/7	6	230

One-Way ANOVA  $F(2, 461)=4.564, p=.011^*$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	4.96	1.87	1/7	6	170
Urban	5.02	1.97	1/7	6	294

t-test for independent samples  $t(462)=-.349, p=.727$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	5.10	1.29	3/7	4	10
Non-Clergy	5.00	1.94	1/7	6	454

t-test for independent samples  $t(462)=.165, p=.869$

\*Significant at .05 level

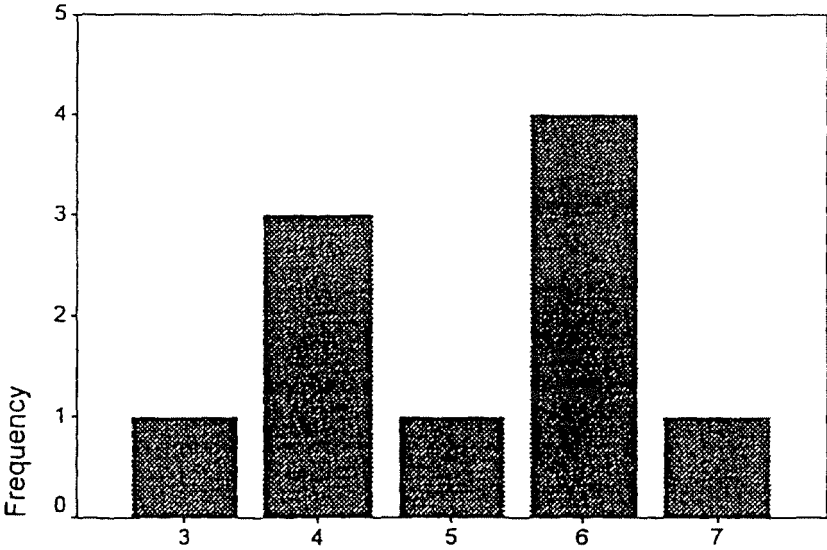
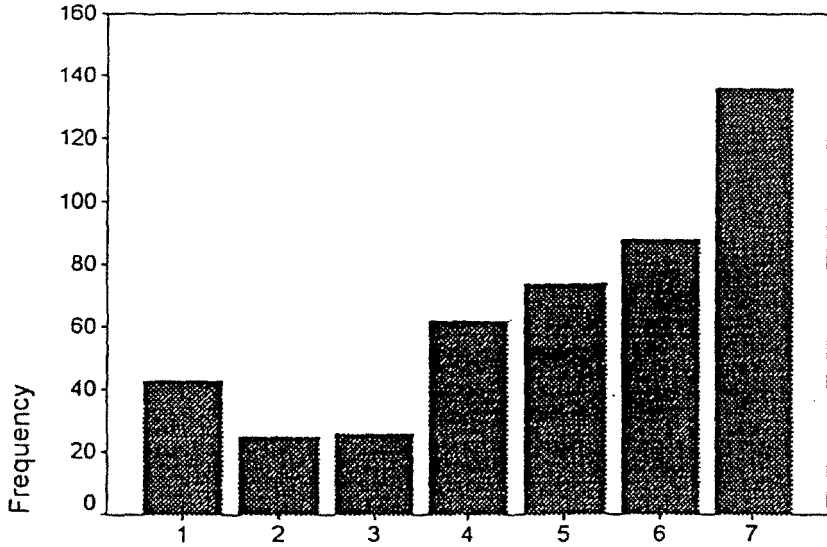


Figure 22. Distribution of Clergy responses to item 58: [My attitude toward psychology and psychologists is] "very positive, if you utilize only a Christian psychologist." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



**Figure 23.** Distribution of Non-Clergy responses to item 58: [My attitude toward psychology and psychologists is] “very positive, if you utilize only a Christian psychologist.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

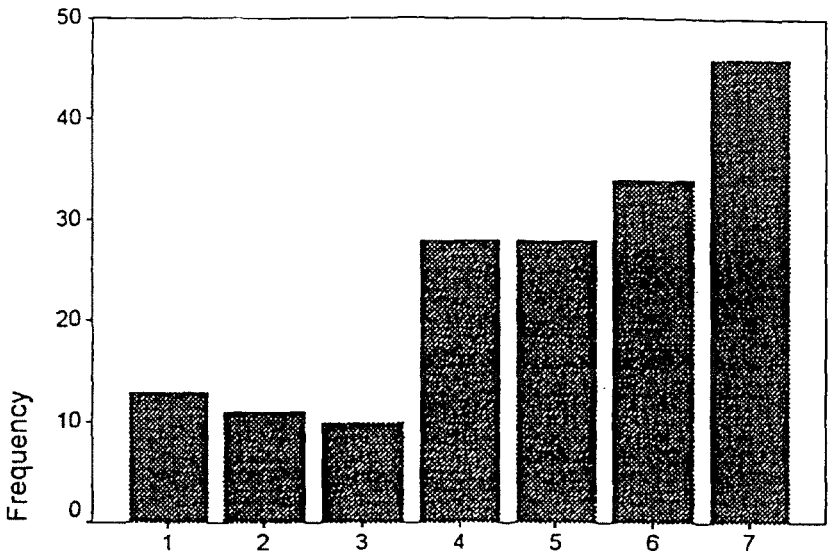


Figure 24. Distribution of Rural responses to item 58: [My attitude toward psychology and psychologists is] "very positive, if you utilize only a Christian psychologist." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



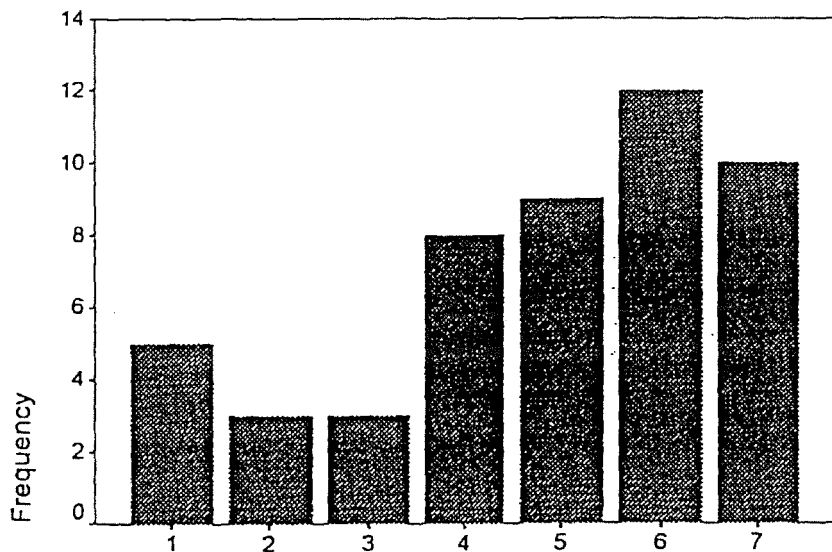
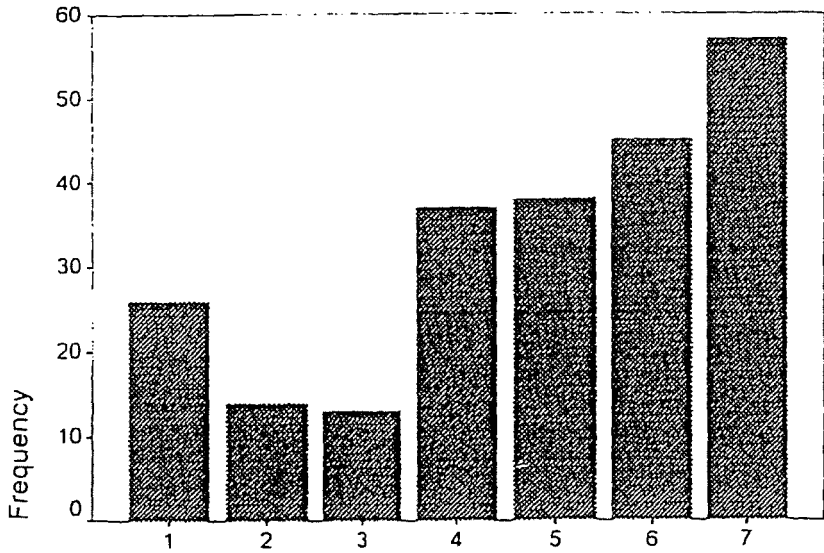


Figure 26. Distribution of Conservative Baptist responses to item 58: [My attitude toward psychology and psychologists is] “very positive, if you utilize only a Christian psychologist.”

Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree





**Figure 28.** Distribution of ECNA responses to item 58: [My attitude toward psychology and psychologists is] “very positive, if you utilize only a Christian psychologist.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7



Item 59 (Table 17) queried for attitude toward psychologists “regardless of the religion of the psychologist”. The purpose of this question was to evaluate the importance of the specific religious affiliation (e.g. Christian, Muslim, Jewish) of the clinician in respect to Conservative Evangelical attitude. More openness to a psychologist “regardless of religion” was seen in the ECNA church which had a mean of 3.23. The mean dropped to 2.79 for Christian (Independent) and 2.41 when the question was responded to by Baptists ( $F [2, 453]=5.203, p=.006$ ). A Tukey’s HSD test revealed significant differences between ECNA and both of the other denominations ( $p=.015$  for Baptist,  $p=.048$  for Christian). Rural respondents disagreed with the statement significantly more than Urban respondents, with respective means of 2.70 and 3.13 ( $t [454]=-2.342, p=.020$ ). Clergy generated the mean that disagreed with the statement the most (mean=2.00), while Non-Clergy disagreed with this item, but to a lesser degree with a mean of 2.99 ( $t [454]=-1.629, p=.104$ ). Figures 29-35 illustrate a modal response of 1 for all respondent categories, but are noteworthy in that the median response of 4 was second-most-heavily endorsed by Non-Clergy, Rural, Urban, and ECNA respondents.

Table 17

Attitude toward Psychology: "positive regardless of the religion of psychologist"

Question 59: [My attitude toward the terms "psychology" and "psychologists" is] Very positive, regardless of the religion of the psychologist.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	2.41	1.71	1/7	6	49
Christian	2.79	1.79	1/7	6	180
ECNA	3.23	2.00	1/7	6	227

One-Way ANOVA  $F(2, 453)=5.203, p=.006^{**}$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	2.70	1.88	1/7	6	169
Urban	3.13	1.91	1/7	6	287

t-test for independent samples  $t(454)=-2.342, p=.020^*$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	2.00	1.41	1/5	4	10
Non-Clergy	2.99	1.91	1/7	6	446

t-test for independent samples  $t(454)=-1.629, p=.104$

\* Significant at .05 level

\*\*Significant at .01 level



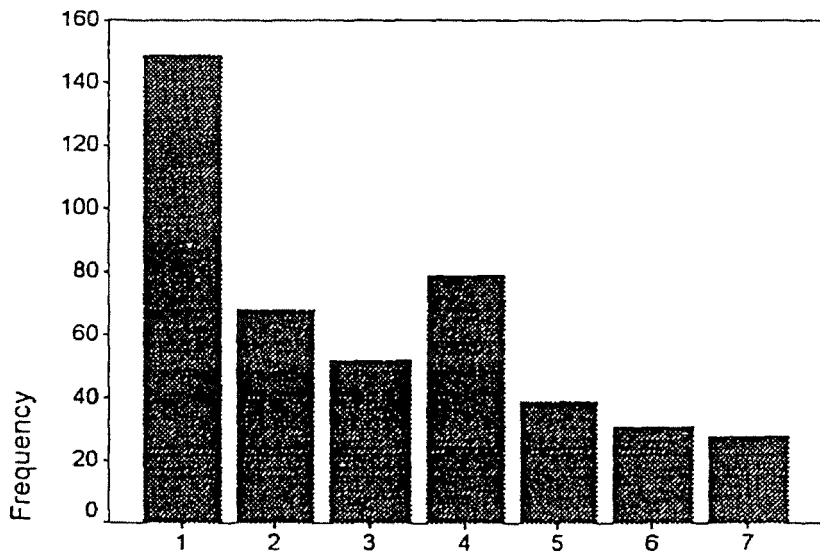
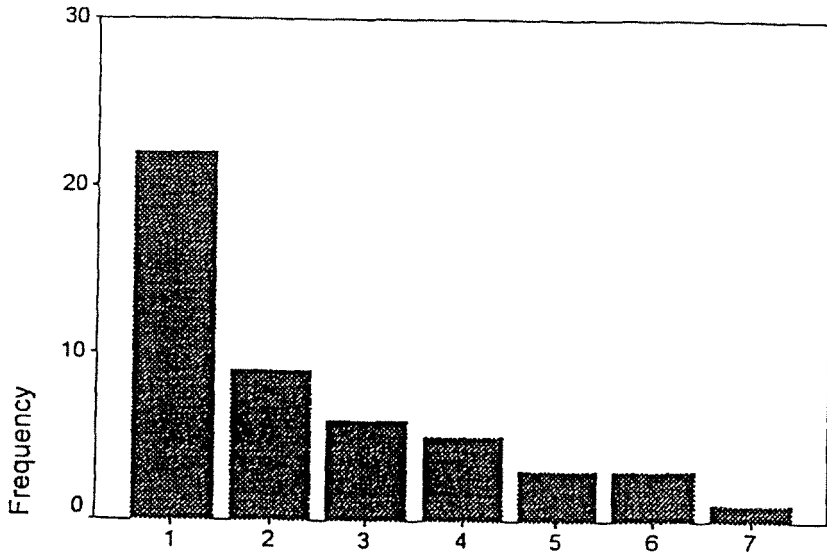


Figure 30. Distribution of Non-Clergy responses to item 59: [My attitude toward psychology and psychologists is] “very positive, regardless of the religion of the psychologist.” Respondents answered question according to the following Likert scale:

Disagree                      Agree  
1   2   3   4   5   6   7







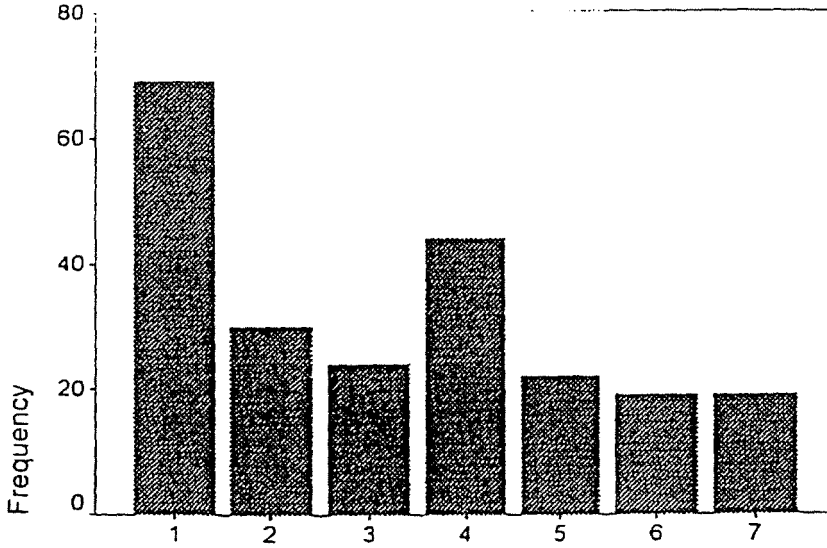
**Figure 33.** Distribution of Conservative Baptist responses to item 59: [My attitude toward psychology and psychologists is] “very positive, regardless of the religion of the psychologist.”

Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree







**Figure 35.** Distribution of ECNA responses to item 59: [My attitude toward psychology and psychologists is] “very positive, regardless of the religion of the psychologist.” Respondents answered question according to the following Likert scale:

Disagree                                                  Agree  
1    2    3    4    5    6    7

### Prior Mental Health Treatment

Research Question #2 asked: What has been the degree of past mental health service utilization within the Conservative Evangelical Community? Utilization of mental health services in the past was measured by a simple “yes/no” endorsement which was generated by responses to items 14-29 on the large congregant survey. Responses to these questions implied former use (and thus a positive response to this measure), while skipping such questions implied no use of that particular service (and a “no” response on this measure). Tables 6 & 8 summarize this item. A narrative review of that information is provided at this time. Forty-six percent of congregants responding indicated that they had some use of mental health service prior to taking the survey. A larger percentage (64%) of clergy reported prior use of mental health services; however, Clergy results are based on a small n of only 11.

Perceived Pastoral Influence

Research Question #3 asked: To what degree do Conservative Evangelical Christians believe their views toward mental health professionals have been influenced by their pastors? Survey items 46, 54, 60, 79 and 80 all addressed some aspect of this question. That data is presented in Tables 16 to 20 and their accompanying text, and is summarized on page 125.

Regarding item 46 (Table 18), Baptist members reported the lowest amount of clergy influence on their attitudes toward using counseling services in general, with a mean of 3.38. The ECNA respondents were second with a mean of 3.72, and Christian (Independent) respondents reported the highest mean of 4.33 on this question ( $F [2, 380]=4.69, p=.010$ ). Tukey's HSD test demonstrates that the Christian church respondents differed from Baptist and ECNA congregants ( $p=.039$  and  $p=.027$ , respectively). It should be noted that "4" was the mid-point on the Likert scale, and that none of the three denominations responding appeared to have a strong belief that clergy had greatly influenced their attitude toward counseling services in general. The mean for this question was nearly identical regardless of locale. Rural members tended to disagree with the statement slightly more than Urban, with a Rural mean of 3.85 and an Urban mean of 3.97 ( $t [381]= -.546, p=.586$ ). Clergy members felt the strongest influence by clergy (possibly peers, mentors, seminary instructors and personal clergy) of all the groups measured, with a mean of 4.50 ( $t [381]=.755, p=.451$ ). Clergy statistics are based on an N of only 8. Non-Clergy respondents had a mean of 3.91 on this question.

Figures 36-42 demonstrate interesting findings by the lack of discernible patterns within the responses. For example, Figures 37, 38, 39, 41, and 42 all show elevations on the 1, 4, and 7

Likert responses, with the numbers 2, 3, 5, and 6 endorsed to a lesser degree. A pattern was only noted with the Clergy respondents, who displayed a binodal response with elevations in the 5 and 6 scales with 2 endorsements per item.

