

Effects of Counselor Religious Values
on the Client's Perception of the Counselor

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Each action or decision that an individual makes signals to others information about the individual's values. Nelson (1979) pointed out that values are the pivotal axis around which behavioral decisions are made. Although most people would agree that values are influential in the decision-making process, agreement on a concise definition of what values are is more difficult. Kessel and McBreaty (1967) referred to values as standards of desirability involving the cognitive, affective and directive elements of the evaluative process. Tisdale (1961), however, defined values as motivational constructs associated with perceived differences in goal-directed behavior and indicated by the selection of action-alternatives within a social situation. Values were considered by Adell (1976) to be indicators of the individual's view of reality or the person's metaphysics. Whereas, each of these definitions are similar, they each emphasize a different aspect of the definition of value. Ehrlich and Wiener (1961) summarized the various definitions that social scientists have assigned to values by listing five elements that have been used: (a) an affective dimension, (b) the implicit or explicit nature of values, (c) desirability--in terms of long-range preferences or in preferable alternatives in a situation, (d) a tendency to determine direction of behavior and

consistency in responses, and (e) as means and goals.

The traditional stance of psychology concerning values in counseling is that the therapist should remain neutral while counseling. This position was first advocated by Freud and followers of psychoanalysis. More recently, Rogers and supporters of a client-centered approach to therapy have also taken this view. Psychotherapists claim that their approach to psychological matters is value free because the techniques they use are based on scientific fact (Feifel, 1958; Watson, 1958). However, if one agrees with the premise that value judgments are implicit in every action we take, then as Williamson (1958) pointed out, by definition counselors cannot escape introducing values into counseling sessions. Some therapist such as Pratt (1955), Strunk (1976), Ellis (1980) and Bergin (1980) believe not only that values are introduced in therapy, but more importantly that they also play a central role in therapy. Pratt described psychotherapy as the systematic and conscious modification of the patient's values by means of the application of the methods of science, literature, and religion. Strunk (1976) stated that values are a legitimate focus in the counseling process and that values have motivational power. In addition, Strunk suggested that the consistency between

values and behavior can be used as an index to psychological adjustment.

Typical goals of psychotherapy, such as, that the client become adjusted, integrated, have an adequate perception of reality, and/or be responsibly independent, may appear to be value neutral. However, the therapist's values become involved as the goals are chosen for therapy and as the therapist determines whether or not the client has achieved these goals (Patterson, 1958). The debate between Bergin (1980) and Ellis (1980) illustrates how differing value systems influence the choice of goals for therapy. While both agree that values play an important role in psychotherapy, they often chose opposing therapeutic goals because of different religious beliefs, Bergin holds theistic values while Ellis is a probabilistic atheist. As pointed out by Ehrlich and Wiener (1961), any definition of mental health itself is a value.

"Are counselor values transmitted to the client?" is an important question that therapists must ask. Several studies have attempted to answer this question. The first of these studies, Rosenthal (1955), concluded that improved patients tended to revise their values in the direction of the values of the therapist. Farson (1961) supported Rosenthal's conclusion but stated that

this trend was more apparent with the less adjusted and competent clinicians. It is important to note that Farson's therapists used a client-centered approach, while Rosenthal more than likely used therapists that were analytically oriented. Petoney (1966) later validated Rosenthal's study using client-centered therapists. Welkowitz, Ortmeyer and Cohn (1967) reported that the patients in their study who were rated most improved were more similar to their therapist than those rated less improved. They also reported that therapists and their own patients tended to have more similar value systems than randomly paired therapist and clients. These findings support the hypotheses that the therapist's own value system influences the measurement of client improvement and that the counselor's values were adopted by their clients. It is also important to note that while all the therapist were analytically oriented, they did not share a homogeneous value system. Thus, there were a variety of value systems expressed by both therapists and clients.

A more recent study by Beutler, Pollack and Jobe (1978) reported that the client's adoption of the therapist's values was significantly correlated with the client's self-improvement ratings. Moreover, the

therapist's attitudes concerning the client's values appears to have its greatest impact on the patient's feeling of growth. Thus, clients appear to be aware of the therapist's values and use these values as standards of good mental health.

