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VALUES AFFECTING COLLABORATION AMONG PSYCHOLOGISTS AND EVANGELICAL CLERGY

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Previous research has shown that shared values are important to both clergy and psychologists when considering the possibility of collaborating with one another, but it is not clear which values must be shared. Eighty-one psychologists and 56 evangelical Protestant clergy were surveyed using a values questionnaire developed by Jensen and Bergin (1988) with some additional items specifically pertaining to evangelical beliefs, revealing differences within value themes between clergy and psychologists. The epistemological foundations of the two professions create obstacles to collaboration, suggesting a need for psychologists to develop trusting relationships with clergy, engage in specialized training, and reevaluate the post-modern distinction between facts in the public domain and privately held values.

Despite the growing interest in religious issues in psychology (Richards & Bergin, 1997; Shafranske, 1996), a large distance remains between psychologists and clergy. One evidence of this tension is the relative lack of collaborative efforts that occur between the two professions (McMinn, Chaddock, Edwards, Lim, & Campbell, 1998). Although there is frequently overlap between the types of problems each discipline addresses in a care-providing context, each discipline has its own areas of focus; therefore, collaboration between psychologists and clergy can be essential to adequately address and respect the concerns of the person seeking help (Meylink & Gorsuch, 1988). Both clergy and psychologists view values as an important factor affecting collaboration (McMinn et al., 1998), but it is not yet clear which values must be shared in order to promote effective collaboration.

The relationship between psychology and religion has a long historical foundation. Oden (1987) notes:

Long before psychology was a distinct profession, pastors engaged in activities that required psychological wisdom. Pastors have struggled for the health of persons and the life of souls in ways that anticipate and resemble contemporary psychotherapies. (p. 5)

During the relatively brief history of modern psychology, some such as William James, Carl Jung, and Gordon Allport have sought to include spiritual perspectives. More recent contributions include Richards and Bergin's (1997) book, *A Spiritual Strategy for Counseling and Psychotherapy* and Shafranske's (1996) edited book *Religion and the Clinical Practice of Psychology*. Within the Shafranske volume, Vande Kemp (1996) contends that during the latter part of the 20th century, integration of religious faith and psychology has emerged as a discrete specialty within psychology. Despite the growing interest in psychology of religious issues and the justification for this increased interest, there are those from both professions who believe the two fields should remain distinct (Bulkley, 1993; Zeiger & Lewis, 1998). One source of this tension can be found in the different epistemological foundations of religion and psychology.

The historical foundations of evangelical Christianity and modern psychology come from different time periods and philosophical foundations. Central to evangelical Christianity is God and his revelation to humanity through the prophets, sacred texts, Jesus Christ, and the Holy Spirit. God is viewed as the source of this knowledge: "The Christian religion has placed strong emphasis on revelation and its epistemological authority" (Honer, Hunt, & Okholm, 1996, p. 90). From ancient times, truth has been assumed to be grounded in an external source of authority; there is "absolute truth that applies to everyone, everywhere, at all times; truth is there wait-

ing to be discovered through revelation, reason, experience, or intuition" (Honer et al., p. 94). The central role of Scripture as the source of authority for the evangelical faith is evidenced in the Westminster Confession:

The whole counsel of God, concerning all things necessary for his own glory, man's salvation, faith and life, is either expressly set down in Scripture, or by good and necessary consequence may be deduced from Scripture; unto which nothing at any time is to be added, whether by new revelations of the Spirit, or traditions of men (I, VI).