Table 18

Clergy influence on seeking counseling services

Question 46: Clergy has greatly influenced my attitude regarding my use of counseling services in general. Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	3.38	2.06	1/7	6	39
Christian	4.33	2.23	1/7	6	148
ECNA	3.72	2.12	1/7	6	196

One-Way ANOVA  $F(2, 380)=4.69, p=.010^{**}$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	3.85	2.20	1/7	6	142
Urban	3.97	2.17	1/7	6	241

t-test for independent samples  $t(381)=-.546, p=.586$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	4.50	2.07	1/7	6	8
Non-Clergy	3.91	2.18	1/7	6	375

t-test for independent samples  $t(381)=.755, p=.451$

\*\*Significant at .01 level

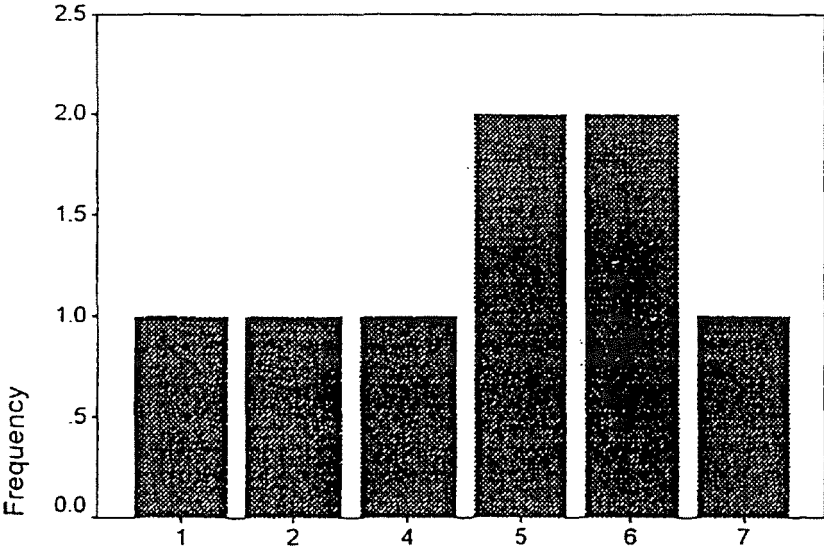


Figure 36. Distribution of Clergy responses to item 46: "Clergy has greatly influenced my attitude regarding my use of counseling services in general." Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7

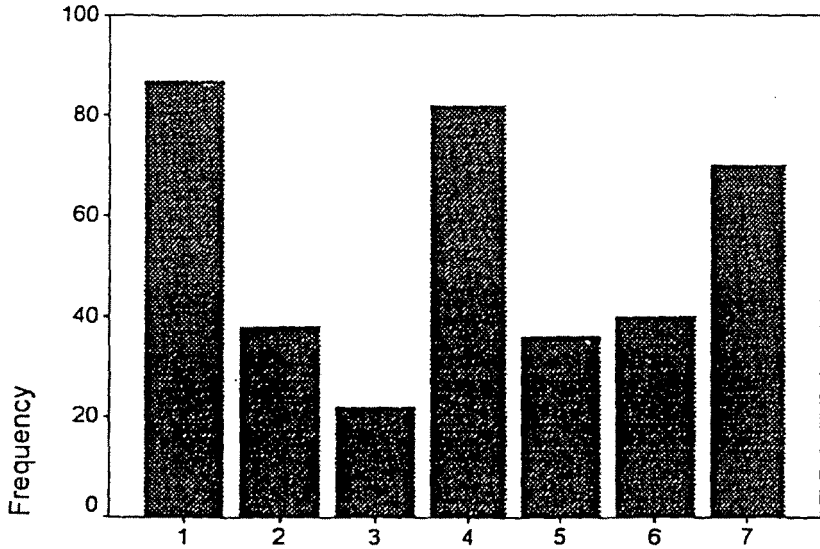
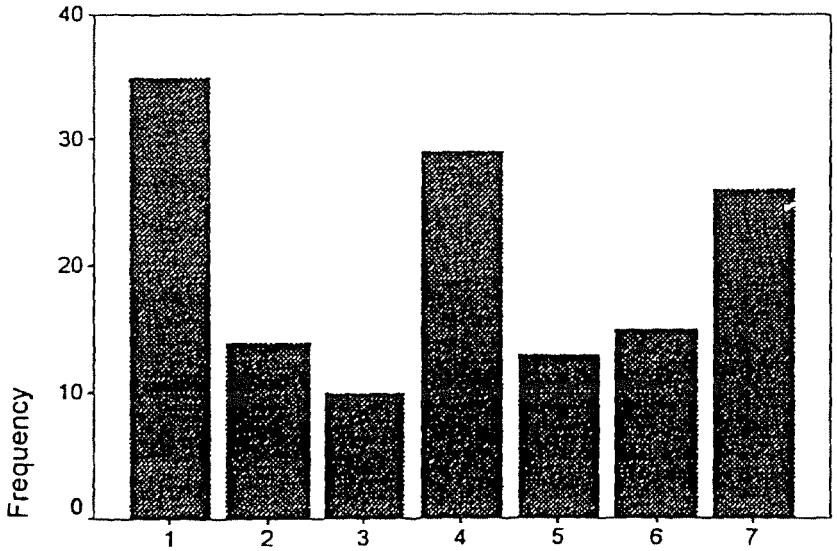


Figure 37. Distribution of Non-Clergy responses to item 46: "Clergy has greatly influenced my attitude regarding my use of counseling services in general." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

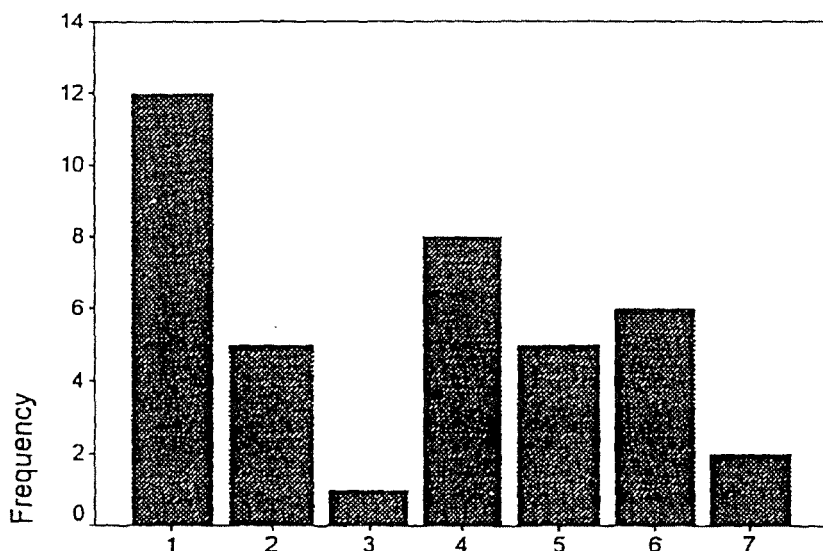


**Figure 38.** Distribution of Rural responses to item 46: "Clergy has greatly influenced my attitude regarding my use of counseling services in general." Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

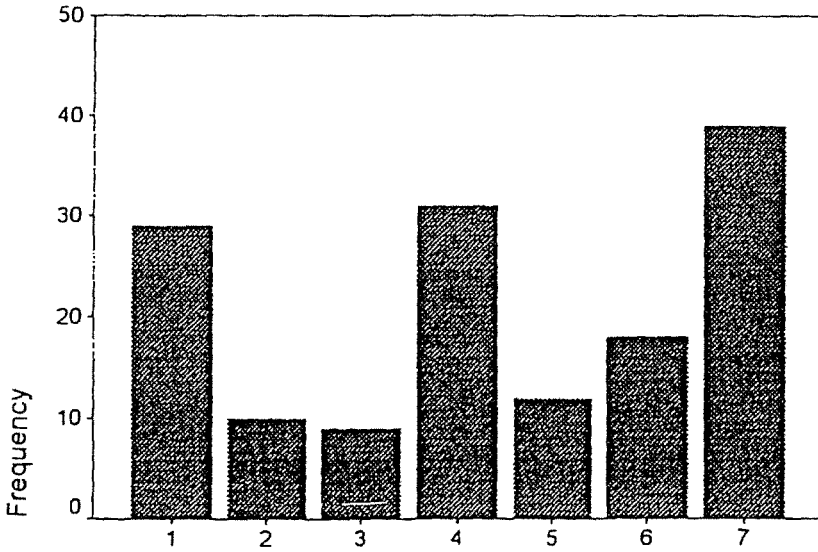






**Figure 40.** Distribution of Conservative Baptist responses to item 46: “Clergy has greatly influenced my attitude regarding my use of counseling services in general.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7



**Figure 41.** Distribution of Christian Independent responses to item 46: "Clergy has greatly influenced my attitude regarding my use of counseling services in general." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



Item 54 (Table 19) asked about how pastoral encouragement to seek mental health services might affect the congregant's decision to utilize such services. Baptist members were seen as the *least* likely to be influenced by pastoral encouragement to seek professional mental health services. The mean for Baptist respondents was 4.63, followed by ECNA with a mean of 4.80. Christian (Independent) respondents indicated the greatest likelihood of being influenced by encouragement from their pastor with a mean of 4.91 ( $F [2, 436]=.388, p=.679$ ). On a 7-point Likert scale this would indicate slight agreement with the statement. There was a minor difference between Urban and Rural respondents to this question, with means of 4.85 and 4.79, respectively, which was not significant ( $t [437]= -.330, p=.741$ ). The Clergy group was most likely to be influenced by their pastor encouraging them to seek a professional counselor, with a mean of 5.00 ( $N=10$ ), compared to the Non-Clergy mean of 4.83 ( $t [437]=.269, p=.788$ ). As demonstrated by the means of all groups, there was only a slight agreement with the suggestion that pastoral encouragement would affect the decision to seek services of professional mental health workers. Figures 43-49 illustrate that all groups had a modal response of either 6 or 7. Of some interest was a crude "U-shaped curve" evident from minimal responses to the mid-range items (3-5) with elevations in the 1 scale as depicted in Figures 44, 45, 46, 48, and 49.

Table 19

Pastoral encouragement to seek services

Question 54: Encouragement by my pastor to seek the services of professionals in the mental health field would affect my decision to utilize such services.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	4.63	2.07	1/7	6	46
Christian	4.91	2.01	1/7	6	174
ECNA	4.80	2.05	1/7	6	219

One-Way ANOVA  $F(2, 436) = .388, p = .679$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	4.79	2.01	1/7	6	165
Urban	4.85	2.05	1/7	6	274

t-test for independent samples  $t(437) = -.330, p = .741$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	5.00	1.70	1/6	5	10
Non-Clergy	4.83	2.04	1/7	6	429

t-test for independent samples  $t(437) = .269, p = .788$



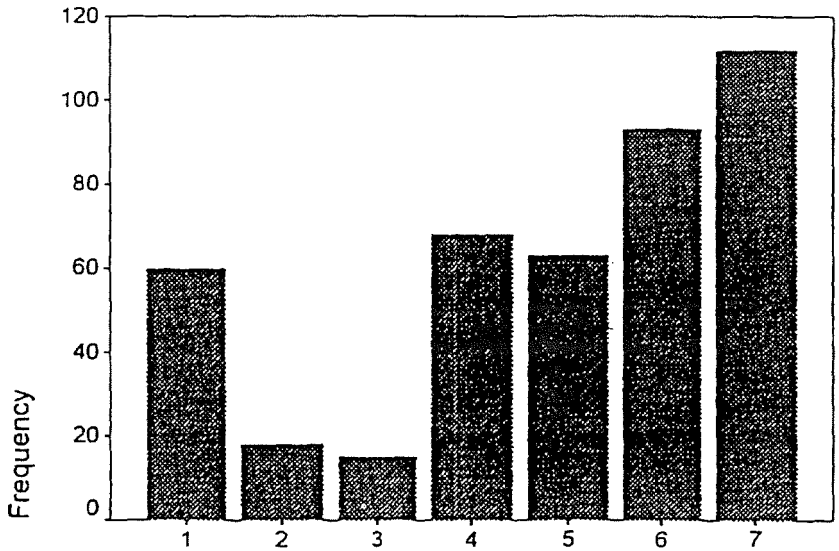


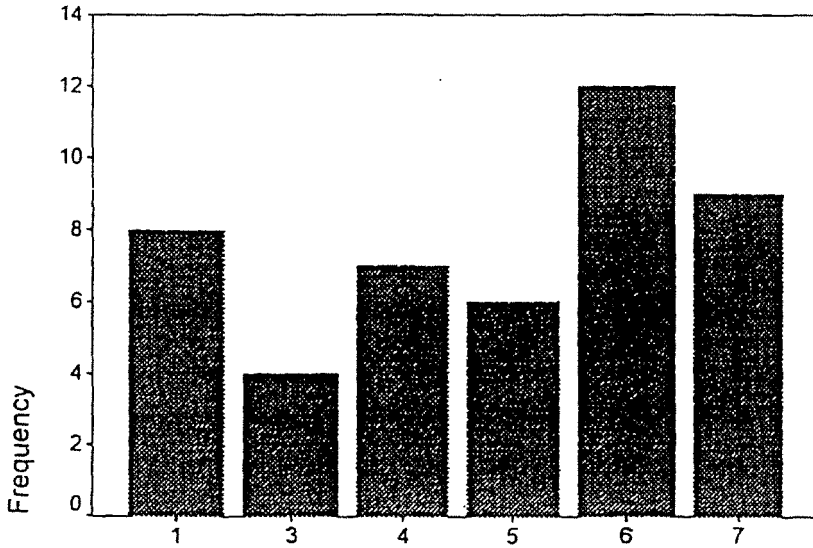
Figure 44. Distribution of Non-Clergy responses to item 54: "Encouragement by my pastor to seek the services of professionals in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree                                                  Agree  
 1    2    3    4    5    6    7









**Figure 47.** Distribution of Conservative Baptist responses to item 54: "Encouragement by my pastor to seek the services of professionals in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7



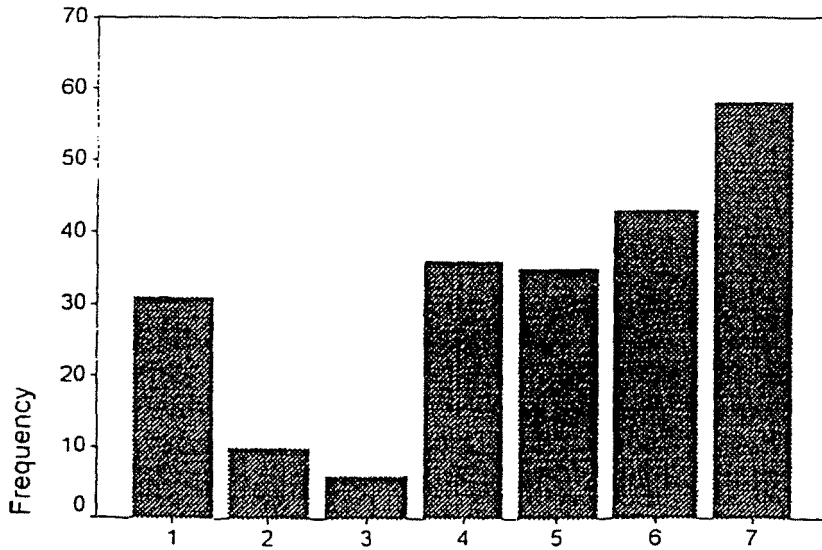


Figure 49. Distribution of ECNA responses to item 54: "Encouragement by my pastor to seek the services of professionals in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7

Item 60 (Table 20) was a variant of item 46, which asked about clergy influence on attitudes toward counseling services in general. Item 60 focused on clergy influence on attitudes toward “the specific field of psychology”. Respondents felt that clergy influence on attitudes toward psychology were less than they were toward counseling services in general. Baptist respondents disagreed with the statement the most, followed by ECNA and Christian (Independent) with means of 3.15, 3.41, and 3.71, respectively ( $F(2, 433)=1.836, p=.161$ ). Location made little difference in the responses, with Urban surveys generating a 3.47 mean and Rural respondents attaining a mean of 3.56 ( $t(434)=.447, p=.655$ ). Clergy tended to slightly agree with the statement with a mean of 4.20 ( $N=10$ ) while Non-Clergy respondents (mean=3.48) slightly disagreed ( $t(434)=1.118, p=.264$ ). Figures 50-56 depict a modal response of 1 on five of the seven respondent categories, although a 4 was the modal response for Christian Independent and was also commonly the second-most-frequent response across all categories.