A study by Nawas and Landfield (1963) reported findings that appear to disagree with the hypothesis that improved clients accepted the values of their therapist. While Nawas and Landfield's results did not reach significance there was a trend toward the most improved patients increasing their preference in their own construct dimensions while the less improved clients internalized the therapist's personal constructs. Further research by Landfield and Nawas (1964) reported that for the client to show improvement there must be at least a minimal amount of communication by the therapist in the client's language dimension. In addition, the shift in the client's self-rating was toward the therapist ideal rating but described in the client's language dimension. In other words, clients who improve describe their improvement using their own language framework instead of the therapist's. However, the clients do appear to be influenced by the therapist's values since the self-ratings were in the direction of the therapist's ideal rating. These findings support Rosenthal's conclusion

that improved clients internalize specific values of the therapist.

As psychologists recognize that all forms of psychotherapy contain implicit value systems, thus making the notion of value-free counseling purely a myth (Halleck, 1971), more studies are being conducted to better understand how values influence the counseling process. Client/counselor value similarities is one area that is being studied. Lewis and Walsh (1980) reported that the client's perceived similarity of values tends to enhance the client's perception of the counselor's attractiveness and trustworthiness. In a study by Haugen and Edwards (1976), undergraduate students from an evangelical college tended to rate the therapist whom they perceived to be Christian as attractive and receptive. The underlying assumption is that the students were Christian; therefore, they were rating the therapist whom they were more similar to as attractive. Beutler et al. (1978) reported that the client's attitude toward the therapist's values seem strongly related to the development of trust and attraction. Issues of attractiveness and trustworthiness are particularly important during the initial counseling sessions when the client is deciding to make a commitment to the counseling process (Egan, 1975). Thus, the client's attitude toward

the counselor's values may be an important factor in determining whether the client commits to counseling.

In looking at how similarity influences outcome, Cook (1966) reported a curvilinear relationship between similarity and outcome. Positive change appears to more likely occur when there is a medium degree of similarity. Findings that the similarity of client/counselor values effect outcome by increasing client susceptibility to the counselor's influence attempts were reported by Schmidt and Strong (1971). In addition, Hurst reported significant relationships between client/counselor similarity and client satisfaction and progress. However, Kessel (1967) reported that while dissimilarity reduced interpersonal attraction, it did not reduce the interviewer's ability to influence the client's verbal behavior. It is important to note that there may be a difference in influencing verbal behavior and implementing change. Further study needs to be completed to clarify how value similarity effects outcome.

Much of the previous research on the effects of values on the counseling process has looked at values in a global way. However, research also needs to be completed on how specific values effect counseling. Some values may be important to counseling while other values have little effect. In the Beutler et al. 1978 study clients with

similar views as their therapist concerning God and sexuality but disagreeing views about world safety still reported satisfaction with therapy. Thus complete acceptance of therapist values appear not to be necessary for the development of trust and rejection of certain values by either the client or therapist may be just as important as agreeing on certain values. Specific values may be important in dealing with certain issues in counseling but irrelevant at other times (Lewis & Walsh, 1980). For example, agreement on premarital sex may be important when dealing with a sexual problem though agreement in this area may not be necessary in dealing with other concerns. Further study on the selective acceptance and rejection of various values and their influence on counseling need to be completed.

The present study will focus on the influence of religious values in counseling. In a 1985 Gallup poll concerning religion in America, 91% of those surveyed reported a religious preference; 56% ranked religion as very important in their lives and 61% believe that religion can answer all or most of today's problems. These statistics reveal that the general population has a significant interest in religion. Unfortunately, this interest has often been ignored by psychologists. One explanation for the ignoring of religion by psychologist

is the influence of Freud (Humphries, 1982). Freud viewed religion as a negative influence on society and believed that the relationship between religion and society was the same as the relationship between neurosis and the individual. In Strommen's (1984) review of religious research, he reported that between the years of 1942-1968 only 2% of the doctoral dissertations in the social sciences included religion as a variable and in the field of psychology only one-half of 1% did so. At the same time, Strommen reported that in his own research religious beliefs and values often predicted people's behavior with more power than commonly used variables such as age, occupation, level of education, or financial status. Traditional models of human behavior typically contain a physical and psychological component and ignore the spiritual dimension. But Theodore (1984) postulated a model of human behavior that includes a religious component along with a physical and psychological component. All three components interact with each other. When a person becomes unhealthy in one area, the individual's system becomes unbalanced and symptoms develop that can identify the problem area. Good balance is defined as a level of functioning in which the individual feels comfortable and both society and the individual agree is healthy. At different times in life

one component may be more important than the other two.