In contrast, modern psychology draws much of its identity from modern science and the Age of Reason. During the beginning of modernity, a significant epistemological shift occurred within the Western world when science began to replace religion as the predominant frame of reference (Cushman, 1990). The early founders of psychology sought to bolster credibility of the developing discipline and aligned with foundational assumptions of the scientific method that included a naturalistic basis for human behavior while abandoning religious and spiritual explanations (Richards & Bergin, 1997). Early leaders also adopted "deterministic, reductionistic, atomistic, materialistic, and mechanistic views of human beings" (p. 27). Psychology was not immune to the cultural and philosophical influences of the era in which it developed. Cushman (1990) points out that the same sociohistorical influences such as the "absence of community, tradition, and shared meaning" (p. 600) during the 20th century that led to the development of the "empty self" also contributed to the development of a psychology that perpetuates these very traits within persons it attempts to treat. These underlying epistemological differences for clergy and psychologists form a basis for understanding differences in religious belief and practice between psychologists and the general public. Distinctions between these groups are found in two domains: privately held beliefs about religion and expectations about the role of religion within the professional practice of mental health service delivery. Although some reports have showed variability regarding the religious beliefs of psychologists, psychologists report less religious belief and activity than the general public (Bergin, 1980a, 1991; Bergin & Jensen, 1990; Genia, 1994; Jensen & Bergin, 1988; Ragan, Malony, & Beit-Hallahmi, 1980). In America, religious belief continues to be important for the general public. A *U.S. News and World Report* ("Spiritual

America," 1994) survey indicated that about 95 percent of Americans believe in God or a universal spirit, about 60 percent said they regularly attend religious services, and over 80 percent indicated they believe the Bible is the inspired word of God (p. 50). Twenty years ago, Hogan (1979) eloquently described the importance of religion and the resistance often met within psychology:

Religion is the most important social force in the history of man. . . . But in psychology, anyone who gets involved in or tries to talk in an analytic, careful way about religion is immediately branded a meat-head: a mystic; an intuitive, touch-feely sort of moron. (pp. 4-5)

Only 29% of mental health therapists view religious themes as important in guiding and evaluating psychotherapy with all or many clients (Bergin & Jensen, 1990). Whereas the majority of psychologists try to live their life by their religious beliefs (Jensen and Bergin, 1988), many of them keep their religious beliefs separate from their professional work. Yet many consumers of psychology want religious factors to be included in the care they receive. Chalfant et al. (1990) found that residents of El Paso, Texas, far preferred to seek help for personal problems from clergy (41% of respondents) than any other professional group (medical doctors, 29%; psychiatrists, psychologists, 21%)—a finding that also emerged from a similar study with Florida residents (Quackenbos, Privette, & Klentz, 1985). These findings highlight the need for a deeper understanding of psychologists' and clergypersons' practices, as well as their beliefs and attitudes about the other's profession.

Public demand is not the only reason that psychologists should consider more active methods of including spiritual and religious values in their work. Psychotherapy "occurs within a values context" (Shafranske & Malony, 1990, p. 72). Many authors have asserted that value free science is unfeasible (Bergin, 1980a, 1980b; Jones, 1994; Kuhn, 1970). Thus, a more reasonable and ethical position is to be cognizant of one's values and to be aware of how the values of both the therapist and the client impact the therapeutic relationship. For example, religious clients prefer similarly religious therapists, clients who are highly religious are more willing to disclose intimate topics to counselors wearing an explicit religious symbol, and Christian clients typically anticipate a negative response to their religious beliefs from nonreligious counselors (Worthington, Kuru, McCullough, & Sandage, 1996).

One strategy to address the religiosity gap is to find ways for psychologists and clergy to directly collaborate more closely and effectively (Genia, 1994). In a recent survey of clergy and psychologists, McMinh et al. (1998) found that collaboration is identifiable to both psychologists and clergy. Clergy and psychologists generally agreed about what activities constitute collaboration, and they also agreed that not much collaboration is occurring. In spite of the growing literature about religious themes within psychology, few studies have evaluated collaboration between psychologists and clergy (Weaver et al., 1997). The scarcity of research in this area and the limited collaboration that actually occurs warrants further investigation.