Table 20

Clergy influence on field of psychology

Question 60: Regarding the specific field of psychology, clergy has greatly influenced my attitude.  
 Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	3.15	1.78	1/7	6	46
Christian	3.71	2.02	1/7	6	171
ECNA	3.41	2.03	1/7	6	219

One-Way ANOVA  $F(2, 433)=1.836, p=.161$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	3.56	2.02	1/7	6	158
Urban	3.47	2.00	1/7	6	278

t-test for independent samples  $t(434)=.447, p=.655$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	4.20	1.75	2/7	5	10
Non-Clergy	3.48	2.01	1/7	6	426

t-test for independent samples  $t(434)=1.118, p=.264$

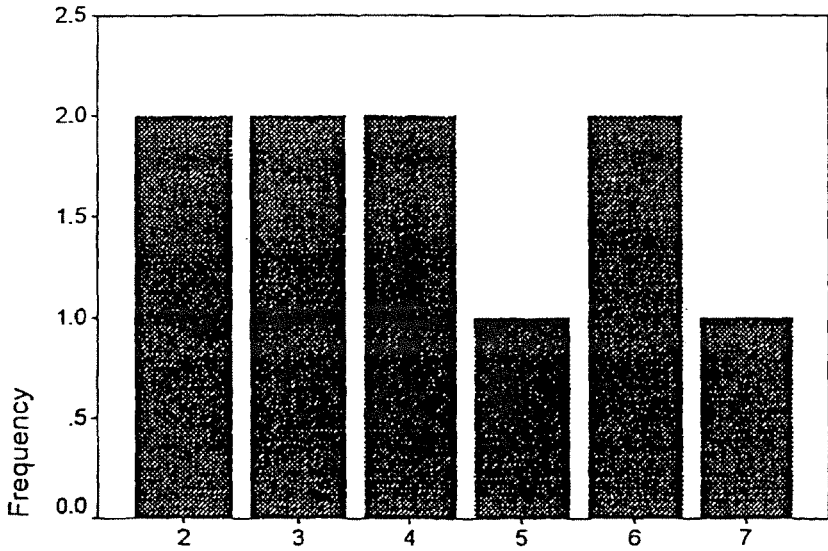
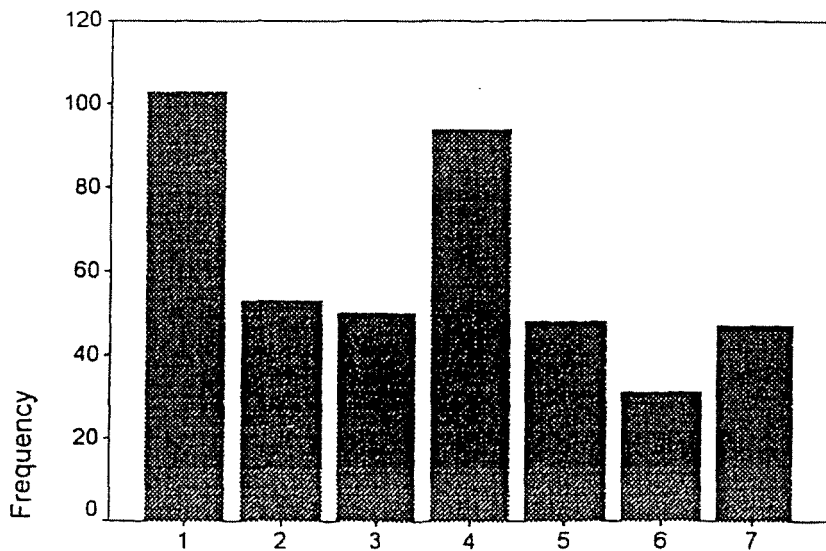


Figure 50. Distribution of Clergy responses to item 60: “Regarding the specific field of psychology, clergy has greatly influenced my attitude.” Respondents answered question according to the following Likert scale:

Disagree                                  Agree  
 1    2    3    4    5    6    7





**Figure 51.** Distribution of Non-Clergy responses to item 60: “Regarding the specific field of psychology, clergy has greatly influenced my attitude.” Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7





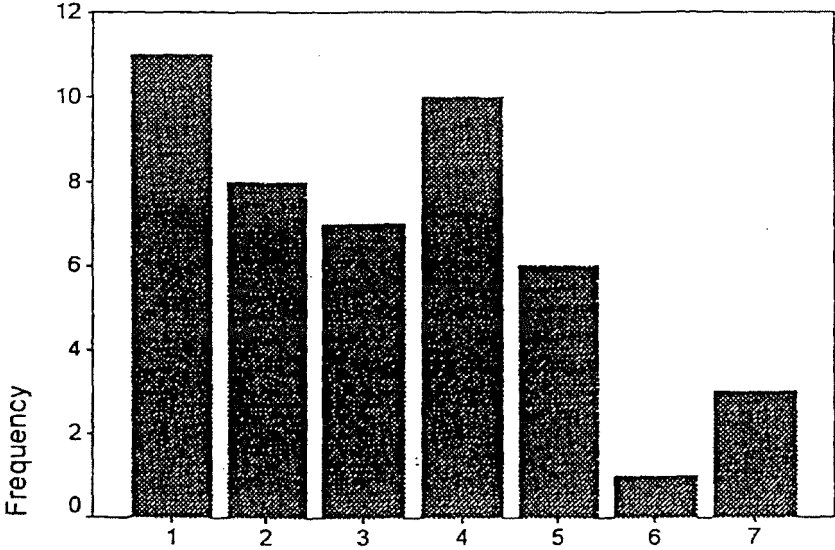


Figure 54. Distribution of Conservative Baptist responses to item 60: “Regarding the specific field of psychology, clergy has greatly influenced my attitude.” Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7



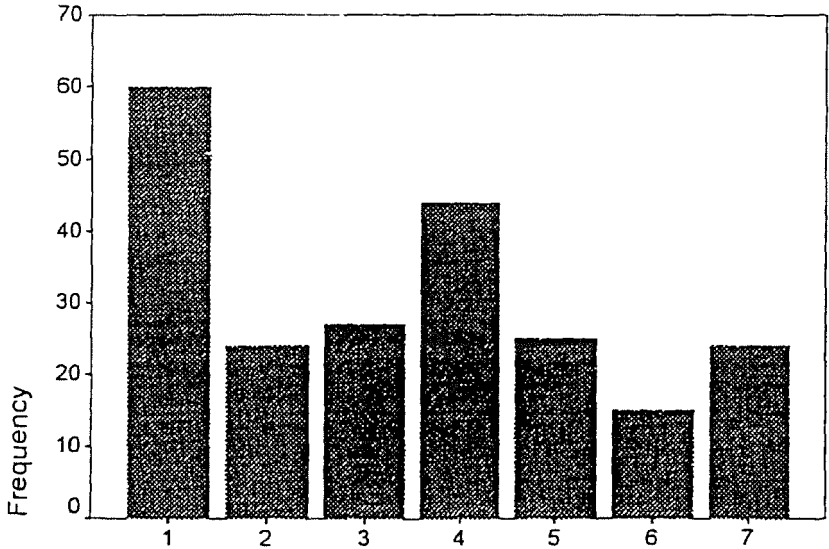


Figure 56. Distribution of ECNA responses to item 60: “Regarding the specific field of psychology, clergy has greatly influenced my attitude.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

Item 79 (Table 21) asked if a direct pastoral recommendation to seek services of a specific mental health professional would affect the respondent's decision to utilize such service, and the responses indicated general agreement among all participants. Means ranged from 5.11 to 6.00. The denomination agreeing most with this statement was Christian (Independent), with a mean of 5.35. Baptist respondents were the next highest in agreement (5.33) and ECNA respondents had a mean of 5.11 ( $F [2, 456]=1.003, p=.368$ ). Rural respondents attained a mean of 5.33, slightly more than the Urban population which had a mean of 5.18 ( $t [457]=.868, p=.386$ ). Clergy achieved the highest mean of the groups with a 6.00, while the Non-Clergy mean was a slightly-lower 5.21 ( $t [457]=1.435, p=.152$ ). Figures 57-63 show a trend toward increasing endorsements beginning at the median Likert scale response of 4 and shifting to an endorsement mode of 7 on six of the seven respondent categories (the exception was Baptist which had a mode of 6). Respondent categories often showed an elevation on the 1 scale in comparison to numbers 2 and 3 (see Figures 58, 59, 60, 62, and 63).

Table 21

Pastoral recommendation to seek mental health services

Question 79: A direct recommendation by my pastor to seek the services of a specific profession in the mental health field would affect my decision to utilize such services.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	5.33	1.58	1/7	6	48
Christian	5.35	1.80	1/7	6	187
ECNA	5.11	1.83	1/7	6	224

One-Way ANOVA  $F(2, 456)=1.003, p=.368$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	5.33	1.72	1/7	6	167
Urban	5.18	1.84	1/7	6	292

t-test for independent samples  $t(457)=.868, p=.386$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	6.00	1.26	3/7	4	11
Non-Clergy	5.21	1.80	1/7	6	448

t-test for independent samples  $t(457)=1.435, p=.152$



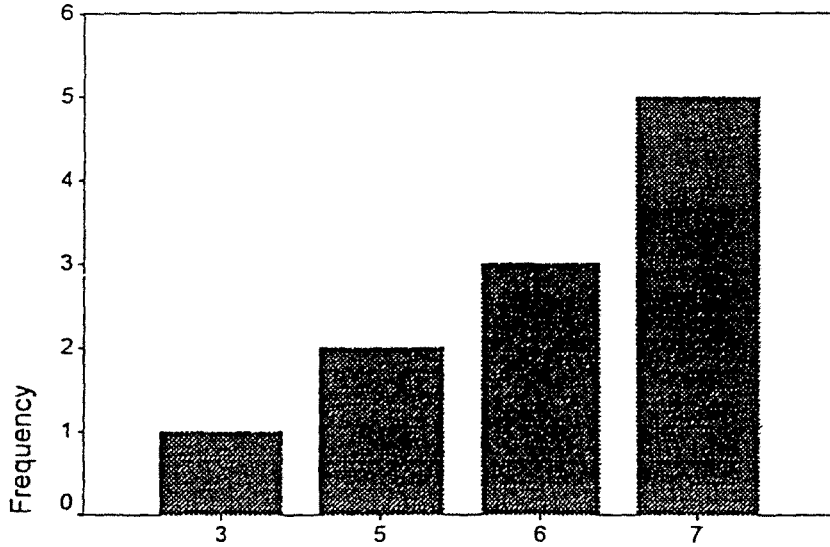


Figure 57. Distribution of Clergy responses to item 79: "A direct recommendation by my pastor to *seek* the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

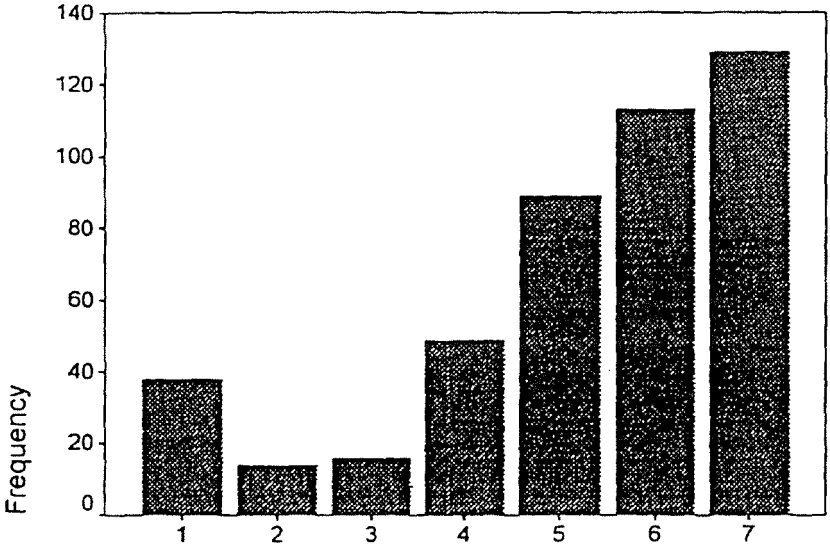
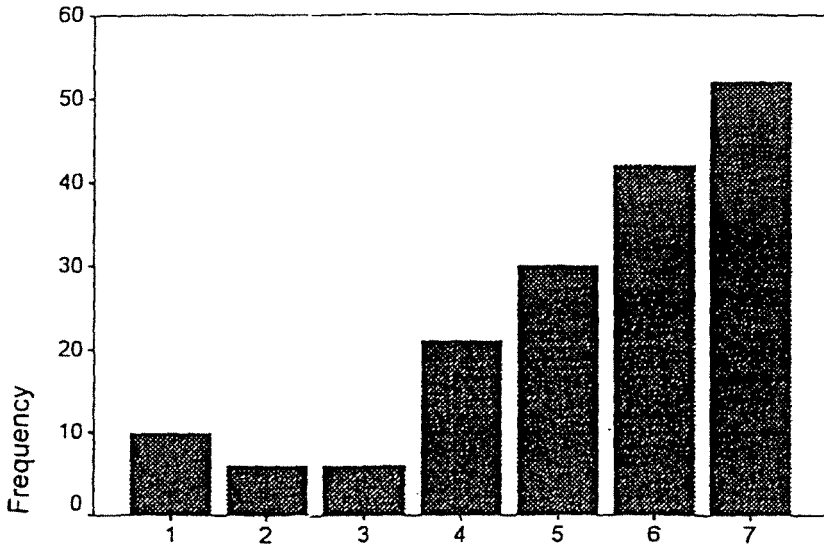


Figure 58. Distribution of Non-Clergy responses to item 79: "A direct recommendation by my pastor to *seek* the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale

Disagree 1 2 3 4 5 6 7 Agree

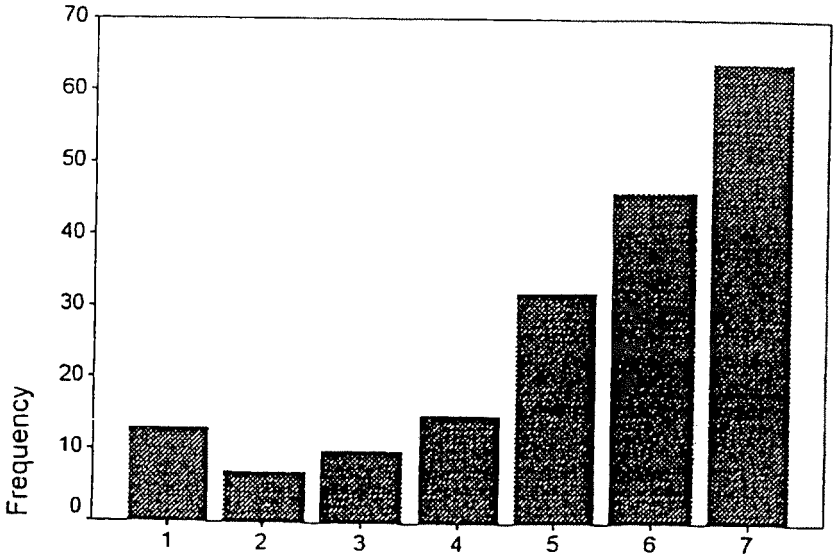


**Figure 59.** Distribution of Rural responses to item 79: “A direct recommendation by my pastor to seek the services of a specific profession in the mental health field would affect my decision to utilize such services.” Respondents answered question according to the following Likert scale:

Disagree                      Agree  
 1   2   3   4   5   6   7







**Figure 62.** Distribution of Christian Independent responses to item 79: “A direct recommendation by my pastor to *seek* the services of a specific profession in the mental health field would affect my decision to utilize such services.” Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7

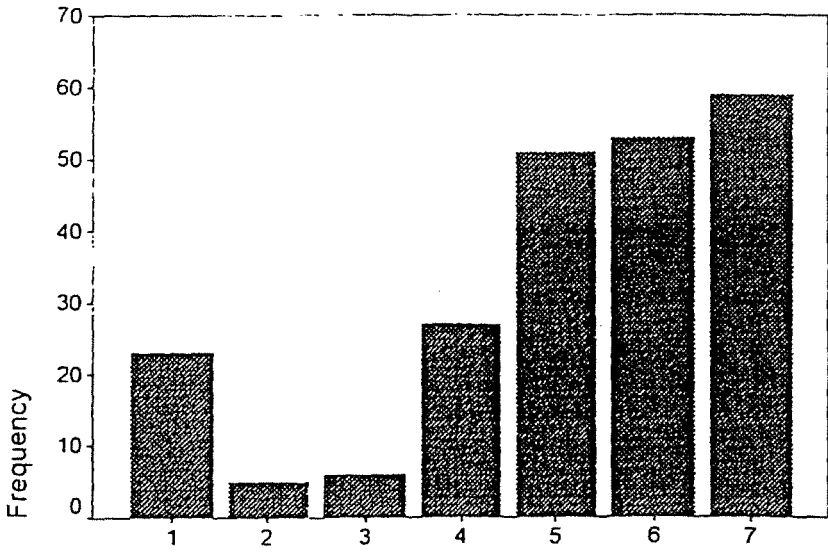


Figure 63. Distribution of ECNA responses to item 79: "A direct recommendation by my pastor to seek the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

As a whole, respondents tended to agree less with item 80 (Table 22) than with item 79, which is a companion question essentially asking a different perspective about pastoral influence (recommendation to seek services in item 79 vs. recommendation to avoid services, which was queried in this question). With means ranging from 4.46 to 5.04, respondents agreed with the statement, but to a lesser degree than question 79. By Denomination, Christian (Independent) responses held the highest agreement with the statement with a mean of 5.04, followed by Baptist (4.83) and ECNA (4.46) ( $F [2, 445]=4.188, p=.016$ ). The Tukey HSD test indicated a significant difference between Christian (Independent) and ECNA churches ( $p=.011$ ). Rural respondents were more agreeable with the statement (mean=4.97) than Urban respondents (mean=4.60) ( $t [446]=1.899, p=.058$ ). Clergy and Non-Clergy respondents were nearly equal with means of 4.80 and 4.73, respectively ( $t [446]=1.04, p=.917$ ). Figures 64-70 illustrate that, although the modal response is 7 for all respondent categories, there is a wide range of endorsements for this item. Of specific interest is the ECNA response (Figure 70) which showed nearly as many endorsements for numbers 1, 4, and 5 (37, 39, and 32, respectively) as for item 7 which had 46 endorsements).



Table 22

Pastoral recommendation to avoid mental health services

Question 80: A direct recommendation by my pastor to avoid the services of a specific profession in the mental health field would affect my decision to utilize such services.

Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	4.83	2.00	1/7	6	47
Christian	5.04	1.90	1/7	6	181
ECNA	4.46	2.07	1/7	6	220

One-Way ANOVA  $F(2, 445)=4.188, p=.016^*$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	4.97	1.87	1/7	6	165
Urban	4.60	2.08	1/7	6	283

t-test for independent samples  $t(446)=1.899, p=.058$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	4.80	2.04	1/7	6	10
Non-Clergy	4.73	2.01	1/7	6	438

t-test for independent samples  $t(446)=1.04, p=.917$

\*Significant at .05 level

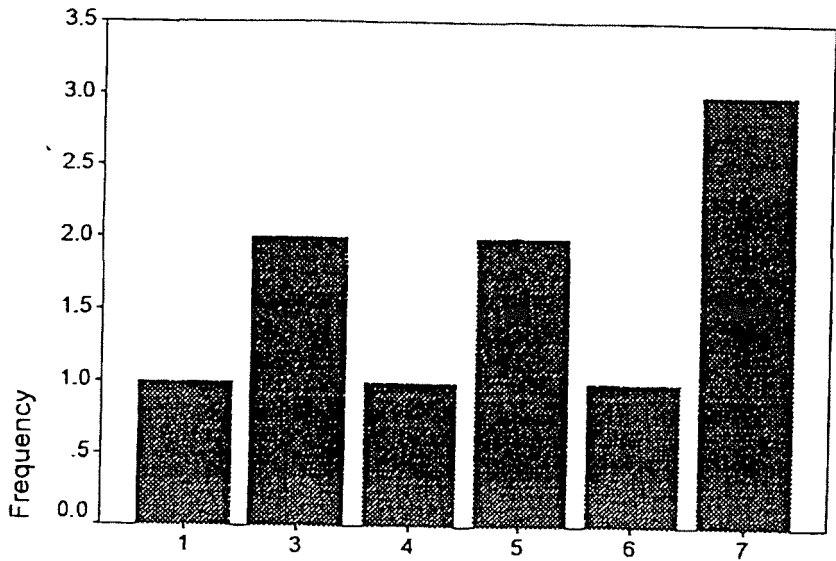
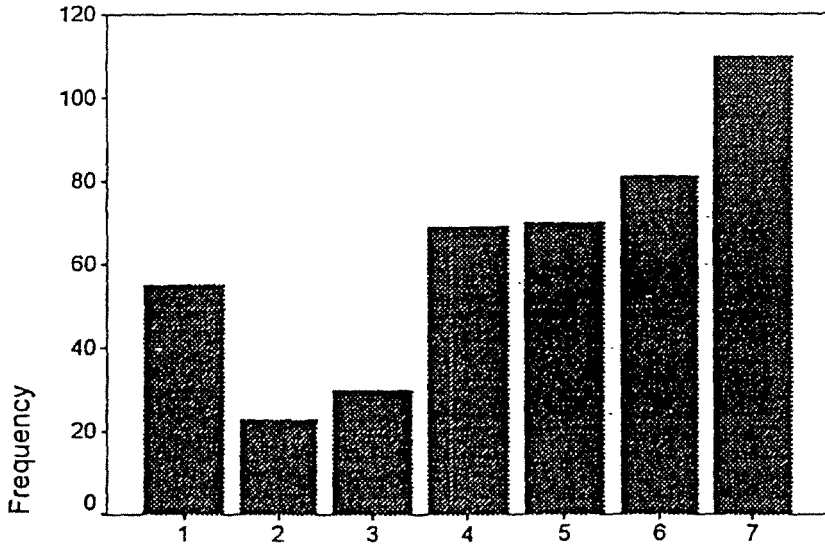


Figure 64. Distribution of Clergy responses to item 80: “A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



**Figure 65.** Distribution of Non-Clergy responses to item 80: "A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree

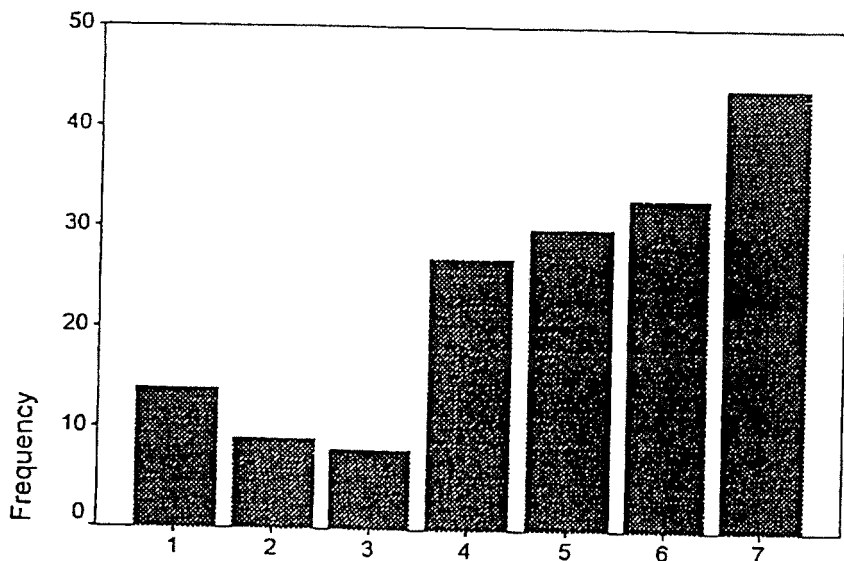


Figure 66. Distribution of Rural responses to item 80: “A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services.” Respondents answered question according to the following Likert scale:

Disagree  
1 2 3 4 5 6 7  
Agree

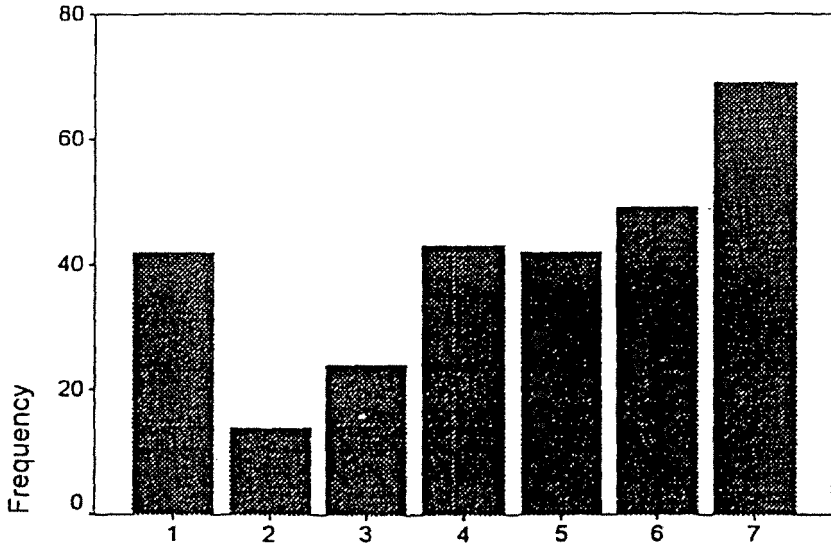
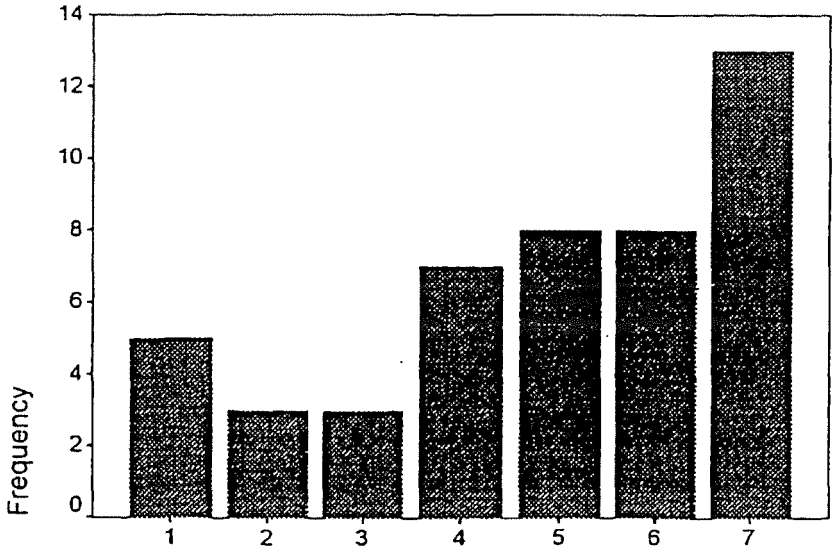


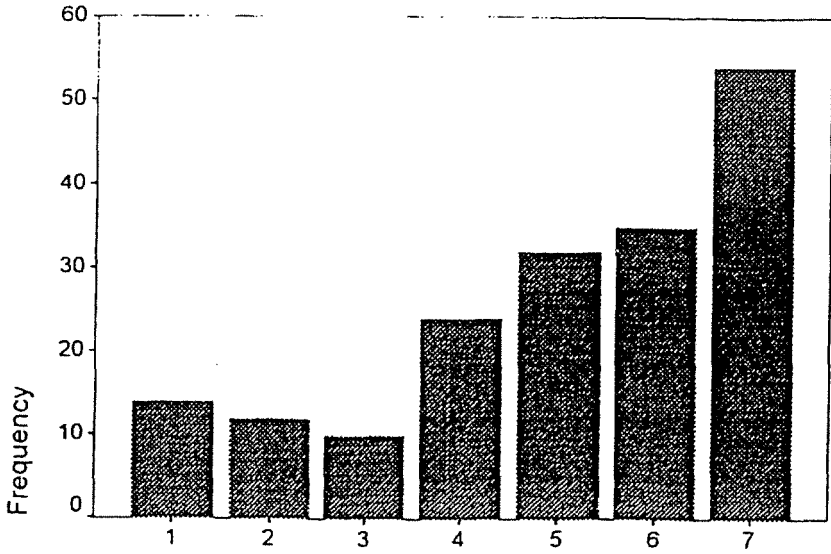
Figure 67. Distribution of Urban responses to item 80: "A direct recommendation by my pastor to avoid the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



**Figure 68.** Distribution of Conservative Baptist responses to item 80: “A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



**Figure 69.** Distribution of Christian Independent responses to item 80: "A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services." Respondents answered question according to the following Likert scale:

Disagree Agree  
 1 2 3 4 5 6 7





Factors Shaping Current Attitudes toward Psychology

Research Question #4 asked: What factors have served to influence or shape present Conservative Evangelical Christian's attitudes toward the field of psychology? Item 62 (Tables 23 and 24) provided answers for respondents to choose from, in contrast to item 81, which asked a similar question but in a "free-form" format that required the respondent to generate his or her own answer. Results of item 62 (which provided choices) showed that all three denominations endorsed the area of "Family and Friends" as the biggest influence on their attitude toward psychology. Approximately half of the respondents ranked this category as one of their three biggest influences regarding attitude toward psychology. The second most-endorsed item tended to be "Personal Experience", but this was very close to the third most-endorsed item of "Books". Baptist respondents chose "Books" as their second most-endorsed item with 24 endorsements compared to 23 for "Personal Experience". Urban respondents (N=333) selected "Family and Friends" first (150 responses), followed by "Personal Experience" (129) and "Professionals I Know" (108), which was followed closely by "Books" (106). Rural (N=180) respondents ranked "Family and Friends" first (99), "Books" second (74) and "Personal Experience" third (70). The main difference in the locale of the groups was the ranking of "Professionals I Know" with Urban respondents ranking it third with 32% endorsing that item, and Rural respondents ranking the same item sixth with a 21% endorsement. The Clergy group was most influenced by books (55%), followed by "Professionals I Know" (45%) and three categories "Personal Experience", "Family and Friends", and "Christian School" tied for third place with 4 endorsements (36%).

Non-Clergy clearly chose “Family and Friends” first with nearly half (49%) endorsing that item, followed by “Personal Experience” (39%) and “Books” (35%).

Table 23

Influences on attitude toward psychology (by Denomination)

Question 62: The three biggest influences on me, regarding psychology and my attitudes toward it, have been from...

Item	<u>DENOMINATION</u>			Total Endorsements
	Baptist (n=50)	Christian (n=208)	ECNA (n=255)	
Radio	26	19	25	117
Personal Experience	46	38	38	199
Books	48	34	33	180
Christian Television	4	7	6	32
Family and Friends	64	47	47	249
Professionals I know	18	31	28	145
Pastoral Messages	18	29	27	139
Sunday School	6	9	13	56
Christian School	2	7	5	28
Secular School	26	13	17	83
Other	18	13	7	53

Note. Numbers above reflect percentages of n (e.g. 64% of Baptist respondents listed “Family and Friends” as one of their three biggest influences regarding attitude toward psychology.)

Table 24

Influences on attitude toward psychology (by Locale and Status)

Question 62: The three biggest influences on me, regarding psychology and my attitudes toward it, have been from...

Item	<u>LOCALE</u>		<u>STATUS</u>	
	Rural (n=180)	Urban (n=333)	Clergy (n=11)	Non-Clergy (n=502)
Radio	23	23	27	23
Personal Experience	39	39	36	39
Books	41	32	55	35
Christian Television	6	6	0	6
Family and Friends	55	45	36	49
Professionals I know	21	32	45	28
Pastoral Messages	30	26	0	28
Sunday School	10	11	0	11
Christian School	4	6	36	5
Secular School	19	14	27	16
Other	11	10	18	10

Note. Numbers above reflect percentages of n (e.g. 36% of Clergy respondents listed "Christian School" as one of their three biggest influences regarding attitude toward psychology.)

Item 78 (Table 25) asked respondents if religious teaching had discouraged their seeking of professional mental health services. Respondents tended to disagree consistently with this question, with means for all categories ranging between 2.30 and 2.98. Christian (Independent) members were most prone to disagree, with a mean of 2.30, followed by an ECNA mean of 2.66 and a Baptist mean of 2.98 ( $F [2, 461]=3.669, p=.026$ ). A Tukey HSD showed significant difference between Baptist and Christian (Independent) respondents ( $p=.048$ ). Little difference was noted for locale, as Rural and Urban respondents had respective means of 2.51 and 2.56 ( $t [462]=.252, p=.801$ ). Non-Clergy members disagreed with the question slightly more (mean=2.54) than the Clergy population, which had a mean of 2.73 ( $t [462]=.343, p=.732$ ). Figures 71-77 summarize, by bar chart, responses to item 78. There was clear disagreement with this item, and a modal response of 1 for each respondent category. The general trend was that responses tended to decrease as the Likert scale numbers approached the "agree" end of the continuum, but Baptist respondents had nearly as many responses on the 4 scale (12 endorsements) as they had on the 1 scale (15 endorsements).

Table 25

Discouragement from religious teaching

Question 78: Religious teaching I have received from the pulpit, Sunday School, peers, radio and television has sometimes discouraged me from seeking professional mental health services.  
 Disagree 1 2 3 4 5 6 7 Agree

<u>Denomination</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Baptist	2.98	1.79	1/7	6	48
Christian	2.30	1.67	1/7	6	189
ECNA	2.66	1.88	1/7	6	227

One-Way ANOVA  $F(2, 461)=3.669, p=.026^*$

<u>Locale</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Rural	2.51	1.77	1/7	6	167
Urban	2.56	1.82	1/7	6	297

t-test for independent samples  $t(462)=-.252, p=.801$

<u>Status</u>	<u>Mean</u>	<u>SD</u>	<u>Low/High</u>	<u>Range</u>	<u>n</u>
Clergy	2.73	1.90	1/6	5	11
Non-Clergy	2.54	1.80	1/7	6	453

t-test for independent samples  $t(462)=-.343, p=.732$

\*Significant at .05 level



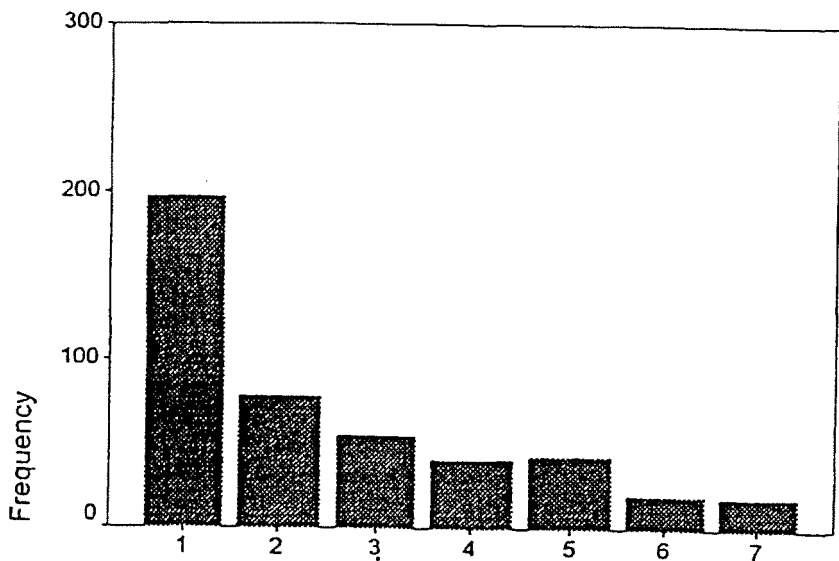


Figure 72. Distribution of Non-Clergy responses to item 78: "Religious teaching I have received from the pulpit, Sunday School, peers, radio, and television has sometimes discouraged me from seeking professional mental health services." Respondents answered question according to the following Likert scale:

Disagree Agree  
1 2 3 4 5 6 7





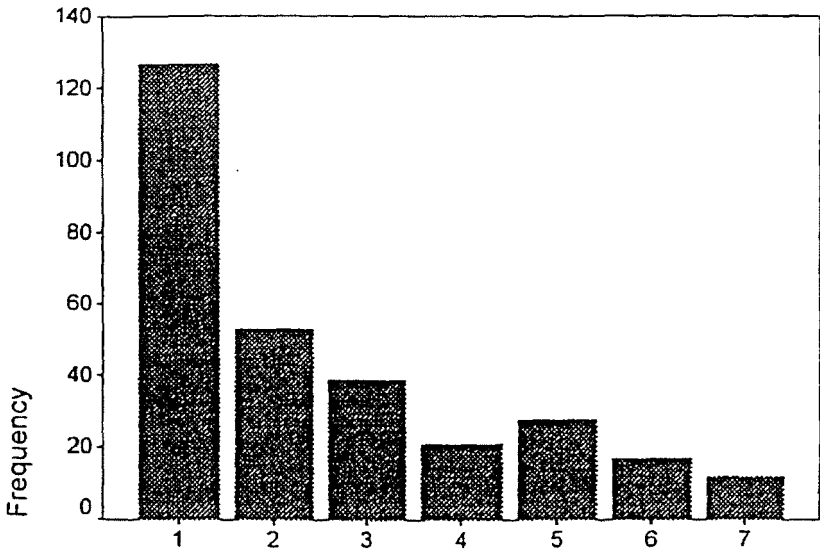
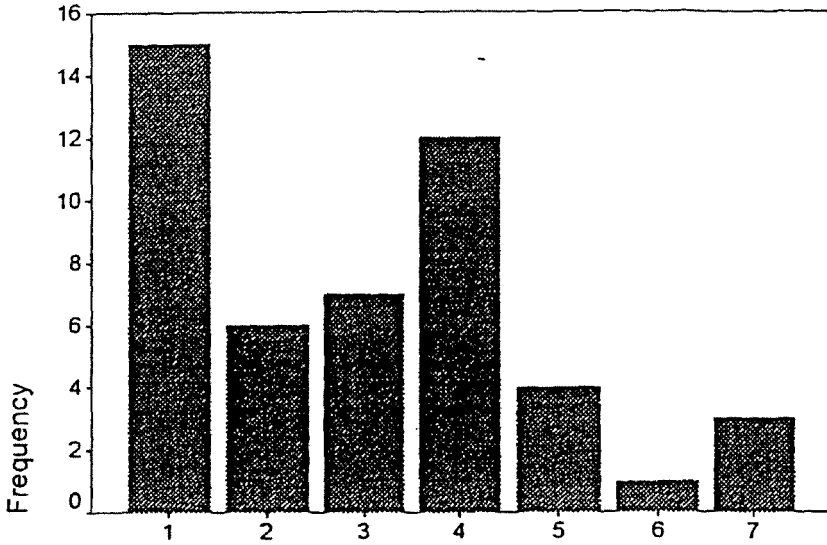