Previous studies investigating the religious person's attitude toward counseling reported that religiously conservative people tend to be reluctant to seek psychological help (Dougherty & Worthington, 1982; Duncan, 1981). Several reasons for their reluctance have been suggested by Worthington and Scott (1983). Religious people often believe that the secular counselor will not understand them because the counselor may: (a) ignore spiritual concerns, (b) treat spiritual phenomena such as belief in God's direct leading as pathological or just psychological, (c) fail to comprehend spiritual language and concepts such as salvation, sanctification, or justification, (d) assume that some increasingly accepted cultural norms such as premarital cohabitation are shared by religious clients, (e) recommend "therapeutic" behaviors that are considered immoral by the client, or (f) make assumptions, interpretations and recommendations that discredit revelation as a valid epistemology. King (1978) conducted a survey of the experiences and opinions of evangelical Christians concerning professional counseling. The most frequent criticism expressed by the evangelical Christians was a concern that their Christian faith would be misunderstood or threatened. However of the evangelical Christians who actually received

counseling, 92% reported that the counseling did not threaten their Christian faith.

While counseling may not be damaging to their faith, the more religiously conscientious client may not benefit as much from psychotherapy as other clients and it has been suggested that this lack of improvement may be related to disparity of values between the clients and their therapists (Rosenbaum, Friedlander, and Kaplan, 1956). In their study Rosenbaum et al. asked psychiatric residents to evaluate the improvement of their patients. Uniform definitions of improvement were used. From these ratings patients were placed in one of three groups (a) a much improved group, (b) an improved group, and (c) an insignificant change group. A comparison of the three groups revealed that the insignificant change group was more religious than the other two groups. In addition, less improvement was reported when dealing with problems in which religion was considered to be a major importance by the therapist. No explanation was given for this finding.

Gass (1984) administered a value survey to orthodox Christians, non-orthodox Christians, and non-Christian undergraduates and reported that orthodox Christians have a distinctive set of values related to coping with emotional distress. A person was considered orthodox if

they indicated a total belief in a personal God and Christ's divinity, and scored a 28 out of a possible 33 on five items that had previously been employed by Glock and Stark to measure orthodoxy of Christian belief and practice. The orthodox Christian tends to place a higher value on religious faith, prayer, meditation, and biblical teaching when coping with emotional distress.

Since research indicates that religious clients tend to be reluctant to seek psychological help (Dougherty & Worthington, 1982; Duncan, 1981), may perceive counseling as a threat to their faith (King, 1978; Worthington & Scott 1983), and may not benefit from counseling as much as other clients (Rosenbaum, Friedlander, & Kaplan, 1956) it appears that it is important that the therapist be aware of and sensitive to the client's religious beliefs. Lovinger (1979) went as far as to say that failure to take cognizance of any significant aspect of a client's life is to restrict what therapy has to offer. In determining treatment goals, one must consider the values of the client, society and the therapist (McMinn 1984). This includes the religious values of the client, society and the therapist. In dealing with the client's problems instead of introducing new coping skills the therapist may be able to use the clients religious beliefs and methods of coping more efficiently and with less resistance. With

the type of client that Gass described as orthodox, interventions that include the use of prayer and Bible study may be appropriate.

However, the relationship between client and counselor and the degree of value similarity may be more important than the actual techniques used. Pechuer and Edwards (1984) compared secular and religious versions of cognitive therapy with depressed Christian college students. Both treatment groups used Beck's cognitive-behavioral treatment model, but the religious version used biblical teachings regarding the self, the world, and the future. The results indicated that there were no significant differences between the two treatment groups. Pechuer and Edwards suggested that the lack of difference may be due partially to the fact that all the therapists in both treatments were explicitly recognized by the clients as Christians and that the value similarity and client-therapist relationship may be more important than the use of Biblical teaching.