When McMinh et al. (1998) asked respondents to indicate factors affecting collaboration, clergy and psychologists ranked shared beliefs and values as the most important variable overall. On a Likert scale of 1-5 with 1 corresponding with "extremely unimportant" and 5 corresponding to "extremely important," clergy rated shared beliefs and values the highest, at 4.5; psychologists from Division 36 (Psychology of Religion) of the American Psychological Association (APA) rated this item on average at 4.2; and psychologists from Division 12 (Clinical Psychology) of the APA rated it at 3.9. Thus, it appears clear that shared values are important to clergy and psychologists, but it is not clear *which* values must be shared.

Clergy, as a group, are diverse regarding religious beliefs and values. The majority (over 85%) of Americans still refer to themselves as Christians, and about one-quarter (28%) are evangelicals (Richards and Bergin, 1997). In spite of liberal Protestant denominations losing many members between the mid 1960's to the early 1990's, evangelical denominations have remained more stable (Hoge, 1996). A key element of evangelical Christian faith is the belief in the Bible as God's word, and as previously noted, over 80% of Americans believe the Bible is inspired by God ("Spiritual America," 1994). Because of the prominence of evangelical Christianity in the United States, clergy of evangelical churches were selected for this study.

METHOD

Participants

Questionnaires and a cover letter were sent to 250 clergy of evangelical churches and 250 psychologists who are members of the American Psychologi-

cal Association. The clergy were randomly selected from churches self-identified as evangelical and were members of denominations belonging to the National Association of Evangelicals. A list of randomly selected psychologists was provided by the APA Research Office.

Of the 500 questionnaires sent, 16 were undeliverable, 10 were returned by individuals not wishing to participate, 1 individual called to be removed from the study, and 1 person stated via e-mail that she did not wish to participate. There were 137 completed questionnaires returned out of the possible remaining 472 participants, producing an overall return rate of 29%. About 34% (81) of psychologists and 24% (56) of clergypersons returned completed questionnaires. Twenty-six percent of the respondents were female and 73% were male (all but one of the evangelical clergy were male). Participants averaged 49 years of age, ranging from 26 to 76 years of age. Ninety percent were White/Caucasian, 3% Native-American/Alaska Native, 2% Asian-American/Pacific Islander, 2% Black/African-American, and 2% Hispanic/Latino-American. Psychologists identified their religious affiliation as 28% Protestant, 16% Catholic, 15% Agnostic, 9% Jewish, 6% New Age, 5% Atheist, and 21% as other. All of the psychologists held a doctoral degree. Thirty-six percent of clergy reported a bachelors degree as their highest degree, 49% a masters degree, and 15% a doctoral degree.

Instrument

The survey instrument developed by Jensen and Bergin (1988) was utilized in this study, with the addition of nine items designed to assess particular values deemed important to evangelical clergy. The Jensen and Bergin instrument was developed around ten value themes, and our additional nine items comprised an 11th theme. The identification of the nine items for the 11th theme involved several steps. First, five clergy of prominent evangelical churches in the Chicago area were interviewed in a structured format. Second, the interview responses were evaluated for common motifs. Third, similar to the approach used by Jensen and Bergin (1988), these motifs provided a structure for writing items for inclusion in the questionnaire. Fourth, the items were slightly revised after comparing them with the Statement of Faith from The National Association of Evangelicals and Promise Keepers, two prominent evangelical organizations in the United States. Fifth, the items were pre-

sented to four clergy of evangelical churches in the Chicago area, and they were asked to provide critical feedback regarding the item pool. From their responses, the nine items were revised again for use in the questionnaire. For each value statement, psychologists and clergy were asked to indicate the extent of their agreement regarding the importance of that value: (a) for a positive mentally healthy lifestyle and (b) as a shared belief or value with a person of the other profession when engaged in professional collaboration with that person. We refer to these as A scales and B scales, respectively. Because there were 11 value themes with two scales each, we had a total of 22 rating scales with each scale being comprised of multiple items. A 5-point Likert scale ranging from 1 (*Definitely No*) to 5 (*Definitely Yes*), was used for each of the 22 rating scales. Coefficient alpha reliabilities ranged from .52 to .98 with 20 of the 22 scales having reliabilities of .70 or higher.