Figure 74. Distribution of Urban responses to item 78: “Religious teaching I have received from the pulpit, Sunday School, peers, radio, and television has sometimes discouraged me from seeking professional mental health services.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree



**Figure 75.** Distribution of Conservative Baptist responses to item 78: “Religious teaching I have received from the pulpit, Sunday School, peers, radio, and television has sometimes discouraged me from seeking professional mental health services.” Respondents answered question according to the following Likert scale:

Disagree 1 2 3 4 5 6 7 Agree





Item 81 (Tables 26 and 27) is the “free-form” counterpart to question 62, and allowed respondents to list factors in an unstructured format. Denominations were inconsistent in their leading responses as Baptists chose “Family and Friends” (13 responses, representing 10% of the Baptist respondents) as the most influential factor, and Christian (Independent) named “Personal Experience” as the most influential factor (44 responses, 21%). ECNA respondents named “Celebrity Counselors” (e.g. Dobson, Crabb, Collins, Stanley, Kennedy, Swindoll) as the biggest factor in the influence of their attitude about professional psychology, with 51 responses (20%). Second choices were also inconsistent among denominations, with Baptists naming “College” or “Books” (both with 18%), Christian (Independent) naming the “Christian Community” (e.g. pastors, Christian peers, Sunday School classes) with 14% of endorsements, and ECNA naming “Personal Experience” with 19% of endorsements. When the responses are totaled irrespective of denomination (Table 26) the results were “Personal Experience” (98 endorsements), “Celebrity Counselor” (94), and “Experience of Other’s” (64), followed closely by “Family and Friends” (63). Rural and Urban respondents were likewise inconsistent in selection of factors. Urban respondents chose “Personal Experience” (68 endorsements, 20%) as their first choice, while Rural respondents ranked this second with 30 endorsements (17%) and selected “Celebrity Counselor” as their primary influence (38 endorsements for 21%). “Celebrity Counselor” was the second choice of the Urban respondents (56 endorsements for 17%), who had a third choice of “Experience of Others” (40, 12%), while the third choice of Rural respondents was an endorsement of 28 (16%) each for “Family and Friends”, and for “College”. Non-Clergy

respondents listed factors in the order of “Personal Experience” (97, 19%), “Celebrity Counselor” (90, 18%), and “Experience of Others” (64, 13%), while Clergy respondents heavily favored “College” (8, 73%) as an influence, followed by “Celebrity Counselor” and “Books”, which were both endorsed 4 times (36%).

Table 26

Influencing Factors (by Denomination)

Question 81: What factors have most influenced your present attitudes about the field of professional psychology as a treatment option for you, your family, or your Christian friends?

Item	<u>DENOMINATION</u>			
	Baptist (n=63)	Christian (n=188)	ECNA (n=248)	Total Endorsements
Personal Experience	10	21	19	98
Others' Experience	14	9	15	64
Celebrity Counselor	14	17	20	94
Bible	6	1	2	9
Christian Community	10	14	8	54
Family and Friends	26	12	10	63
College	18	8	12	57
Observed need of others	0	.4	.4	2
Books	18	5	10	46
Other	10	2	.8	12

Note. Numbers above reflect percentages of n (e.g. 12% of ECNA respondents listed "College" as one of the most-influential factors regarding attitude toward psychology as a treatment option.)



Table 27

Influencing Factors (by Locale and Status)

Question 81: What factors have most influenced your present attitudes about the field of professional psychology as a treatment option for you, your family, or your Christian friends?

Item	<u>LOCALE</u>		<u>STATUS</u>	
	Rural (n=207)	Urban (n=292)	Clergy (n=21)	Non-Clergy (n=478)
Personal Experience	17	20	9	19
Others' Experience	13	12	0	13
Celebrity Counselor	21	17	36	18
Bible	3	1	0	2
Christian Community	12	10	9	11
Family and Friends	16	11	18	12
College	16	9	73	10
Observed needs of others	6	3	0	4
Books	12	7	36	8
Other	5	1	9	2

Note. Numbers above reflect percentages of n (e.g. % of Urban respondents listed "Books" as one of the most-influential factors regarding attitude toward psychology as a treatment option.)

### Urban and Rural Attitudes

Research Question #5 asked: What significant differences might be found between rural and urban churches regarding attitude toward mental health service delivery? Very few differences were found in the survey results when rural and urban churches were compared. Consistently, the means between the groups on responses were quite similar, with one significant difference found on item 59 which queried for attitude toward psychologists “regardless of the religion of the psychologist” A t-test for independent samples showed a significant difference ( $t [454] = -2.342, p = .020$ ) between Rural and Urban groups on this item, as Urban respondents tended to agree more with the statement than their Rural counterparts (mean=2.70 Rural, mean=3.13 Urban). Other differences between groups were noted on items 62 and 81. Item 62, which asked about influences on the respondent regarding the field of psychology, showed some differences in the percentages of respondents. For example, urban respondents were more influenced by “Professionals I know” (32% urban, 21% rural), while rural respondents were more influenced than urban congregants in both books (41% rural, 32% urban) and family (55% rural, 45% urban). Another finding (item 81) was that college experiences were reported to have influenced rural congregants more than urban respondents (16% rural, 9% urban). The general finding, however, was that rural and urban respondents provided quite similar information on their surveys, and a consistency in this finding was noted throughout the survey.

### Suggestions for Professional Counselors

Research Question #6 asked respondents: What actions or steps might a professional counselor take in order to help facilitate a comfortable counseling relationship with a

Conservative Evangelical Christian patient or client? A key question regarding counseling Conservative Evangelical Christians relates to the ways clinicians can facilitate a counseling relationship with this population. In view of the history of discord between the field of psychology and some Conservative Evangelical Christians, as noted in Chapter 1, the establishment of rapport and trust seems essential in successful work with this segment of society. Question 82 (Tables 28 and 29) provided respondents a free-form opportunity to voice concerns and suggestions in response to this issue.

On this item, the response of "Compassion" was noteworthy in that it was selected first by both Christian (Independent) respondents who endorsed this item 39 times (23% of responses), and ECNA respondents with 61 endorsements (27% of responses). Interestingly, "Compassion" was only rated at a tie for 4th with Baptist respondents (5 endorsements, 10%). A heavily-endorsed item was "Connection", which ranked in a tie for second place among Baptist participants and ECNA respondents with endorsements of 9 (18%) and 32 (14%), respectively. Christian (Independent) participants ranked "Connection" in a tie for third-most-endorsements (25, 15%), while choosing "Competence" slightly ahead with 28 endorsements (17%). Noteworthy among the remaining responses was the area of "Christian Commitment", which ranked first with Baptist respondents (12, 24%), tied for second with ECNA respondents (32, 14%), and ranked third with Christian (Independent) participants (25, 15%). When the denomination totals were combined, the response order and total endorsements were: "Compassion" (105), "Christian Commitment" (69), and "Connection" (66). Urban and Rural respondents also ranked "Compassion" as the first action or step a counselor might take in order

to facilitate comfort with the counseling process, with 75 (27%) and 30 (19%) respectively. Second-highest-endorsements were "Christian Commitment" (28, 17%) for Rural participants, and "Connection" (43, 15%) for Urban participants. "Connection" was also important for Rural participants, who endorsed that item 23 times (14%), which tied "Use of Religious Interventions" for third place. For Urban participants, third place was taken with "Christian Commitment" which had 41 endorsements (15%). Non-Clergy chose "Compassion" as the number-one factor with 104 endorsements (24%), while in second-place were the 68 (16%) endorsements for "Christian Commitment" and "Connection" third with 63 (15%) responses. For Clergy, "Connection", and "Competence" ranked first and second with 3 endorsements (21%) each. Of note was the fact that the "Compassion" category for Clergy had only one endorsement out of the 11 clergy responses, ranking "Compassion" only fifth for Clergy.

Table 28

Actions which facilitate a relationship with Professional Counselor (by Denomination)

Question 82: What actions/steps might a professional counselor take in order to help make you feel more comfortable with seeing him or her for counseling?

Item	DENOMINATION			Total Endorsements
	Baptist (n=49)	Christian (n=167)	ECNA (n=226)	
Connection	18	15	14	66
Confidence	2	2	4	14
Compassion	10	23	27	105
Competence	4	17	12	58
Character	18	5	4	26
Christian Commitment	24	15	14	69
Religious Interventions	10	13	11	51
Professionalism	4	7	9	33
Fee Structure	8	0	2	8
Other	0	4	2	12

Note. Numbers above reflect percentages of n (e.g. 15% of Christian respondents listed

“Connection” as one action or step that could be taken to increase comfort in the professional relationship.)

Table 29

Actions which facilitate a relationship with Professional Counselor (by Locale and Status)

Question 82: What actions/steps might a professional counselor take in order to help make you feel more comfortable with seeing him or her for counseling?

Item	LOCALE		STATUS	
	Rural (n=161)	Urban (n=281)	Clergy (n=14)	Non-Clergy (n=428)
Connection	14	15	21	15
Confidence	3	3	0	3
Compassion	19	27	7	24
Competence	12	14	21	13
Character	9	4	14	6
Christian Commitment	17	15	7	16
Religious Interventions	14	10	14	11
Professionalism	7	8	7	7
Fee Structure	2	1	0	2
Other	2	3	7	3

Note. Numbers above reflect percentages of n (e.g. 27% of Urban respondents listed

“Compassion” as one action or step that could be taken to increase comfort in the professional relationship.)

### Summary

This chapter presented the results of the survey of 549 participants (524 Congregant and 25 Clergy), including descriptive statistics and results of One-Way ANOVA and independent samples t-test findings whenever applicable, focusing on the six fundamental research questions. The results are summarized by research question:

1. To what degree do Conservative Evangelical Christians believe psychology is antagonistic to Christianity? Of the five questions related to a possible antagonistic relationship between psychology and Christianity, item 58 clearly demonstrated that Conservative Evangelical Christians are most comfortable with psychologists who share their Christian faith. The Denominational means of 4.78 and 5.33 were the largest of any questions posed in the survey of those relating to an antagonistic relationship between psychology and Christianity. In view of the turbulent history in the relationship between psychology and theology (see Chapter 1), an interesting and somewhat surprising observation is the fact that clergy were as open to professional mental health services as congregants. For example, Clergy agreed slightly less with the statement "psychology and psychologists are very 'secular' and unspiritual for the most part" (mean=2.90) than did Non-Clergy (3.16) ( $t=-.428, p=.669$ ). A similar question (item 55) which referred to psychology and psychologists as "anti-Christian" demonstrated the same finding, with Clergy and Non-Clergy means of 1.40 and 2.32 respectively ( $t=-1.634, p=.099$ ).

2. What has been the degree of past mental health service utilization within the Conservative Evangelical community? Congregants made use of mental health services at a 46% rate, Clergy at a 64% rate (Tables 8 and 10).

3. To what degree do Conservative Evangelical Christians believe their views toward mental health professionals have been influenced by their pastors? Clergy influence on congregant attitude as reported by this sample is surprisingly modest, with "Pastoral Messages" never ranking in the top three influences of any group measured. In other measures, congregants reported that clergy had only moderately influenced their attitude toward mental health services.

4. What factors have served to influence or shape present Conservative Evangelical Christian's attitudes toward the field of psychology? Although there was some disparity between answers provided by the different groups (e.g. Denomination, Locale, and Clergy/Non-Clergy status) on many of the items, the category of "Family and Friends" ranked consistently high as a major influence on respondent attitude toward psychology. Other top-ranking responses were "Personal Experience", "Books", and "Professionals I know".

5. What significant differences might be found between rural and urban churches regarding attitude toward mental health service delivery? Differences between rural and urban respondents were rarely statistically significant, although urban respondents tended to be slightly more positive toward psychology than their rural counterparts, as indicated by the means on items 55-59.

6. What actions or steps might a professional counselor take in order to help facilitate a comfortable counseling relationship with a Conservative Evangelical Christian patient or client?



The factors of "Compassion", "Connection", and "Christian Commitment" were the three highest ranked actions or steps that professional counselors could take in order to help congregants feel more comfortable with counseling. "Compassion" was more often listed by Non-Clergy than Clergy (24% and 7%, respectively). See Appendix G for an explanation of these terms.

## Chapter 4

### Discussion

This chapter discusses the results, in the following order, as related to Conservative Evangelical Christians: (a) limitations of the study; (b) level of the perception of psychology as antagonistic toward Christianity; (c) past use of mental health services; (d) perception of pastoral influence in accessing mental health services; (e) factors which shaped attitudes toward the field of psychology; (f) differences between rural and urban congregants regarding attitude toward mental health service delivery; (g) actions mental health practitioners may take in order to improve the relationship between Evangelical Christians and the mental health professions; (h) recommendations for future research, and (i) conclusion.

#### Limitations of the study

This study examined a convenience sample of Conservative Evangelical church attendees in the Pacific Northwest United States. Results will generalize best to similar individuals in this region. Attitudes may differ from those in different geographical locations in the nation, or

elsewhere in the world. The sample studied was drawn from only one geographical area, with all participants attending churches within a 100 mile radius of Portland, Oregon.

Response rates for Conservative Baptist churches were low (see Table 1). In particular, Conservative Baptist pastors did not complete the long survey, thus conclusions about pastor's views are very tentative, and it is possible that the views of respondents may differ from those of churches that did not participate in the study. Despite significant efforts made at attaining a balance of denomination representation, the study was weakened by the lack of Conservative Baptist participation. One large Conservative Baptist church initially agreed to participate, but withdrew just before the administration date, making it difficult to replace the prospective participants. Larger representation from this denomination would have strengthened the study and allowed for more confidence in the Conservative Baptist results, which had the fewest respondents of any denomination in the study.

As noted above, administration of the questionnaire was not standardized because of limitations in cooperation by some churches. Although the impact of this problem is thought to be negligible, the inability to use trained personnel at each administration may affect the results in unknown ways.

### Discussion of Research Questions

#### Level of Perception of Psychology as Antagonistic Toward Christianity

Compared to a number of Christian books that are less-than-complimentary towards psychology, attitudes toward the discipline of psychology and toward psychologists themselves were found to be more positive than expected. There was moderate disagreement with question 55 which referred to psychology as “anti-Christian” (Non-Clergy mean of 2.32), and slight disagreement with question 56 (Non-Clergy mean of 3.16) which referred to the field as “secular” and “unspiritual for the most part”. A fifty-year-old male wrote in his survey “Contact with ministers (and their admitted limitations) and with professionals suggests to me that when problems develop: get help. There are times when we as Christians may need to seek help...”

Consistent with Worthington (1986, p. 425) and the AAPC (1996, p. 2) respondents clearly preferred a Christian psychologist to one with dissimilar religious beliefs than their own.

It should be encouraging to psychologists who have felt under attack by some authors to know that the barrage of noncomplimentary verbiage is apparently falling on deaf ears to a large degree, or perhaps reached and passed its zenith in the past few years. Additionally, the finding that both Congregants and Clergy have made use of mental health services at about a 50% rate (46% for Congregants, 64% for Clergy) provides hope that this population will seek services as needed in the future, particularly as clinicians remain sensitive to the important factors shared below.

### Past Use of Mental Health Services of Conservative Evangelical Christians

Forty-six percent of Congregants and 64% of Clergy reported a utilization of mental health services. These numbers indicate that the “stigma” about utilizing services for mental health issues is moving toward a trend of more openness and acceptance. For example, one forty-year-old ECNA respondent wrote “I have always believed if you need help sorting out problems, it’s OK to go after help.” Although the small number of Clergy respondents tends to artificially inflate the picture of Clergy use, the study does show a higher-than-expected level of Congregant utilization of mental health services, since King (1978, p. 280) reported a 27% incidence rate in a population of “evangelical Christians.” As clinicians demonstrate a sensitivity toward the needs of this population, they can expect to encounter less resistance with this population than what might have been the case only ten or twenty years ago, when the “anti-psychology” movement enjoyed greater momentum.

### Perception of Pastoral Influence in Accessing Mental Health Services

Congregants reported only modest clergy influence in the area of accessing mental health services. In light of the “gatekeeper” role that clergy are said to play (Rumberger and Rogers (1982, pp. 338-339), this was a surprising finding. Closer analyses of the survey results reveal that “a direct recommendation by my pastor to seek services...” tended to elicit at least a modest level of agreement, which does support the “gatekeeper” concept. When the larger picture about overall influences toward mental health professionals was examined, Clergy influence tended to lessen. On the four questions addressing clergy influence, Congregants tended ranked other

considerations, not pastoral influence, as major factors in their decisions to utilize or not utilize mental health services. When influences were ranked in order of endorsement across denominations, Pastoral Messages ranked 5th. It could be argued, of course, that Pastoral Messages are only *one* way that clergy influence the congregation, but nonetheless it is the broadest and probably the furthest-reaching medium by which their influence is conveyed. Additionally, in most churches the pulpit allows for relatively unchallenged expression of ideas and thus is in some ways an excellent tool for expression of the pastor's ideas and philosophy (e.g. an "anti-psychology" agenda)

It is possible that selection bias accounts for these results. Perhaps those pastors most opposed to mental health referrals chose not to have their congregations participate in the study. Unfortunately, these data do not shed light on that question.