Not only are the clients values important, as has already been pointed out, the counselor's values must also be considered. Henry, Sims and Spray (1971) in conducting a national survey of 3992 therapist found that 87% came from religious backgrounds but only 36% currently adhere to a religious profession. In the general population

religious commitment tends to be transmitted from one generation to the next; however, in the case of psychotherapists there is a massive religious apostasy. The authors have concluded that the therapists have replaced their religious belief system with a psychotherapy belief system. Although practicing psychologists rate themselves as less religious than the general population, 10% of a random sample of American Psychological Association members hold positions in religious organizations (Bergin, 1981).

Research studying the counselor's religious values report that Christian counselors' are more concerned with spiritual issues and viewed spiritual goals as more important than did secular counselors (Worthington and Scott, 1983). Counselors were labeled either Christian or secular depending on the setting in which they worked. A Christian setting was one that was explicitly labeled Christian or was clearly identified as a pastoral center or seminary; a secular setting was not so labeled or identified. These findings are not surprising. More recent research by Houts and Graham (1986) reported that the counselor's religious values do influence clinical judgement. In their study the counselors were asked whether the clinical problem presented was a result more of external circumstantial factors or internal

dispositional factors. Client religiosity was experimentally manipulated. Results indicated that the religious therapist made more internal attributions for nonreligious clients than did nonreligious therapist, whereas nonreligious therapist made more internal attributions for the religious client

"How and when does a therapist communicate his/her religious beliefs to a client?" are difficult questions to answer. Beit-Hallahmi (1975) suggests that religious self-disclosures by therapists are best handled openly and directly and that differences in beliefs may be used to encourage the client's individuality. Humphries (1982) not only believes that therapists should openly discuss their religious beliefs, but that failure to do so constitutes an area of potential abuse of psychotherapy. Furthermore it has been suggested that counselors are ethically bound to report information with regard to their personal belief systems and theoretical orientation so that the prospective client can make an informed decision about entering and continuing therapy (Bergin, 1980).

One logical time to present this information is before therapy begins. The fact that pretherapy information is significant in influencing perception has already been demonstrated in the impression-formation literature. Findings indicate that when a person receives

information concerning another person, they organize this information according to their own hierarchy of values. Some information is considered more important than other information and effects the total impression the person has of the other individual. The person then interacts with the individual according to preconceived expectations of how the relationship will proceed (Asch, 1946). Greenberg (1969) demonstrated the pretherapy information can influence the therapy relationship. Subjects rated therapist who had been labeled as warm or experienced as opposed to cold or inexperienced as more attractive. They were also more receptive to therapist influence and evaluated the therapist work more positively. When a client knows a counselor's stand on a particular issue similarity of values becomes an important determinant of the client's perceptions of the counselor (Haugen and Edwards, 1976; Lewis and Walsh, 1980) However, the amount of information given also influences the clients perceptions of the therapist. Lewis, Davis, and Lesmeister (1983) reported that subjects rated an "explicit feminist" therapist as less helpful than either a "traditional" or "feminist label" therapist. The subjects also perceived themselves as less similar to the explicit feminist therapist even though all the subjects had expressed profeminist attitudes as defined by the

Attitudes Toward Women Scale. The authors hypothesized that the explicit feminist therapist was rated less favorably because the therapist violated the subjects expectation of neutrality. Interestingly, subjects did perceive themselves as similar to the feminist labeled therapist. Perhaps when specific information is not available, subjects project their own values onto a therapist who offers appropriately satisfactory labels.