Procedure

After this initial stage of developing the questionnaire, the instrument was sent to potential respondents. Three weeks after the initial survey was mailed, a reminder postcard was sent to those who had not yet responded. Three weeks later, a full survey packet was sent to the remaining individuals who had not returned the questionnaire.

RESULTS

Repeated-Measures Effects

A repeated-measures multivariate analysis of variance (MANOVA) was used to determine if differences were present within the value themes. Psychologists and clergy were combined in order to maintain an adequate sample size. Within group differences were found for both A scales (importance for a mentally healthy lifestyle), Wilks $\lambda = .26$, $F(10, 93) = 27.0$, $p < .001$, and for B scales (importance to share when collaborating), Wilks $\lambda = .43$, $F(10, 89) = 12.0$, $p < .001$. Profile analyses using paired sample *t*-tests were then computed to detect differences on adjacent scale scores. These analyses were computed for both psychologists and clergy using a conservative alpha of .01 to control for the inflated risk of Type I error (see Tables 1 and 2).

Between-Group Differences

A MANOVA was used to determine if differences existed between clergy and psychologist respon-

dents on each of the two rating columns. For ratings pertaining to importance for a mentally healthy lifestyle (A scales), significant differences were found between clergy and psychologists, Wilks $\lambda = .28$, $F(11, 91) = 21.0$, $p < .001$. Differences were also found for the importance of sharing values when considering collaboration (B scales), Wilks $\lambda = .46$, $F(11, 87) = 9.2$, $p < .001$. Because the multivariate analyses of variance revealed significant differences, univariate analyses of variance (ANOVAs) were conducted for each theme to help delineate the nature of the group differences. A conservative alpha level was selected because the large number of scales in the survey elevated the chance of a Type I error. An alpha level for the multiple ANOVAs was calculated by dividing the standard alpha level of ($p < .05$) by the number of dependent variables (22 scales), thus establishing an alpha level for each dependent variable of .002. We expected that psychologists and clergy would differ in their beliefs about the importance of both sexual attitudes/behavior (scale 9a) and spirituality/religiosity (scales 10a and 11a) for a positive, mentally healthy lifestyle. Significant group differences were found for all three scales (Table 3). We also expected that clergy would differ from psychologists in their view that spirituality/religiosity is important when considering collaboration. Significant group differences were found on both spiritual attitude scales when considering collaboration.

DISCUSSION

Importance for a Mentally Healthy Lifestyle

Clergy and psychologists were asked to rate 78 value statements regarding how important each is to a mentally healthy lifestyle, ranging from 1 (*Definitely No*) to 5 (*Definitely Yes*). The middle value, 3, represented "uncertain." Clergy, as a group, rated all of the value scales as important (averages range from 4.06 to 4.90), whereas psychologists demonstrated more variability in their ratings for the different scales (averages range from 2.16 to 4.30). Clergy rated all but 3 themes higher than psychologists.

The similar ratings on Competent Perception and Expression of Feelings (scale 1a, Freedom/Autonomy/Responsibility (scale 2a), and Self-awareness/Growth (scale 4a) represent values widely accepted and encouraged within society and are unlikely to be aversive to any particular value system. Although not readily evident by the titles, Scale 1a

Table 1
Ordered Means of Psychologists' Ratings

Important for Mental Health			Important to Share for Collaboration		
Value Scale		Mean	Value Scale		Mean
Scale 2A	Freedom, autonomy, and responsibility	4.30	Scale 2B	Freedom, autonomy, and responsibility	3.81
Scale 6A	Self-maintenance/physical fitness	4.12	Scale 5B	Human relatedness/inter-personal and family commitment	3.67
Scale 3A	Integration, coping, and work	4.12	Scale 1B	Competent perception and expression of feelings	3.64
Scale 1A	Competent perceptual expression of feelings	4.07	Scale 6B	Self-maintained/physical fitness	3.64
Scale 5A	Human relatedness/inter-personal and family commitment	4.01	Scale 8B	Forgiveness	3.58
Scale 7A	Mature values	3.81 ^a	Scale 9B	Regulated sexual fulfillment	3.52
Scale 4A	Self-awareness and growth	3.81	Scale 3B	Integration, coping and work	3.49
Scale 8A	Forgiveness	3.77	Scale 7B	Mature values	3.46
Scale 9A	Regulated sexual fulfillment	3.09 ^a	Scale 4B	Self-awareness and growth	3.32
Scale 10A	Spirituality/religiosity	2.66 ^a	Scale 10B	Spirituality/religiosity	3.14
Scale 11A	Evangelical Christianity	2.16 ^a	Scale 11B	Evangelical Christianity	2.94 ^a