#### Factors Which Shaped Conservative Evangelical Christians' Attitudes Toward the Field of Psychology

The most salient factors reported were Personal Experience, Family and Friends, and Celebrity Counselors (authors and radio programs). At first glance, this may be somewhat surprising, as much of the "anti-psychology" information is promulgated by authors such as MacArthur & Mack (1994), Hunt (1987), and Bobgan & Bobgan (1987). Closer examination, however, reveals that other popular authors such as Dobson (1983), Crabb (1988), Swindoll (1980), Minirth & Meier (1985), Narramore (1960), and Smalley & Trent (1988) do not share the antagonistic attitude toward psychology that some of their colleagues within the Christian community espouse. This has tended to offer some balance within the literature that is available

at outlets such as Christian book stores, and thus provided some positive influence on behalf of psychology to counteract the negative. Low-rated factors shaping attitude toward the field of psychology included Christian Television, Bible text, Christian school, and Sunday School.

Even more interesting was the finding that, on the free-form responses to question 81 (which asked about factors that have most influenced respondent attitudes about the field of professional psychology), the category of "Clergy" was not mentioned enough to warrant a separate category for that response. Instead, clergy was combined with other influences under the category labeled "Christian Community" which even then ranked only sixth as a factor influencing attitudes toward psychology. Regardless of the way it was measured, congregants report that clergy influence, at least in the area of psychology, is much less than might have been anticipated.

Practitioners should pay particular attention to the top factors identified by congregants as influencing their present attitude about the field of professional psychology. Those attitudes, and their respective number of total endorsements, are: Personal Experience (98), Celebrity Counselors (94), Others' Experience (64), and Family and Friends (63). In at least two of these categories, one's own experience or the experience of another who reported it, was the identifiable factor which shaped attitude. This seemingly-logical concept dramatically communicates to clinicians the importance in providing a quality and worthwhile counseling experience to patients and clients who come for services. The second lesson that can be drawn from these top four factors is that of the impact of people close to the congregant; either family, friends, or a person that the individual trusts and respects in the form of a Christian Celebrity. While it may be impractical to expect a Christian Celebrity to endorse a specific clinician in the

hopes of enhancing his or her marketability, it is probably appropriate to recognize that a bridge to clients may be built by offering resources authored or endorsed by those celebrities who are supportive of psychological services. Examples of this material would be books or cassette tapes, perhaps offered at cost, during retreats, seminars, and guest-speaking engagements.

#### Differences Between Rural and Urban Congregants

Findings regarding the differences between rural and urban congregants were somewhat surprising due to the *lack* of differences between the two groups. While the survey did not focus on the reasons underlying this discovery, it seems appropriate to point to the somewhat transient nature of contemporary society and point out that the "lines" between urban and rural are quite blurred. They are blurred geographically (several pastors had trouble determining which category their church should be assigned to) and they are also blurred socially. A family currently living in a rural setting may have had life-long influences in an urban setting, and perhaps has only recently sought refuge from "big-city life" in favor of the rural setting. This family would surely have been subject to more urban influence when measured over the life-span, but would be considered a Rural respondent for purposes of the survey. Another factor in the blurred lines between rural and urban populations is that of mass media...despite the physical desolation of a household, it tends to become "connected" globally through radio, television, and printed media. Although a more detailed analysis of rural and urban attitudes could be done, such a sophisticated study of this item alone was beyond the scope of this current study.



Actions Mental Health Practitioners May Take in Order to Facilitate a Relationship Between Conservative Evangelical Christians and the Mental Health Professions

Conservative Evangelical Christians reported a strong preference for seeing a “Christian psychologist”. Denominational support for this question ranged from a mean of 4.78 to 5.33, but dropped sharply to 2.41 to 3.23 when the religion of the psychologist was suggested to be irrelevant.

In addition to the importance of a shared faith, respondents clearly look for a clinician who can communicate compassion and “connection” with the client or patient. Demonstrating the importance of the client/therapist relationship, Luborsky, et al (1986) points out that “variations in success rates typically have more to do with the therapist than with the type of treatment” (cited in Egan, 1994, p. 11). Although the term “connection” is difficult to define, the general meaning of the word is that clients want to feel heard and understood (implying a Rogerian style in this regard), with a clinician’s understanding of what the client seeks within the counseling setting. For example, one respondent wrote “Make [counseling] open for just advice”, while another didn’t desire advice as much as “being heard”. The “connection” concept carries with it an awareness of client desires from the counseling relationship. Another respondent wrote “Talk to me and help me know you; where you’re from and where you are coming from...What and how are you going to do [in therapy]?” Yet another candidly reports “Be more direct. We go looking for help. I went 3 times and felt like I was getting nowhere: we were just talking in circles.”

### Recommendations for Future Research

In order to compare the results of these participants with others in different geographical areas, similar studies in those locations would be helpful. Differences in geographic location might be studied with future research utilizing the same survey instrument in the Midwest, East coast, Southeast coast and other areas of interest to determine how congregants in diverse locations in the Continental United States might demonstrate different attitudes than found in this study.

It would also be interesting to see how other denominations compare to those selected for this particular work. What might be responses by denominations which are more “fundamental” or “liberal” than those selected? How might clinicians better serve the members of either of those groups? Similarly, denominational studies (either within the Conservative Evangelical context, or outside of it) would provide useful information about specific churches within the selected denomination. A study of Conservative Baptist churches within that denomination would provide both overall findings for Conservative Baptists, but important data regarding the specific churches within the Conservative Baptist denomination.

Future research should also include more Senior and Associate Pastor data, as this was quite limited (see Appendix B & C) except in cases where those persons chose to complete the congregant survey. The failure to achieve an adequate number reduced the impact of the results gathered from pastors. A more reliable understanding of pastoral attitudes would be helpful in future studies.

Because this survey only included pastors and congregants who voluntarily participated, it is possible that only churches generally supportive of psychology and professional counseling agreed to participate, and that findings were reflective of supportive churches and pastors within the larger Conservative Evangelical community. It would be most helpful to survey pastors and congregants who are not as willing to participate in such a project, in order to gain a more accurate and global understanding of Conservative Evangelical Christian's responses to the survey questions. This may be possible with a denomination mandate (e.g. Superintendent's directive to participate) but surveys completed involuntarily may yield unreliable data as pastors/parishioners "protest" (overtly or covertly) against the mandate. It is not clear how sound data can be best gathered by reluctant participants, but there is value in considering the various options to do so.

A variety of additional interesting studies could be completed with the database now compiled. For example, how would responses to items 55-59 (perceived antagonism between psychology and Christianity) correlate with educational level or age of respondent? Many possibilities for future research are evident from even a cursory review of the database.

### Summary

For decades, clinicians have been sensitive to the unique needs and concerns of various populations. Traditional models for services have sometimes been adapted, and new models created, to provide optimal mental health service delivery to diverse groups. This project investigated several facets of professional outpatient mental health service delivery to Conservative Evangelical Christians (CECs). It explored several specific research questions which examined attitude toward the field of psychology, extent of prior service utilization,

factors which shaped current attitudes, and actions that clinicians might take to facilitate a comfortable working relationship with CECs. Surveys of 549 individuals (524 parishioners and 25 pastors) were completed by clergy and laity at twelve churches in the Pacific Northwest United States to provide feedback about mental health services in a Conservative Evangelical church context. Respondents varied by denomination (Conservative Baptist, Evangelical Church of North America [ECNA], and Christian Independent) and locale (Rural and Urban). Congregant attitudes toward professional mental health services were influenced by many factors, the most important being "Family and Friends" and "Personal Experience". Professional clergy had less influence on these congregant's attitudes than was expected. The themes of "Compassion", "Christian commitment", and "Connection" were important to respondents for the facilitation of a comfortable professional relationship with a mental health counselor. A greater understanding of CEC attitudes toward professional mental health services, as well as the factors which shape those attitudes, may assist practitioners interested in serving this population since this knowledge can be used to formulate appropriate service models, marketing approaches and treatment interventions which better serve the needs of the Conservative Evangelical Church community.

### Conclusion

The sampled population of Conservative Evangelical Christians were not found to be as antagonistic toward psychology as the recently-popular "anti-psychology" literature might suggest. In view of the observation by Carter & Narramore (1979, p. 44) that "a series of important conflicts with psychology have held Evangelicals back from the potential contributions

of psychology,” the sample of respondents contradicted some of the researcher’s expectations. This population was found to be open to mental health service provision, and provided insight into the Conservative Evangelical Christian mindset in ways which will assist clinicians in better serving this group. For example, knowledge of factors which influence a Congregant’s choice of clinician is helpful in bridging the gap between a Congregant who ignores potential services and one who obtains necessary clinical assistance. Although over-generalization from this small, select sample should be avoided, data should nonetheless be helpful both to servicing clinicians and to the population which will benefit from such services. An understanding of Conservative Evangelical Christians, which is enhanced by this study as well as other sources, can help clinicians to work with the clients’ spirituality and their “coping religion” (Malony, 1985, p. 25) in ways which facilitate recovery from mental illness and serve as some prevention to relapse. It is hoped that this study may improve accessibility to mental health services through a better understanding of the Conservative Evangelical Christian.

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Appendix A

Congregant Survey Instrument for Assessing  
Conservative Evangelical Attitudes toward Professional Outpatient  
Mental Health Service Delivery

## SURVEY

### Consent to Survey

Thank you for your participation in this survey, which is part of a research project by George Fox University graduate student Dan Carpenter. It is designed to study Christian perceptions about counseling and other mental health services and may be significant in changes implemented to better-serve the church community and specific denominations. Your participation in this project is voluntary and you may stop at any time. Please be sure to answer EVERY question unless you are directed to skip it. This survey will take approximately 25 minutes to complete for most people, but please work carefully.

This survey is anonymous and your open and honest answers are very-much needed. Please do not put your name on any of the pages. By completing the survey, you are giving your consent to participate. If at any time you would like to withdraw from the survey, you may do so by returning the unfinished questionnaire and expressing your desire to withdraw.

If you are interested in receiving a summary of the results of this study you may do so by printing your name and address on a 3x5 card available when surveys are collected. Please return the card separately; do not include it with your survey. Do not put your name on the survey. This will ensure that your responses remain confidential.

I sincerely appreciate your participation in this important research.

--Dan Carpenter, George Fox University, SUB Box 5915, Newberg, OR 97132

1) Gender:     a) \_\_ Male  
                  b) \_\_ Female

2) Age: \_\_\_\_\_ years

3) Race:  
   a)     \_\_ African American  
   b)     \_\_ Asian  
   c)     \_\_ Hispanic  
   d)     \_\_ Native American  
   e)     \_\_ Caucasian  
   f)     \_\_ Other (please specify) \_\_\_\_\_

4) Education completed:

- a)  Less than high school: highest grade completed was \_\_\_\_\_
- b)  High school or G.E.D. graduate
- c)  Trade School (list # of years completed \_\_\_\_\_)
- d)  College (list # of years completed \_\_\_\_\_)
- e)  2 year college degree
- f)  4 year college degree
- g)  Graduate degree
- h)  Multiple grad degrees

List any degrees you have achieved: (e.g. A.A., B.A., B.S., M.A., Ph.D.) \_\_\_\_\_

5) Your current marital status:

- a)  Single (never married)
- b)  Married
- c)  Divorced
- d)  Widowed
- e)  Separated
- f)  Cohabiting

## 6) Duration of last or current marriage \_\_\_\_\_

## 7) Number of times married \_\_\_\_\_

## 8) How often do you attend religious services?

- a)  Never to once a year
- b)  Once a year to several times a year
- c)  Several times a year to once a month
- d)  2-3 times a month
- e)  Once a week
- f)  More than once a week

## 9) In addition to attending church services, I am also currently involved in additional roles such as teacher, choir member, committee member, elder or board member.

- a)  Yes
- b)  No

**Note:** From this point on, many of the responses will be provided on a continuum scale from 1-7. Using each end of the scale (e.g. 1,7) as the extreme (e.g. 1 means STRONGLY DISAGREE and 7 means STRONGLY AGREE) and (4) as the middle, please circle a number on the scale which currently most accurately reflects your position on that question. For example, if the statement read “The room temperature is perfect right now”, and the scale looked like this;

DISAGREE 1      2      3      4      5      6      7  
AGREE

you would circle the 7 if you felt strongly that the room temperature was perfect; not too hot and not too cold, but just right. If, on the other hand, you’re sitting here “freezing” or “burning up”, you would probably circle number 1, indicating that you strongly disagree with the statement that the room temperature is perfect. If you felt more moderately about the statement (like “it’s a degree or two too cool in here”) you would probably choose a mid-range number like 3, indicating you “sort of” disagree, but not too much.

- 10) I donate money regularly and systematically to my church Disagree 1 2 3 4 5 6 7 Agree
- 11) I consider myself to be a Christian Disagree 1 2 3 4 5 6 7 Agree
- 12) If you consider yourself to be a Christian, how many years have you been a Christian?  
(Enter a zero if you don't consider yourself to be a Christian) \_\_\_\_\_ years
- 13) Regarding the use of counselors, it is important to me that persons acting as my counselor or serving me in another mental health role share my religious worldview (e.g. evangelical Christian) beliefs Never 1 2 3 4 5 6 7 Frequently

For purposes of this survey, please consider the terms “counseling” and “mental health services” as synonymous – that is, they both represent help from another person in the area of psychological, or emotional well-being. Some examples of mental health services (using the term the way it is intended for this survey) would include: family or marriage counseling, counseling for grief, problems at work, depression, eating disorders, academic problems, stress, sexual abuse, and anxiety. Of course, there are many other topics within this area that were not listed with the above examples. This next section lists various types of counselors. Please respond to those you’ve used in the past for counseling services. **If you’ve never utilized mental health services, skip to item 32.** If you have used mental health services, complete applicable portions below and skip those sections which do not apply.

**Personal Physician**

- 14) The personal physician I saw was clearly Christian Never 1 2 3 4 5 6 7 Frequently
- 15) I’ve been satisfied with the mental health services received from my personal physician. Never 1 2 3 4 5 6 7 Frequently
- 16) In the past, I felt that my religious beliefs and convictions were misunderstood by my personal physician. Never 1 2 3 4 5 6 7 Frequently

**Psychiatrist**

- 17) The psychiatrist I saw was clearly Christian. Never 1 2 3 4 5 6 7 Frequently
- 18) I've been satisfied with the mental health services received from my psychiatrist. Never 1 2 3 4 5 6 7 Frequently
- 19) In the past, I felt that my religious beliefs and convictions were misunderstood by my psychiatrist. Never 1 2 3 4 5 6 7 Frequently

**Clergy (e.g. pastor or pastoral counselor)**

- 20) The pastor or pastoral counselor I saw was clearly Christian. Never 1 2 3 4 5 6 7 Frequently
- 21) I've been satisfied with the mental health services received from my pastor or pastoral counselor. Never 1 2 3 4 5 6 7 Frequently
- 22) In the past, I felt that my religious beliefs and convictions were misunderstood by my pastor or pastoral counselor. Never 1 2 3 4 5 6 7 Frequently

**Psychologist**

- 23) The psychologist I saw was clearly Christian. Never 1 2 3 4 5 6 7 Frequently
- 24) I've been satisfied with the mental health services received from my psychologist. Never 1 2 3 4 5 6 7 Frequently
- 25) In the past, I felt that my religious beliefs and convictions were misunderstood by my psychologist. Never 1 2 3 4 5 6 7 Frequently

**Other professional counselor (Master's degree or above)**

- 26) The person I saw in this category was clearly Christian. Never 1 2 3 4 5 6 7 Frequently
- 27) I've been satisfied with the mental health services received from this person. Never 1 2 3 4 5 6 7 Frequently
- 28) In the past, I felt that my religious beliefs and convictions were misunderstood by this person. Never 1 2 3 4 5 6 7 Frequently

**Other counselor without graduate professional training (WITHOUT Master's degree or above)**

- 29) The person I saw in this category was clearly Christian. Never 1 2 3 4 5 6 7 Frequently
- 30) I've been satisfied with the mental health services received from this person. Never 1 2 3 4 5 6 7 Frequently
- 31) In the past, I felt that my religious beliefs and convictions were misunderstood by this person. Never 1 2 3 4 5 6 7 Frequently

- 32) People would think less of me if they knew I went to counseling. Disagree 1 2 3 4 5 6 7 Agree
- 33) I encourage troubled or confused friends to seek counseling. Never 1 2 3 4 5 6 7 Frequently
- 34) I'd absolutely hate to have my friends find out I was seeing a counselor. Disagree 1 2 3 4 5 6 7 Agree
- 35) Occasionally, a friend will suggest that I go to a counselor. Disagree 1 2 3 4 5 6 7 Agree
- 36) It wouldn't bother me to have my friends find out I was seeing a mental health professional. Disagree 1 2 3 4 5 6 7 Agree

- 37) If a person simply has enough faith, they won't get depressed. Disagree 1 2 3 4 5 6 7 Agree
- 38) People with mental illness probably didn't have a good spiritual life to begin with. Disagree 1 2 3 4 5 6 7 Agree
- 39) People won't need a counselor if they're walking with God. Disagree 1 2 3 4 5 6 7 Agree

If you have never utilized mental health (e.g. counseling) services, please skip to item #46.

(#40-45) The source of my referral for mental health or counseling services was:

- 40) self-referred (e.g. phone book, advertisement) Disagree 1 2 3 4 5 6 7 Agree
- 41) mandated by court/other governmental body Disagree 1 2 3 4 5 6 7 Agree
- 42) by referral from a friend or relative Disagree 1 2 3 4 5 6 7 Agree
- 43) by referral from a physician Disagree 1 2 3 4 5 6 7 Agree
- 44) by referral from clergy Disagree 1 2 3 4 5 6 7 Agree
- 45) by referral from another source (please specify) \_\_\_\_\_ Disagree 1 2 3 4 5 6 7 Agree
- 46) Clergy has greatly influenced my attitude regarding my use of counseling services in general. Disagree 1 2 3 4 5 6 7 Agree

(For questions 47-53 only) "In the past I have desired to seek counseling from clergy or lay leadership in the church, but have decided not to because..." If this phrase does not describe you, please skip to item #54.