The purpose of the present study is to examine the effect of pretherapy information concerning the counselor's religious orientation on the subject's perception of the counselor's ability to help deal with specific psychological problems. Previous research by Bernard (1984) reported a near significant interaction between the religious orientation of the counselor and student perception of the counselor. However Wyatt (1984) reported that the counselor's religious orientation did not influence clients' perceptions of helpfulness or their willingness to see the counselor. Insignificant results in Wyatt's study may be due to the fact that the study did not include specific problems for the subjects to use when evaluating the counselor. It is the premise of this study that the religious values of the counselor may be considered important to the client when the client is dealing with certain problems and irrelevant when dealing

with other problems. A comparison will be made of the effects of five different pretherapy information scripts on the following: (a) subjects' perception of their similarity to the counselor described, (b) the subjects' perception of counselor expertness, attractiveness, and trustworthiness, (c) degree of confidence the subjects have in the counselor's ability to help with specified psychological problems, and (d) their willingness to see the counselor described. On the basis of previously cited research the following hypotheses will be tested:

1. Subjects will have more confidence in and be more willing to see the counselor described as Christian and believing that religious values may be important to discuss in counseling than the other counselors described. The counselor will be seen as more expert, attractive, and trustworthy than the other counselors.
2. Subjects will see themselves as less similar to, be less confident in, and less willing to see the counselor described as being Christian and who uses biblical scripture in counseling than the other counselors described. The counselor will be seen as less expert, attractive, and trustworthy than the other counselors described.
3. Subjects will see the religious values of the

counselor as important when dealing with socio-emotional problems, but not relevant when dealing with academic or medical-somatic problems.

4. There will be significant negative correlations between subjects' scores on the Christian Orthodoxy Scale and their perceptions of confidence in and willingness to see the counselors described as either no longer accepting Christian tenets or not believing that religious issues are important to discuss in counseling. These counselors will be seen as less attractive and trustworthy by those subjects who score high on the Christian Orthodoxy Scale.

5. Subjects who score high on the Intrinsic scale will see themselves as less similar to the counselors described as either no longer accepting Christian tenets or who do not believe that religious issues are important to discuss in counseling.

Method

Subjects

The sample consisted of 125 male and 125 female undergraduate students enrolled at North Texas State University, Denton, Texas. All subjects were recruited by asking for volunteers who were willing to participate in an experiment concerning counselor characteristics and client preferences of counselors. Participants of the

study received extra credit in their psychology classes.

Instruments

Descriptions of the Counselors (Appendix A) Five separate scripts were constructed that described the counselors' qualifications and religious orientation. The first script identified the counselor's qualification while the other four scripts also included an additional statement about the counselor's religious values. The second script added that the counselor was raised in a Christian home but is no longer active in church. Scripts three through five included statements that say the counselor is a Christian. In the third script the counselor is also described as believing that religious issues may be important for discussion in counseling. The fourth script stated that the counselor does not believe that religious issues are relevant for discussion in counseling. In the fifth script the counselor was described as using biblical scriptures in counseling. The format for the scripts was taken from a study by Wyatt (1984). This method of description has also been used in a study by Lewis, Davis, and Lesmeister (1983). An additional introductory statement giving a brief statement of the purpose of the study and asking the subjects to put themselves in the role of client was taken from a study by

Haugen and Edwards (1976).

The Counselor Rating Form (Appendix B) was used to measure the subjects perceptions of counselor expertness, attractiveness and trustworthiness. The scale constructed by Barak and LaCrosse (1975) consists of 36 adjectives that were each paired with an antonym. A seven-point bipolar scale was constructed for each item pair. Subjects are asked to mark the scale according to which adjective in the pair more closely describes the counselor. Split-half reliabilities of .87, .85, .91 for expertness, attractiveness, and trustworthiness, respectively, were reported. The CRF was chosen because it is widely used, easily administered and scored, and has acceptable reliability measures. For more information about the instrument see Ponterotto and Furlong (1985).

The Confidence in Counselor's Helpfulness Scale (Appendix C) and Willingness to Meet the Counselor Scale (Appendix D) were used to measure the degree of confidence the subjects place in the counselor's helpfulness in dealing with twenty-five specific problems and the subjects willingness to see the counselor in regard to these same twenty-five problems. These problems were chosen because it is believed that they represent common presenting problems of college students. Fifteen of these problems have been used in other studies (Cash,

Begley, McCown, & Weise, 1975; Cash & Kehr, 1978; Lewis & Walsh, 1978). In addition, the following problems were also included: marriage difficulties, child abuse, lack of assertiveness, dealing with anger, homosexuality problem pregnancy, rape, existential concerns, and bereavement. A five-point Likert scale was constructed for each of the problems.