Notes. Scale ratings range from 1 to 5.

^aThe rating on this scale is significantly lower than the preceding scale, $p < .01$.

Table 2
Ordered Means of Clergy Ratings

Important for Mental Health			Important to Share for Collaboration		
Value Scale		Mean	Value Scale		Mean
Scale 11A	Evangelical Christianity	4.90	Scale 11B	Evangelical Christianity	4.71
Scale 6A	Self-maintenance/physical fitness	4.75 ^a	Scale 8B	Forgiveness	4.58
Scale 8A	Forgiveness	4.70	Scale 6B	Self-maintenance/physical fitness	4.57
Scale 10A	Spirituality/religiosity	4.69	Scale 10B	Spirituality/religiosity	4.57
Scale 5A	Human relatedness/inter-personal and family commitment	4.55	Scale 9B	Regulated sexual fulfillment	4.48
Scale 2A	Freedom, autonomy, and responsibility	4.47	Scale 2B	Freedom, autonomy, and responsibility	4.39
Scale 3A	Integration, coping, and work	4.40	Scale 5B	Human relatedness/inter-personal and family commitment	4.39
Scale 9A	Regulated sexual fulfillment	4.33	Scale 3B	Integration, coping, and work	4.23 ^a
Scale 1A	Competent perception and expression of feelings	4.30	Scale 7B	Mature values	4.17
Scale 7A	Mature values	4.28	Scale 1B	Competent perception and expression of feelings	4.07
Scale 4A	Self-awareness and growth	4.06 ^a	Scale 4B	Self-awareness and growth	3.95

Notes. Scale ratings range from 1 to 5.

^aThe rating on this scale is significantly lower than the preceding scale, $p < .01$.

and 2a include items that reflect being responsible in the areas of feelings (scale 1a) and freedom/autonomy (scale 2a). Scale 1a includes values such as sensitivity to others' feelings; becoming skilled in the expression of one's feelings in an accurate and constructive way; and being open, genuine, and honest with others. Scale 2a includes items such as being free from excessive dependency, assuming responsibility for one's actions, reducing the strength of undesirable impulses, and increasing one's capacity for self control. This value scale reflects the value of the self, a core tenant of psychology (Cushman, 1990) that was also rated as important by clergy, perhaps because of the emphasis on responsibility. There is, again, an emphasis on the self in scale 4a, but without an emphasis on responsibility. Self-awareness and personal growth are often goals of psychotherapy, and, within the evangelical Christian faith, growth is encouraged within the context of sanctification. It is not surprising, however, that scale 4a was rated by clergy as significantly less important for positive mental health than any other scale. This may reflect a view among some evangelical Christians that interest in the self is a form of idolatry. The agreement between psychologists and clergy regarding the importance of these three scales may also be due in part to the positive response tendency of clergy. Because they rated every scale as important for a positive mentally healthy lifestyle, there was bound to be some overlap with scales deemed important by psychologists.