- 47) of the issues I thought/knew would come up in counseling Disagree 1 2 3 4 5 6 7 Agree
- 48) I felt that the person available was not qualified in my area of need Disagree 1 2 3 4 5 6 7 Agree
- 49) I felt it was important that the fact I was seeing a counselor be kept confidential Disagree 1 2 3 4 5 6 7 Agree
- 50) I felt that my issues may not be kept confidential Disagree 1 2 3 4 5 6 7 Agree
- 51) I felt more comfortable going to a counselor in the community, away from church Disagree 1 2 3 4 5 6 7 Agree
- 52) I couldn't get an appointment at a mutually-convenient day and time Disagree 1 2 3 4 5 6 7 Agree
- 53) I think if I had counseling with clergy, my relationship with that clergy would become more "distant" or "strained" Disagree 1 2 3 4 5 6 7 Agree

- 54) Encouragement by my pastor to seek the services of professionals in the mental health field would affect my decision to utilize such services Disagree 1 2 3 4 5 6 7 Agree

(Questions 55-59) Regarding your overall attitude toward the terms "psychology" and "psychologists":

- 55) I want nothing to do with psychology and psychologists because I believe them to be "anti-Christian". Disagree 1 2 3 4 5 6 7 Agree
- 56) Fairly negative, because psychology and psychologists are very "secular" and unspiritual for the most part. Disagree 1 2 3 4 5 6 7 Agree
- 57) Fairly positive, but somewhat wary because of some things I've heard or read about psychology and psychologists. Disagree 1 2 3 4 5 6 7 Agree
- 58) Very positive if you utilize only a Christian psychologist Disagree 1 2 3 4 5 6 7 Agree
- 59) Very positive, regardless of the religion of the psychologist Disagree 1 2 3 4 5 6 7 Agree

60) Regarding the specific field of psychology, clergy has greatly influenced my attitude Disagree 1 2 3 4 5 6 7 Agree

61) If you felt "depressed" to the point of seeking help, who would you consult out of the following list? Assume that each one is as available to you as the other, in terms of appointment availability, cost, and distance to an appointment. For each of these responses, ask yourself "IF I FELT DEPRESSED, I WOULD CONSULT A..." place a 1 by your first choice, a 2 by your second choice, and a 3 by your third choice Please **RANK ORDER** three choices.

- a) \_\_ physician
- b) \_\_ Christian physician
- c) \_\_ psychologist
- d) \_\_ Christian psychologist
- e) \_\_ psychiatrist
- f) \_\_ Christian psychiatrist
- g) \_\_ non-Christian counselor with professional training (Master's degree or above)
- h) \_\_ Christian counselor with professional training (Master's degree or above)
- i) \_\_ non-Christian counselor without professional training (WITHOUT Master's degree or above)
- j) \_\_ Christian counselor without professional training (WITHOUT Master's degree or above)
- k) \_\_ clergy (e.g. pastor or pastoral counselor)

62) The THREE BIGGEST INFLUENCES on me, regarding psychology and my attitudes toward it, have been from:

(place a 1 by your first choice, a 2 by your second choice, and a 3 by your third choice)

Please RANK ORDER three responses.

- a) \_\_ Christian Radio
- b) \_\_ Personal experience
- c) \_\_ Books I read
- d) \_\_ Christian Television
- e) \_\_ Family & Friends
- f) \_\_ Professionals I know
- g) \_\_ Pastoral messages
- h) \_\_ Sunday School teaching
- i) \_\_ Christian/Parochial Schooling
- j) \_\_ Secular Schooling (e.g. high school or college)
- k) \_\_ Other (specify) \_\_\_\_\_

If budgeting and space concerns were not an issue, my *personal preference* regarding counseling/mental health services to be offered by my church is:

- 63) more counseling provided by pastor  
(and less emphasis on other pastoral tasks) Disagree 1 2 3 4 5 6 7 Agree
- 64) hire a trained Pastoral Counselor Disagree 1 2 3 4 5 6 7 Agree
- 65) minimize counseling by the church and refer counseling requests  
to professionals in the community, without regard to the professional's  
religious beliefs. Disagree 1 2 3 4 5 6 7 Agree
- 66) minimize counseling by the church and refer counseling requests  
to Christian professionals in the community Disagree 1 2 3 4 5 6 7 Agree
- 67) seek out a professional Christian counselor who would be willing  
to see individuals during the week at the church Disagree 1 2 3 4 5 6 7 Agree
- 68) no counseling services should be offered at church Disagree 1 2 3 4 5 6 7 Agree
- 69) Other (specify) \_\_\_\_\_



70) Which of the above methods, if any, would you MOST like to see promoted by your church at this time?  
(CHOOSE ONLY ONE)

- a)  more counseling provided by pastor (and less emphasis on other pastoral tasks)
- b)  hire a trained Pastoral Counselor
- c)  minimize counseling by the church and refer counseling requests to professionals in the community, without regard to the professional's religious beliefs.
- d)  minimize counseling by the church and refer counseling requests to Christian professionals in the community
- e)  seek out a professional Christian counselor who would be willing to see individuals during the week at the church
- f)  no counseling services should be offered at church
- g)  Other (specify) \_\_\_\_\_

71) Insurance reimbursement is very important to me; in fact, without insurance help I wouldn't go for counseling. Disagree 1 2 3 4 5 6 7 Agree

(For items 72-77) The most important factors in my selection of a counselor are:

72) out-of-pocket (after insurance) cost for services Disagree 1 2 3 4 5 6 7 Agree

73) my confidence in the counselor's skills and abilities Disagree 1 2 3 4 5 6 7 Agree

74) our religious compatibility Disagree 1 2 3 4 5 6 7 Agree

75) geographical location of the counselor (e.g. convenience of office) Disagree 1 2 3 4 5 6 7 Agree

76) that I feel "connected" with him/her Disagree 1 2 3 4 5 6 7 Agree

77) other (specify) \_\_\_\_\_

78) Religious teaching I have received from the pulpit, Sunday School, peers, radio and television has sometimes discouraged me from seeking professional mental health services. Disagree 1 2 3 4 5 6 7 Agree

79) A direct recommendation by my pastor to *seek* the services of a specific profession in the mental health field would affect my decision to utilize such services. Disagree 1 2 3 4 5 6 7 Agree

80) A direct recommendation by my pastor to *avoid* the services of a specific profession in the mental health field would affect my decision to utilize such services. Disagree 1 2 3 4 5 6 7 Agree

These two questions are "free-form" You are asked to provide your own answers instead of checking a multiple-choice response:

81) What factors have most influenced your present attitudes about the field of professional psychology as a treatment option for you, your family, or your Christian friends? Your response may include names of speakers you've heard or authors/book titles you've read, or any other examples which helped to shape your current attitudes

82) What actions/steps might a professional counselor take in order to help make you more comfortable with seeing him or her for counseling?

Thank you very much for your participation in this survey project. Please take a moment to review the survey form. **Do not put your name on the survey.** This will ensure that your responses remain confidential.

Appendix B

Senior Pastor Survey Instrument for Assessing  
Conservative Evangelical Attitudes toward Professional Outpatient  
Mental Health Service Delivery

SENIOR PASTOR'S SURVEY:

If mailing, please send to: Dan Carpenter, George Fox University, SUB Box 5915, Newberg, OR 97132

P1) Name & Location of church: \_\_\_\_\_

P2) Denominational Affiliation \_\_\_\_\_

P3) What is the average attendance, including children, on the major worship day (e.g. Sunday) at the church you pastor? \_\_\_\_\_

P4) I am the regular "preaching pastor" for most services.  
 \_\_\_ Yes (time in this "regular preaching pastor" position at this church \_\_\_\_\_ years)  
 \_\_\_ No (if no, name of person who is \_\_\_\_\_)

P5) Our church currently offers the following type(s) of counseling/mental health services:  
 (Check all that apply)

- a) \_\_\_ counseling by pastor Never 1 2 3 4 5 6 7 Frequently
- b) \_\_\_ formal Pastoral Counselor on staff Never 1 2 3 4 5 6 7 Frequently
- c) \_\_\_ formal counseling center Never 1 2 3 4 5 6 7 Frequently
- d) \_\_\_ "lay" counseling is furnished in formal lay counseling by caring non-professionals (limited formal training) Never 1 2 3 4 5 6 7 Frequently
- e) \_\_\_ "lay" counseling is furnished occasionally on an informal basis by caring non-professionals(limited formal training) Never 1 2 3 4 5 6 7 Frequently
- f) \_\_\_ requests for counseling are acknowledged by referral to a Christian professional in the community Never 1 2 3 4 5 6 7 Frequently
- g) \_\_\_ requests for counseling are acknowledged by referral to a non-Christian professional in the community Never 1 2 3 4 5 6 7 Frequently
- h) \_\_\_ a professional Christian counselor takes appointments at the church 1-2 days each week Never 1 2 3 4 5 6 7 Frequently
- i) \_\_\_ none
- j) \_\_\_ other (specify) \_\_\_\_\_ Never 1 2 3 4 5 6 7 Frequently

P6) Before an engaged couple gets married by you what, if any, are your requirements for pre-marital counseling?

\_\_\_ total # of counseling hours  
 \_\_\_ # of counseling sessions (over \_\_\_ weeks)  
 \_\_\_ assessment/testing required? [please list type or instrument(s)] \_\_\_\_\_

other (please specify) \_\_\_\_\_

Who conducts the above counseling? \_\_\_\_\_  
 (e.g. myself, psychologist in the community, staff pastoral counselor, lay ministry, etc.)

Additional comments regarding premarital counseling:

P7) What actions/steps might a professional counselor take in order to help make you more comfortable with referring congregants/parishioners to him/her for counseling services? (use other side if necessary)

Appendix C

Associate Pastor's Survey Instrument for Assessing  
Conservative Evangelical Attitudes toward Professional Outpatient  
Mental Health Service Delivery

ASSOCIATE PASTOR'S SURVEY

(TO BE COMPLETED BY ALL PASTORS ON STAFF)

Your name may be left off of this survey, but please note the name of your church so that results for your church can be compiled. If mailing, please return to:

Dan Carpenter, George Fox University, SUB Box 5915, Newberg, OR 97132

Church Name \_\_\_\_\_

P8) What actions/steps might a professional counselor take in order to help make you more comfortable with referring congregants/parishioners to him/her for counseling services?

Appendix D

Pastor Contact Letter



Date:

Pastor \_\_\_\_\_  
First Church of the City  
1234 Main Street  
Portland, OR 97635

*When counseling is psychologically sound, Scripturally congruent, and Spirit-directed, it is uniquely Christ-centered. We find no compelling evidence that Christian faith is incompatible with excellent counseling interventions or that sophisticated counseling skills need threaten the faith of the counselee or the function of the church.*

W. B. Johnson & W. L. Johnson in Christian Counseling Today, 1997, Vol. 5, No. 1

Dear Pastor \_\_\_\_\_:

As a clergyperson, you're busy. For that reason, I'll keep this short and to the point. I merely ask for the next 60 seconds of your day. I am writing to request your assistance on a project which has long-term rewards for you and your congregation as well as for me and my educational goals.

I am currently working on a doctoral dissertation which will help assess church member's attitudes toward the utilization of mental health services; both professional services in the community and other counseling services available through the church. It is my intent to ultimately improve mental health treatment services to the church community through a thorough assessment of members' attitudes and needs. Such a project should result in an understanding of how services might be improved with this population.

To this end, I am requesting your support in the completion of a congregational survey. I anticipate being completed in about 15 minutes. Ideally, churches will donate a portion of their morning adult Sunday School time to this project, and in return the results, when compiled, will be made available to the church leadership. The survey will be at no cost to the church, other than a short amount of time spent for survey responses.

I will be contacting you soon to find out if I can count on your support for this project which will ultimately improve mental health service delivery to the church community. At this time I simply ask that you complete the enclosed postage-paid postcard and drop it in the mail to me. Thank you for your time...I'll give you a follow-up call in about a week. If you have any questions before then, however, please don't hesitate to contact me at (503) 538-1035.

Sincerely,

Dan Carpenter

Appendix E

Postage-Paid Postcard Sent to Pastors with Initial Contact Letter

REF:

Yes, Dan, I'd like to participate in this important research, with the understanding that we can get a copy of your findings. Here's some information for you...

I consider our church to be urban rural

Over the next 3 months, 4 suggested dates for survey administration are: \_\_\_\_\_,  
but the following dates are NOT recommended \_\_\_\_\_.

Average number of adults in SS (total) for a Sunday morning \_\_\_\_\_

Number of adult SS classes that the above are distributed between \_\_\_\_\_. A large room for group  
administration to all adult SS classes at once IS IS NOT available.

Time(s) that adult SS classes are taught on Sunday \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Phone number and best day & time to contact me. # \_\_\_\_\_ - \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

## Appendix F

### Standardized Instructions for Survey Administration

Good morning. My name is Dan Carpenter. I am a graduate student working on a special project. Pastor \_\_\_\_ has indicated a willingness to participate in this project as he feels the results may benefit your church.

To complete this project, I need to conduct a confidential survey with each of you. The form has questions about your personal experience and satisfaction with counseling or mental health services you've become familiar with. Please respond honestly with your own answers and complete the form as best you can. Complete every question, leaving none blank.

I want to thank each of you, (Sunday School Teacher's Name\_\_\_\_\_) and Pastor \_\_\_\_ for your participation in this project. I sincerely believe that your help, along with the assistance of others, will serve to enhance the health of this church and many others.

Instructions are on the form, so I'll hand those out now and you can begin.

HAND OUT SURVEY FORMS, 3x5 CARDS, AND PENCILS

Appendix G  
Explanation of Terms

## THEMES IDENTIFIED IN FREE-FORM RESPONSES:

## Q-81 (influencing factors)

This Appendix offers an explanation of criteria for inclusion in a particular category. On SPSS, a blank space was used if there was no response or if a response was offered but did not address/answer the question as posed:

- 1 Experience: personal
- 2 Experience: of others who reported to me their own experience
- 3 Professional counselors: television programs, videos or other media
- 4 Bible (directly)
- 5 Christian community (Pastor, peers, speakers, teachers, etc.)
- 6 Friends & Family members (did not refer to experience)
- 7 College classes
- 8 Observing the psychological/emotional needs of others
- 9 Books
- 10 Other

## THEMES IDENTIFIED IN FREE-FORM RESPONSES:

Q-82, P7, P8 (actions to facilitate comfort with counselor)

## 1--CONNECTION:

- connection with client
- facilitates client's own solutions
- willing to hold me responsible when/where I need it
- acknowledges my readiness (or lack of) for counseling
- interested in me as a whole person, not just one with a problem

## 2--CONFIDENCE:

- counselor has confidence in his/her abilities that he/she can be of some help
- instills hope and optimism about outcome

3--COMPASSION:

accepting, nonjudgemental  
comforting, reassuring  
shows love, concern & compassion  
Openness to client's value system  
responsive to off-hours' needs  
attentive, listens, takes client seriously  
takes time with me; doesn't rush us through a session  
willing to make a personal home visit for first contact with a referral  
uses a good follow-up program with clients  
truly desires to help

4--COMPETENCE

ability, knowledge, education  
understands problem in it's context, not just textbook theory  
possesses adequate life experience to know what he's talking about, maturity  
Includes an educational component in the counseling process; teaches me things  
that will help me maintain my progress after counseling is finished  
theoretical orientation matches client's needs  
Concrete treatment plan  
wisdom

5--CHARACTER:

integrity  
honesty  
Practices within limits of competency  
transparency  
possesses an inner peace which demonstrates his/her own personal stability  
authentic

6--COUNSELOR'S CLEAR CHRISTIAN COMMITMENT

Biblical worldview or "philosophy"  
Humility before God, doesn't claim to have all the answers  
goes to God for his/her advice

7--WILLING TO USE RELIGIOUS TECHNIQUES/INTERVENTIONS

allows client to dictate pace of religious interaction  
prays with client or uses Scripture when client desires it  
uses Biblical principles when counseling



8--PROFESSIONALISM

- Has informational literature (handouts, brochures) available
- Comfortable office
- Maintains a confidential setting

9--FEE STRUCTURE

- affordable fees
- takes insurance
- uses church subsidy program
- "up-front", understandable fee structure

0--OTHER

Appendix H  
Raw Data Table

## Explanation of Raw Data Table

<u>Column Number(s)</u>	<u>Description</u>
1-3	Survey Serial Number
4	Form Type
5	Clergy Status
6	Church Number
7	Locale
8	Denomination
9-10	Average Attendance
11-12	Pastor's months in pulpit
13-22	Response to item 5 (a-j). Pastor Survey
23-29	Response to item 6 on Sr. Pastor Survey
30-39	Response to item 7 on Sr. Pastor Survey
40-49	Response to item 8 on Assoc. Pastor Survey
50	Gender
51-52	Age
53	Race
54-55	Education
56	Marital Status
57-58	Marriage Duration
59	Times Married
60	Church Attendance
61	Church Involvement
62	Donation Involvement
63	Identify Self as Christian?
64-65	How much time as Christian?
66	Important that Counselor share Christian view?
67	Seen a Christian physician for m/h services?
68	Satisfied with Christian physician for m/h services?
69	Religious beliefs misunderstood by Christian physician?
70	Seen a Christian psychiatrist for m/h services?
71	Satisfied with Christian psychiatrist for m/h services?
72	Religious beliefs misunderstood by Christian psychiatrist?
73	Seen psychologist for m/h services?
74	Satisfied with psychologist for m/h services?
75	Religious beliefs misunderstood by psychologist?
76	Seen other professional counselor for m/h services?
77	Satisfied with other professional counselor for m/h services?