The Similarity of Values and Opinions Scale (Appendix E) was also used to measure the subjects perception of similarity with the counselor. The scale consisting of a statement of similarity in which the subjects indicate whether they agree or disagree on a five-point Likert scale has been used in previous research by Wyatt (1984) and Lewis, Davis, and Lesmeister (1983).

To measure the subjects' religious orientation two scales were used, the Intrinsic-Extrinsic Religious Orientation Scale (Appendix F) and the Christian Orthodoxy Scale (Appendix G). The Intrinsic-Extrinsic Religious Orientation Scale is a widely used instrument consisting of two scales, an intrinsic scale and an extrinsic scale. Test scores may be categorized according to four categories, intrinsic, extrinsic, indiscriminately religious, and indiscriminately nonreligious. Allport and Ross (cited in Donahue, 1986)

described the extrinsically motivated people as those who use religion while intrinsically motivated people live their religion. In addition, the Christian Orthodoxy Scale was chosen because it was designed to measure the acceptance of well-defined, central tenets of the Christian religion. The authors (Fullerton and Hunsberger, 1982) of the twenty-four item Christian Orthodoxy Scale reported inter-item correlations between .60 and .70, a Cronbach alpha of .98 and that factor analysis revealed a single factor that accounts for a large amount of the total test variance. Both scales have been used with university students and are easily administered and scored.

Procedure

Subjects were randomly assigned to one of five treatment groups: 1) minimally described counselor, 2) counselor with Christian upbringing, 3) Christian counselor who believes that religious values may be important to discuss, 4) Christian counselor who does not believe that religious values are appropriate to discuss in counseling and 5) Christian counselor who uses biblical scripture in counseling. The groups consisted of 50 subjects with an equal number of males and females.

Each subject first read and signed an informed consent agreement (Appendix I). The subjects were then

asked to read the description of the counselor for their treatment group. The scripts included an statement requesting that the subjects imagine themselves as clients considering going to the counselor described. After reading the script the subjects completed the dependent measures in the following order: 1) Counselor Rating Form, 2) Confidence in the Counselor's Helpfulness, 3) Willingness to See the Counselor, 4) Similarity of Values and Opinions, 5) Intrinsic-Extrinsic Religious Orientation Scale, and 6) Christian Orthodoxy Scale. A manipulation check was also used in which the subjects marked the following two statements either true or false: 1) This counselor is married. and 2) This counselor is licensed. If either statement was incorrectly marked by a subject, the subject's data was not included in the analysis.

Following completion of the forms the subjects were debriefed. The purpose of the study was explained and the subjects were given an opportunity to make comments or ask questions. None of the subjects requested to see a counselor like the one described in the study, therefore none were referred.

Statistical Analysis

Multivariate analyses of covariance (MANCOVAs) were performed on the data to determine if there was a

relationship between the counselor's religious orientation and the client's perception of counselor competency. The counselor's religious orientation has been operationally defined according to the five counselor descriptions. The overall scores and the subscale scores from the Counselor Rating Form, Willingness to See the Counselor Scale, Confidence in the Counselor's Helpfulness Scale, and Similarity of Values and Opinions Scale were the dependent variables used in the analysis. Since it is the author's belief that the subject's religious orientation may influence the counselor ratings, the subjects' scores on the Christian Orthodoxy Scale were used as a covariate. When significant results ^{were} ~~are~~ obtained, a post hoc analysis using Student Newman-Kuels procedures were used to determine which of the levels differed significantly on a pairwise comparison basis. This procedure was selected because it is a conservative measure and protects the pairwise error rate. Sex differences were also examined.

Results

Manipulation Checks

Questionnaires from 322 individuals were collected out of which 72 questionnaires were rejected. Each subject's questionnaire was reviewed immediately upon collection. If there was an erroneous response to the manipulation checks or the subject did not meet the

criteria of being an undergraduate student the data was discarded. Nine questionnaires were discarded because the individuals were graduate students and one form was rejected because the sex of the person was not marked on the questionnaire. Sixty-two questionnaires, 34 male and 28 female, were rejected because the person incorrectly answered the manipulation checks. Data collection continued until 250 valid questionnaires, 125 male and 125 female, were obtained.