Significant value differences were found on the remaining 8 scales, with clergy rating all of them as significantly more important than psychologists. It is particularly interesting to note the pattern of differences based on effect size (see Table 3). Beginning with the scale with the largest effect size, they follow a general pattern of decreasing alignment with traditionally held religious values. For example, the four largest effect sizes were found for evangelical spirituality (scale 11a), regulated sexual fulfillment (scale 9a), spirituality/religiosity (scale 10a), and forgiveness (scale 8a). Two of these scales reflect overt spiritual values, and the others represent traditional evangelical standards such as preference for a heterosexual sex relationship, abstaining from intercourse until marriage, forgiving others, and seeking forgiveness for oneself. Among the scales with the smallest effect sizes was the Integration, Coping, and Work scale (scale 3a). This scale reflects values relatively less central to the evangelical faith. Items on

this scale include having healthy self-regard, developing appropriate methods for satisfying needs, developing skills in being analytic and objective, and striving for achievement.

Karier (1986) described the influence of Judeo-Christian civilization within early American culture as a "well-developed social system which not only presumed the existence of God but embodied both the rational and emotional guidelines for much human activity, and thereby provided the framework for a comprehensive way of life" (p. 2). This way of life, informed by an external, authoritative source such as the Bible, is foundational to an evangelical worldview, but it is also generally seen as less relevant to the essential aspects of life from a postmodern worldview. Based on psychology's early foundation in Descartes and Locke, neither the church nor a traditional body of knowledge set the norm, but by "remaking self into the final arbiter of truth and the center of initiative, individualism becomes entrenched and the dominance of the Church and folk traditions become severely undermined" (Cushman, 1995, p. 378). The values endorsed by psychologists in this survey reflect the shift from an authoritative framework for life to a primacy of values focused on freedom, autonomy, and responsibility.

Although there is not a significant group difference on scale 2a (freedom/autonomy), it is important to note the relative position of this scale compared to the other scales for both psychologists and clergy. For clergy, scale 2a fell in the middle relative to the other scales and was significantly less important than the evangelical scale (scale 11a). Psychologists rated scale 2a as the most important value theme for mental health and the evangelical scale as significantly less important than any other scale. Cushman (1990) criticizes modern psychology for what he refers to as the profession's predominant philosophical stance, "self-contained individualism" (p. 600). This characteristic worldview of current psychology is evidenced in the values reported in this study.

Shared Values for Collaboration

Using the same rating scale (1, "Definitely No", 3 "Uncertain, 5 "Definitely"), participants were asked to rate the same 78 value statements in response to the statement: "When collaborating with a clergyperson/psychologist, it would be important for him/her to share my belief on this value." Clergy rated all of the value scales as relatively impor-

Table 3
Theme Means and Effect Size

Theme	Psychologists			Clergy			F Effect Size (Cohen's d)	
	N	Mean	Std. Dev.	N	Mean	Std. Dev.		
1. Feelings								
A. Important for MH	81	4.1	0.6	54	4.3	0.5	6.0	—
B. Important for Collab	80	3.6	1.0	54	4.1	0.6	7.8	—
2. Autonomy								
A. Important for MH	80	4.3	0.4	50	4.5	0.3	5.5	—
B. Important for Collab	76	3.8	0.7	52	4.4	0.4	27.1 ^a	.94
3. Coping								
A. Important for MH	79	4.1	0.5	54	4.4	0.4	12.8 ^a	.65
B. Important for Collab	76	3.5	0.9	51	4.2	0.6	25.5 ^a	.91
4. Self-awareness								
A. Important for MH	79	3.8	0.7	55	4.1	0.5	5.6	—
B. Important for Collab	78	3.3	0.9	53	4.0	0.6	21.2 ^a	.82
5. Interpersonal								
A. Important for MH	76	4.0	0.6	53	4.5	0.4	38.8 ^a	1.12
B. Important for Collab	75	3.7	0.8	53	4.4	0.4	37.8 ^a	1.10
6. Physical Fitness								
A. Important for MH	81	4.1	0.7	55	4.8	0.4	40.4 ^a	1.11
B. Important for Collab	79	3.6	1.0	55	4.6	0.5	43.5 ^a	1.16
7. Mature Values								
A. Important for MH	71	3.8	0.5	53	4.3	0.5	27.3 ^a	.98
B. Important for Collab	72	3.5	0.9	52	4.2	0.6	24.7 ^a	.90
8. Forgiveness								
A. Important for MH	81	3.8	0.7	54	4.7	0.4	79.2 ^a	1.55
B. Important for Collab	79	3.6	0.9	54	4.6	0.5	56.5 ^a	1.33
9. Regulated Sexuality								
A. Important for MH	79	3.1	0.6	51	4.3	0.5	154.7 ^a	2.24
B. Important for Collab	78	3.5	0.9	49	4.5	0.5	47.9 ^a	1.26
10. Spirituality								
A. Important for MH	80	2.7	1.1	53	4.7	0.7	133.0 ^a	2.03
B. Important for Collab	79	3.1	1.1	53	4.6	0.6	71.0 ^a	1.50
11. Evangelical								
A. Important for MH	79	2.2	1.1	54	4.9	0.3	303.4 ^a	3.08
B. Important for Collab	80	2.9	1.2	53	4.7	0.5	98.0 ^a	1.75