Column Number(s)	Description
78	Religious beliefs misunderstood by other professional counselor?
79	Seen a non-professional counselor for m/h services?
80	Satisfied with non-professional counselor for m/h services?
81	Religious beliefs misunderstood by non-professional counselor?
82	People would think less of me
83	I encourage friends to seek counseling
84	I'd hate to have people find out
85	A friend will occasionally suggest that I go to a counselor
86	Wouldn't bother me if friends found out
87	If enough faith, person won't get depressed
88	Probably didn't have good spiritual life to begin with
89	Won't need a counselor if walking with God
90	Self-referred
91	Mandated
92	Referral by friend/relative
93	Referral by physician
94	Referral by clergy
95	Referral by other source
96	Clergy greatly influenced my attitude regarding use of counseling services
97	Decided not due to issues that would come up
98	Decided not due to non-qualified
99	Decided not due to keeping counseling confidential
100	Decided not due to issues being confidential
101	Decided not due to wanting away from church
102	Decided not due to no appointment available
103	Decided not due to possible strained relationship with clergy
104	Encouragement by pastor would affect decision
105	Psychologists are anti-Christian
106	Psychologists are secular and unspiritual
107	Psychologists are to be wary of
108	Psychologists are all right if Christian
109	Psychologists are all right regardless of their religion
110	Clergy has greatly influenced my attitude toward field of psychology
111	Would consult physician
112	Would consult Christian physician
113	Would consult psychologist
114	Would consult Christian psychologist
115	Would consult psychiatrist

<u>Column Number(s)</u>	<u>Description</u>
116	Would consult Christian psychiatrist
117	Would consult non-Christian professional counselor
118	Would consult Christian professional counselor
119	Would consult non-Christian non-professional counselor
120	Would consult Christian non-professional counselor
121	Would consult clergy
122	Influenced by Christian Radio
123	Influenced by Personal Experience
124	Influenced by Books I read
125	Influenced by Christian Television
126	Influenced by Family & Friends
127	Influenced by Professionals I know
128	Influenced by Pastoral Messages
129	Influenced by Sunday School teaching
130	Influenced by Christian/Parochial schooling
131	Influenced by secular schooling (e.g. high school/college)
132	Influenced by other
133	Personal preference: pastor provide more counseling
134	Personal preference: hire trained Pastoral Counselor
135	Personal preference: refer to community w/o regard to religion
136	Personal preference: refer to community Christian professionals
137	Personal preference: Christian counselor visit church
138	Personal preference: no counseling offered at church
139	Personal preference: other
140	What would you like to see promoted at this time?
141	Insurance reimbursement is important; without it I wouldn't go
142	Important Factors: Cost for services
143	Important Factors: Confidence in Counselor
144	Important Factors: Religious Compatibility
145	Important Factors: Location of Counselor's office
146	Important Factors: Connection with Counselor
147	Important Factors: Other
148	Religious teaching has discouraged me from seeking services
149	Recommendation by pastor to seek services would affect my decision
150	Recommendation by pastor to avoid services would affect my decision
151	Attitude influenced by: Personal Experience
152	Attitude influenced by: Experiences of Others who reported to me

<u>Column Number(s)</u>	<u>Description</u>
153	Attitude influenced by: Celebrity counselor
154	Attitude influenced by: Bible
155	Attitude influenced by: Christian community
156	Attitude influenced by: Friends/Family
157	Attitude influenced by: College environment
158	Attitude influenced by: observing need of others
159	Attitude influenced by: books
160	Attitude influenced by: other
161	More comfortable if: Connection
162	More comfortable if: Confidence in Counselor
163	More comfortable if: Compassion
164	More comfortable if: Competence is demonstrated
164	More comfortable if: Character of Counselor
165	More comfortable if: Counselor demonstrates Christian Commitment
166	More comfortable if: Religious techniques/interventions utilized
167	More comfortable if: Counselor presents as Professional
168	More comfortable if: Fee Structure is understood & reasonable
169	More comfortable if: Other

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Appendix I  
Curriculum Vita

Curriculum Vita

Daniel "Dan" Carpenter  
720 Southeast Tenth Street  
Dundee, Oregon 97115  
(503) 554-0614

**EDUCATION**

- 1998 George Fox University Graduate School of Clinical Psychology  
Newberg, Oregon---Doctorate (Psy.D.) *Clinical Psychology*
- 1997 George Fox University  
Newberg, Oregon---Master of Arts *Christian Studies*
- 1995 George Fox College  
Newberg, Oregon---Master of Arts *Clinical Psychology*
- 1992 George Fox College  
Newberg, OR---Bachelor of Arts *Management of Human Resources*

**PROFESSIONAL EXPERIENCE (5698+ hours)**

- 8/97 to 8/98 St. Joseph Mercy Hospital, Department of Behavioral Medicine  
Pontiac, Michigan
- Psychology Intern* serving at APPIC-listed site on rotations for psychological evaluations, psychotherapy, and group treatment with children, adolescents, and adults on both inpatient and outpatient units, substance abuse clinic, plus neuropsychology/ rehabilitation. Occasional forensic experience. Supervisor: Dr. Martin Wunsch, Chief Psychologist.  
Clinical hours: 2000

**PROFESSIONAL EXPERIENCE (continued)**

4/97 to 8/97

Chehalem Youth and Family Services  
Newberg, Oregon

*Behavioral Intervention Specialist* for adolescent alternative school/day treatment center, serving young people (age 11 to 18) who are troubled by multiple issues such as physical abuse, sexual abuse, school problems, abandonment, anger management, attention deficit, conduct disorder, learning disabilities, fetal alcohol syndrome, attachment disorder and other problems. Supervisor: Dr. Scott Ashdown, Clinical Training Director  
Clinical hours: 357

1/95 to 4/97

Pacific Adult & Geriatric Psychiatry, Inc.  
Portland, Oregon

*Mental Health Therapist* for inpatient and outpatient adult and geriatric populations in nursing home setting. Individual and group therapy, attended multi-disciplinary treatment team meetings, conducted psychological assessment of clients, administered neuropsych, cognitive and personality tests. Supervisor: Dr. Jeanne Jackson, Psychiatrist  
Clinical hours: 809

4/95 to 4/97

Pacific Gateway Hospital  
Portland, Oregon

*Mental Health Therapist* for adolescent and adult population in acute-care psychiatric hospital with dual-diagnosis focus and heavy emphasis on depressive illnesses. Milieu management, individual and group therapy. Supervisor: Mike Morris, M.S., L.P.C.  
Clinical hours: 550

8/94 to 2/95

George Fox College Center for Personal Counseling and Development  
Newberg, Oregon

Volunteered as *Practicum Counselor* for students attending George Fox College. Primarily individual therapy. Supervisor: Bill Buhrow, Psy.D.  
Clinical hours: 120

**PROFESSIONAL EXPERIENCE (continued)**

1/94 to 7/95            Oregon State Hospital (Dammach Campus)  
Wilsonville, Oregon

Worked as *Recreational Specialist* with chronically-mentally-ill (CMI) population suffering from schizophrenia, depressive disorders, personality disorders and organic mental disorders. Primary focus was on milieu management and development of patient's socialization skills. Worked on multi-disciplinary treatment teams, assisted in approval of pass requests and level promotions/demotions. Supervisor: Don Semon, M.A.  
Clinical hours: 1862

**TRAINING EXPERIENCE (1045+ hours)**

George Fox University Graduate School of Clinical Psychology (9/93 to 12/98) Additional practicum and pre-internship hours in didactic classes, receiving supervision, attending additional training seminars, performing supervision and participating in program development and team supervision.

Advisor: W. Brad Johnson, Ph.D

**RESEARCH EXPERIENCE**

Dissertation: *Professional Outpatient Mental Health Service Delivery to the Church: An Analysis of Conservative Evangelical Attitudes in the Pacific Northwest United States*

**TEACHING EXPERIENCE**

1995                    Teaching Assistant: General Psychology class, George Fox College

12/98 to present    Instructor: Management & Organizational Leadership program for George Fox University.

**INFORMAL EDUCATION** Studied Spanish language and Mexican culture in community Spanish classes.

## PROFESSIONAL AFFILIATIONS

- Member: Christian Association for Psychological Studies (CAPS)  
Member: The American Association of Christian Counselors (AACC)  
Member: Association for the Advancement of Psychology (AAP)  
Member: Michigan Inter-Professional Association on Marriage, Divorce and the Family, Inc.  
Member: Michigan Psychological Association (MPA)  
Student Affiliate: American Psychological Association (APA)  
Member: APA Division 20: Adult Development & Aging  
APA Division 36: Psychology and Religion  
APA Division 40: Clinical Neuropsychology  
APA Division 43: Family Psychology  
APA Division 49: Group Psychology and Group Psychotherapy  
APA Division 51: Society for the Psychological Study of Men & Masculinity

## PUBLISHING

Carpenter, D. D. (1994, Fall). From the Conquest to the Kingdom. Adult Bible Class. Cleveland: Union Gospel Press. 2-3.

Carpenter, D. D. (1997). The Practice of Multimodal Therapy with Religious Clients. Unpublished master's thesis. George Fox University, Newberg, Oregon.

*Copy editor* for The Teaching Home (national home-school magazine) from 1988 to 1989. (Circulation of approximately 20,000 copies per printing.)

*Associate editor* for Gestalt! peer-reviewed e-mail journal (international internet circulation) 1996-1998.

Carpenter, D. D. (1997). Coffee. The American Psychological Association Division 51 (Society for the Psychological Study of Men and Masculinity) 2 (1). 17.

Carpenter, D. D. (1997). Ethical considerations in working with religious clients. Gestalt! 1 (2) [on-line], 1-8. Available: [http://www.shef.ac.uk/~psysc/Gestalt/ethics/religious\\_clients.html](http://www.shef.ac.uk/~psysc/Gestalt/ethics/religious_clients.html)

**PUBLISHING (continued)**

Carpenter, D. D. (1997). The lost letter. The American Psychological Association Division 51 (Society for the Psychological Study of Men and Masculinity) 2 (1). 18-19.

Carpenter, D. D. (contributing author) (1997). Geriatric Psychiatry: Practice Management Handbook. Bethesda, MD: The American Association for Geriatric Psychiatry.

**SUPPLEMENTARY TRAINING (lectures & workshops)**

1993 --Cross-Cultural Counseling with the Hispanic Community  
Gerardo Ibarra

1993 --The Development of the WISC III  
Dr. Gale Roid

1994 --Issues Relevant to Cross-Cultural Counseling  
Dr. Kathryn Ecklund

1994 --Counseling Issues & Strategies for Working with Homosexuals  
Chuck Orwiler

1994 --Native Americans: Culture and Clients  
David Hopkins

1994 --Therapy with Religious Clients: Recent Research  
Dr. Rebecca Propst

1995 --Hope and Hopelessness as related to Mental Health  
Dr. Howard Macy

1995 --Contrasts between the Rorschach Ink Blot Test and MMPI  
Dr. Scott Willis  
Dr. W. Brad Johnson

1995 --American Indian Acculturation Schema: A Hypothesis  
Dr. Loye M. Ryan

1995 --The History of Health Insurance in the United States

Norman Penner, MPH

**SUPPLEMENTARY TRAINING (lectures & workshops)--continued**

1995--Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder  
(Pacific Gateway Hospital)

1995 --By Design and In God's Image: Self Esteem  
Dr. Larry G. Day

1995 --Opposite Sexes or Neighboring Sexes?: The Importance of Gender in the Welfare  
Responsibility Debate.  
Dr. Mary Stewart Van Leeuwen

1996 --Untangling the False Memory Debate  
Dr. Joan Polanski

1996--Narrative Therapy: Theory and Techniques  
(Portland State University)

1996--Gestalt Therapy Sampler  
(Association for the Advancement of Gestalt Therapy)

1996 --Cross-Cultural Assessment  
Richard Dana, Ph D.

1996 --Introduction to Rational Emotive Therapy  
Dr. Hank Robb

1996--Oregon State University Gerontology Conference  
(Oregon State University)

1996--Gestalt Therapy Multimedia Presentation  
(Association for the Advancement of Gestalt Therapy)

1996 --REBT with Religious Clients  
Dr. W. Brad Johnson

1996 --Critical Incident Stress Management  
Dr. Carl Lloyd

**SUPPLEMENTARY TRAINING (lectures & workshops)--continued**

- 1996--Successful Treatment Strategies with Angry Adolescents  
(Pacific Gateway Hospital)
- 1996--Life and Loss: Living and Dying in the Family System  
(The American Academy of Bereavement)
- 1997--Practical Approaches to Successful Healing of Sexual Abuse  
(Carondelet Management Institute)
- 1997 --Rational Living in an Irrational World  
Dr. Albert Ellis
- 1997 --Emergency Psychological Services & Crisis Intervention  
Dr. Michael G. Conner
- 1997 --Dealing with Angry Adolescents  
Dr. Scott Ashdown
- 1997 --Diagnosis & Management of Geriatric Depression: An Interdisciplinary Approach in  
Long Term Care Settings  
Dr. Sumer Verma
- 1997 --Intensive Outpatient Substance Abuse Treatment Program  
St. Joseph Mercy Hospital Substance Abuse Unit
- 1997 --Group Therapy: Adult Stabilization Groups  
St. Joseph Mercy Hospital Staff
- 1997 --Marketing Strategies for the Clinician  
Dr. Stephen Craig
- 1997 --Group Therapy: Chemical Dependency Groups  
St. Joseph Mercy Hospital Staff



**SUPPLEMENTARY TRAINING (lectures & workshops)--continued**

- 1997 --Roundtable Discussion: The Family Division of the Circuit Court in Oakland County, Michigan  
Judge Wendy Potts  
Judge Edward Sosnick
- 1997 --Group Therapy: Adolescent Groups  
St. Joseph Mercy Hospital Staff
- 1997 --Roundtable Discussion: Parental Rights Issues  
Michigan Inter-Professional Association
- 1997 --Clinical Management of Schizophrenia: The Role of Atypical Antipsychotics  
National Interactive Video Presentation
- 1997 --SSRI's and the Elderly  
Bruce G. Pollock, M.D., Ph.D.
- 1998 --Sexual Dysfunction with Antidepressants  
Troy L. Thompson, M.D.
- 1998 --New Treatment Options in Schizophrenia  
Rajiv Tandon, M.D.
- 1998 --Conflict Management for Parties Residing Together During a Pending Divorce  
Michigan Inter-Professional Association
- 1998 --The Use and Abuse of Spiritual Direction in Christian Therapy  
Dr. Timothy F. Hogan
- 1998 --Treating the Unmanageable Adolescent  
Dr. Neil Bernstein
- 1998 --The Missed Diagnosis: Bipolar Disorder in Children and Adolescents: Current Treatment Issues  
Dr. Gary Sachs

**SUPPLEMENTARY TRAINING (lectures & workshops)--continued**

1998 --Treatments for Depression in Patients with other Medical Illnesses  
Dr. Michael Wise

1998 --Pain Management and Depressed Patients  
Dr. Ronald Bradley

1998 --Minimizing and Managing Antipsychotic Side Effects  
Dr. Paul E. Keck

**VOLUNTEER SERVICE:***Christian Service*

## Teaching:

- First grade Sunday School
- Evening church Children's program
- Junior High School Bible Club teacher
- Christian Endeavor youth group
- Calvary Chapel youth group
- Adult Sunday School teacher (all ages)
- Weeknight adult Bible study
- Organized and led workplace Bible study at several locations.

## Leadership:

- Youth Pastor (paid)
- Christian Education Committee
- Finance Committee
- Missions and Evangelism Committee
- Chairman of Deacons
- Church Council Member

## Administration

- Served as coordinator/advisor for evening second and third-grade programs (wrote curriculum, teaching goals, etc.)
- Coordinator for Pre-school church program.

## Credentials have included:

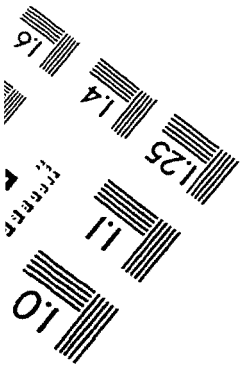
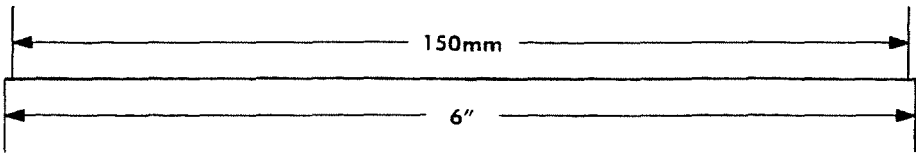
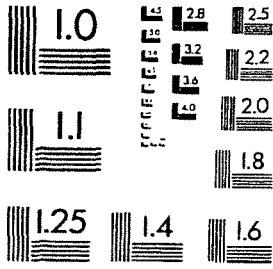
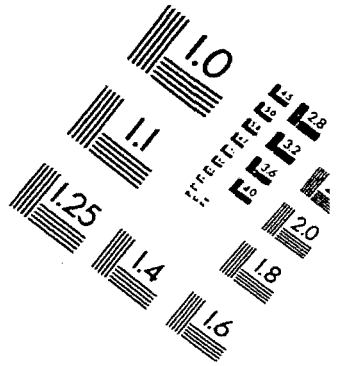
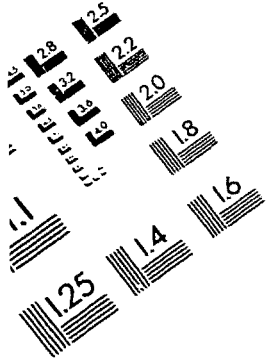
- Certificate of License from The Evangelical Church of North America
- Ordination

Additional service: Served with national "Christian Marriage Enhancement" program 1981-1986. Conducted weekend marriage seminars, served on District Executive Council, supervised Oregon and Washington presenting teams, wrote and edited seminar material, wrote newsletter for the Pacific Northwest CME alumni.

Other Volunteer Service

- Little League Baseball Coach--eight years
- Community Soccer Coach--one year
- "Big Brother" community mentor--one year
- Clackamas County Sheriff's Reserve--three years
- Training Officer, Clackamas County Sheriff's Reserve--two years

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