Data Analysis

The first hypothesis predicted that the subjects would have more confidence in and be more willing to see the counselor described as Christian and believing that religious values may be important to discuss in counseling (counselor 3) than the other four counselors. It was also predicted that counselor three would be perceived as more expert, attractive and trustworthy. Results from the MANCOVA performed on the scores obtained from the Willingness to See the Counselor Scale (WSC), Confidence in Counselor Helpfulness Scale (CCH), and the subscales of the Counselor Rating Form (CRF) did not support the hypothesis ($F=1.16361$, $DF=20/796.94$, $p=.279$). Instead the subjects appeared to place similar confidence in and willingness to see all counselors. None of the counselors were seen as more expert, attractive, or trustworthy than the other

counselors. (See appendix H for the means and standard deviation scores.)

A 2 x 5 factorial MANCOVA was performed to determine if there was a gender difference in subjects perception of, confidence in and willingness to see the counselor. The same five dependent variables were used as were used for the MANCOVA. Table 1 presents summary data. There was no significant multivariate effect for sex nor was there a significant interaction. The sex of the individual did not appear to influence perceptions of, confidence in, or willingness to see the counselor.

Table 1

Multivariate Analysis of Covariance (MANCOVA) of five variables by Sex and Counselor Description.*

Source of Variation	DF	F	Sign. of F
Sex	5/235.00	.85555	.512
Counselor Description	20/780.36	1.16767	.275
Description by Sex	20/780.36	.90531	.580

*Christian_Orthodoxy Scale scores were used as the covariate. Scores on the WSC, CCH, and subscales of the CRF were used as the dependent variables.

To determine if the type of problem one is dealing with influences counselor ratings, MANCOVA procedures were used to analyze the subscale scores on the WSC and CCH

scales. The problems listed on both of these scales can be organized into three subscales: 1) socio-emotional, 2) academic, and 3) medical-somatic. A summary of the results obtained is in table 2. No significant multivariate effects for either counselor description or sex were found nor was there a significant interaction effect. Both males and females appeared to be similarly willing to see and confidant in all the counselors no matter what category of problem was presented.

Table 2

Multivariate Analysis of Covariate (MANCOVA)* of six variables by Sex and Counselor Description.*

Source of Variation	DF	F	Sign. of F
Sex	6/234.00	1.166997	.325
Counselor Description	24/817.54	.78801	.755
Description by Sex	24/817.54	.86517	.652

*COS scores were used as the covariate. Subscale scores on the WSC and CCH were used as the dependent variables.

An additional factorial MANCOVA was performed to look at the individual problems listed in the WSC and CCH scales. No significant multivariate effects for counselor description or sex were found nor was there a significant multivariate effect (see table 3 for a summary of

results). A significant univariate effect for counselor description was found with item 14, dealing with anger ($F=2.48517$, $p=.044$). Subsequent Newman-Kuels post hoc analyses indicated mean scores for the counselor who used Biblical scriptures as significantly higher than those for the other counselor description. The other mean scores for the counselors did not significantly differ from one another. Subjects reported more confidence in the counselor who used Biblical scriptures in counseling to deal with anger than the other counselors. In addition, females were more confident than males that a counselor could help them deal with insomnia ($F=6.87089$, $p=.009$, Female $m=3.456$, Male $m= 3.168$). However, both of these conclusion must be tentative since significance was not found at the multivariate level.

Table 3

Multivariate Analysis of Covariance (MANCOVA) of 50 variables by Sex and Counselor Description*

Source of Variation	DF	F	Sign. of F
Sex	50/190.00	.99494	.492
Counselor Description	200/761.07	.98709	.537
Description by Sex	200/761.07	.85222	.916

*COS score were used as the covariate. Scores on the individual items on the WSC and CCH scales were the dependent variables.

Hypothesis two predicted that subjects would see themselves as less similar to, be less confident in, and less willing to see the counselor described as being Christian and who uses biblical scripture in counseling (counselor five) than the other counselors. It was also predicted that the counselor would be seen as less expert, attractive, and trustworthy. However, the factorial MANCOVA yielded no significant main effects or interaction effects (see table 4). Counselor five was seen as no less expert, attractive or trustworthy than the other counselors. Subjects were just as confident in, and willing to see counselor five as the other counselors. Furthermore, subjects' perception of similarity to

counselor five's values and opinions were not significantly different than with any of the other counselors.