Notes. Important for MH = Important for a positive, mentally healthy lifestyle.
Important for Collab = Important to share for collaboration.
^a*p* < .002.

tant to share when collaborating with psychologists (averages range from 3.95 to 4.71), whereas psychologists rated the sharing of the value themes as somewhat less important when considering collaboration (averages range from 2.94 to 3.81). Clergy rated every scale as significantly more important except scale 1b (competent perception and expression of feelings), and this scale approached significance ($p = .006$).

Postmodernity endorses a separation of the private from the public. Wells (1994) asserted:

What seems to be held in common by postmodernists is the rejection of overarching interpretive themes or ideologies, coupled with a fascination with what is local, common, and everyday. Postmodernism has therefore become indifferent to consistency, sees no value in continuity, and indeed has sought to elevate the reality of disjunctive experience. (p. 405)

In describing the current cultural norm, Newbigin (1986) asserts that facts and values are viewed within Western Culture as belonging to two domains: the public, where facts are accepted, and the private, where values should remain. From this perspective, these domains involve different ways of knowing and are therefore to remain distinct. Facts are tested and evaluated; the ones that prove true are accepted, and the others are rejected. Values are matters of personal choice and are not right or wrong. The guiding principle here is pluralism (Newbigin, 1986). Newbigin's observations describe our culture and the overriding perspective within psychology. For many psychologists, facts and values are not compatible—like oil and water, they do not mix.

As noted earlier, only about one-third of psychologists reported their approach to life is based on religion (Jensen & Bergin, 1988), and only 29% indicated that religious themes are important for guiding and evaluating psychotherapy with many or all clients. Psychologists trained in a scientist-practitioner model are sometimes trained to keep the domain of their personal beliefs and values separate from their clinical work. Furthermore, psychologists are generally trained to value individual self-determination. These two principles have been wed in such a way that creates a powerful guiding force in clinical psychology. In order to do good science and be true to one's profession, some assert that one should approach clinical work with a deliberate separation between personal values and public facts (e.g., empirically-based principles guiding practice), leading the client toward growth and self-discovery without introducing competing values.

Clergy view things differently. Values and statements about what ought to be are central to most religions, including evangelical Christianity. In sharp contrast to psychologists, clergy's work with parishioners is immersed with values. The primary function of the indwelling Spirit of Christ in the life of a Christian is to help that individual be made holy through having the mind of Christ. For the evangelical believer, values are to infuse all of life—public and private. For clergy, this means that values and facts, both the private and the public, are important for adequate pastoral care. Accordingly, they rate the sharing of values presented in this survey as more important than do psychologists.

Implications

Psychologists and evangelical clergy have significantly different views about the importance of values for a mentally healthy lifestyle and whether it is important to share these values when collaborating with a person from the other profession. The magnitude of differences across many value themes is somewhat surprising and may be discouraging when considering ways the two professions can collaborate. For psychologists, collaboration is becoming increasingly important in this age of changing professional identity. The value differences presented in this study are not easy ones to overcome in establishing effective relationships with evangelical Christian clergy. The following suggestions are offered.

Understanding the Differences and Similarities.

It is important to begin with an accurate assessment of the current state of value and philosophical similarities and differences between psychology and religion. Although this study found and consequently focused on differences, the similarities between these professions should be further investigated to explore where bridges can be built. Perhaps this can best be done at a local level, through establishing and building personal relationships with members of the other profession. This would permit discussion about the key differences, and trust can be built through personal relationships.

Generalized Training on Religious Issues. To facilitate building relationships, psychologists need to be willing to examine their underlying assumptions about the importance of values and to consider research findings regarding the importance of religious themes to many clients. The American Psychological Association

(1993) encourages psychologists to “respect client’s religious and/or spiritual beliefs and values, including attributions and taboos, since they affect world view, psychosocial functioning, and expressions of distress” (p. 46). One way to address this issue is to include coursework regarding religious issues in psychology training programs. Training in specific issues of diversity is mandated by the APA accreditation standards. Although training programs often directly consider many forms of diversity, rarely do they adequately address religious differences within a diversity context. There is a need for training programs to be more intentional about raising awareness concerning religious diversity and providing specific clinical training and supervision regarding these issues.

Specialized Graduate Training Programs. The vast differences between psychologists and clergy regarding values raise the question of whether it is feasible for most psychologists to collaborate with clergy. The current state of epistemological and value differences suggests significant underlying mistrust between the two professions. Clergy in particular are saying that it is important to share a wide range of values in order to collaborate with psychologists. As noted above, one approach to this problem is to build trust through personal relationships. This activity is important at a local level; however, it is not sufficient to bridge the over-all gap. It is fascinating to note that the average clergy rating on the items comprising scale 11b (evangelical values are important when considering collaboration) is 4.9 on a 5-point scale. The message is clear—evangelical clergy are not merely looking for psychologists who can be respectful of their parishioners’ values, but for psychologists who personally hold evangelical Christian beliefs.

This serves as an apologetic for clinical psychology graduate programs that specialize in training psychologists from an evangelical Christian worldview. Because of selective admissions procedures based on faith-related commitments, and because these programs require courses in Christian theology as well as clinical psychology, graduates typically have similar worldviews as evangelical clergy. These common beliefs can serve as a starting point for building collaborative relationships between evangelical clergy and psychologists.

Merging the Private and Public. For Christian psychologists interested in working closely with evangelical clergy, there is a need to challenge the false dichotomy between the private and public domains. Newbigin (1986) observes:

We cannot settle for a peaceful coexistence between science and religion on the basis of an allocation of their spheres of influence to the public and the private sectors respectively. We cannot forever live our lives in two different worlds. We cannot forever postpone this question: What is the real truth about the world? (p. 79)

Christian psychologists need to begin to bridge the gap between the religious and the psychological professions. Evangelical clergy have centuries of literature, tradition, and practice in caring for the soul through spiritual means. These Christian methods of change are very personal—delving into the depths of Christian community and each person’s spiritual quest. In addition to their contemporary scientific training in mental health care, Christian psychologists may learn to value and claim this rich spiritual heritage, and thus navigate a personal and professional course that facilitates collaborative work with Evangelical clients and clergy.

Accommodation on Epistemological Differences. Even for those psychologists who value the authority of Christian scripture to a similar degree as evangelical clergy, there may be a tendency to view the domain of the Bible as personal more than professional. That is, they have been trained to see religious belief as a personal value rather than an area of professional expertise. In contrast, clergy view the Bible as authoritative in personal and professional domains. Whatever disparity exists between psychologists and clergy in this regard serves as an obstacle to meaningful conversation and collaboration. This is particularly challenging because epistemological differences generally require accommodation from one group rather than meeting in the middle, because epistemologies can rarely be compromised while holding on to the core tenets. Our position is that any meaningful conversation between the two professions will require that evangelical psychologists join with evangelical clergy in claiming Christian scripture as the fundamental source of knowledge (while also maintaining respect for a scientific epistemology that explores general revelation).

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