Table 4

Multivariate Analysis of Covariate (MANCOVA) of six variables by Sex and Counselor*

Source of Variation	DF	F	Sign. of F
Sex	6/234.00	.71005	.642
Counselor Description	24/817.54	.98948	.478
Description by Sex	24/817.54	.87983	.631

*COS scores were used as the covariate. Dependent variables were the scores on the WSC, CCH, SVO, and the subscales of the CRF.

Hypothesis three predicted that subjects would consider the religious values of the counselor as important and influence their willingness to see the counselor when dealing with socio-emotional problems but not relevant when dealing with academic or medical-somatic problems. However the results from the factorial MANCOVA did not support the hypothesis since nonsignificant main effects and interactions were found (see table 5). Willingness to see the counselor did not vary according to the religious values of the counselor or

type of problem being brought to counseling.

Table 5

Multivariate Analysis of Covariance (MANCOVA) of three variables by Sex and Counselor Description*

Source of Variation	DF	F	Sign. of F
Sex	3/237.00	.27435	.844
Counselor Description	12/627.33	.36049	.976
Description by Sex	12/627.33	1.17502	.297

*Scores on the COS were used as the covariate. Dependent variables were the subscale scores on the WSC.

Hypothesis four predicted that there would be significant negative correlations between subjects scores on the COS and their confidence in and willingness to see both counselor two, who no longer accepted Christian tenets, and counselor four, who believed that religious issues are not important to discuss in counseling. Pearson product-moment correlations were computed and significant low positive correlations were found between scores on the COS and the subscales of the CRF: Expert $r=.2796$, attractiveness $r=.3280$, and trustworthy $r=.2885$ for subjects who read the description of counselor two. There

were no significant correlations between scores of subjects who read a description of counselor four. Correlations were also computed for the subjects who read the descriptions of counselor one, three, and five. None of the correlations were significant for the subjects who read counselor one's description. However, all the correlations were significant for the subjects who read the descriptions of counselors three and five. For both of these counselors the higher the subject scored on the COS the more willing they were to see and confident in the counselor. High scorers also saw these counselors as expert, attractive and trustworthy. A presentation of the correlations obtained is in table 6.

Table 6

Product-moment correlations between scores on the COS and scores on the WSC, CCH, and the subscales of the CRF.

	<u>Counselor Description</u>				
	ONE	TWO	THREE	FOUR	FIVE
WSC	.0666	-.0721	.3803*	-.0003	.4492*
CCH	.1038	.2051	.3729*	.0766	.3530*
Expert	.0909	.2796*	.3478*	-.0808	.6184*
Attract.	.1273	.3280*	.3690*	.0452	.5777*
Trust.	.0147	.2885*	.4092*	.0556	.6148*

* p<.05

The final hypothesis predicted that subjects who scored high on the Intrinsic scale would see themselves as less similar to counselor two, who no longer accepts Christians tenets and counselor four, who does not believe that religious issues are important to discuss in counseling than the other three counselors. Two different procedures were used to categorize people into either high or low intrinsic. The first procedure was a median-split with 29 calculated to be the median. In Donahue's review (1986) of the use of the Religious Orientation Scale he encouraged researchers to use the theoretical midpoints of the intrinsic and extrinsic scales so that there would be consistent classification of subjects thus results can more easily be compared. An analysis of variance in which the median was used to classify subjects as either high or low intrinsic was performed on the scores from the Similarity of Values and Opinions Scale (SVO) and yielded a significant main effect for the intrinsic factor. Subjects who scored high on the intrinsic scale tended to see themselves as more similar to the counselors than subjects who scored low on the scale. When the midpoint was used as the cutoff a similar main effect for the intrinsic factor was found plus there was an significant interaction effect. Not only did the high intrinsics see themselves as more similar to

counselors three and five who both were willing to discuss religious values but there does not appear to be a difference in perception of similarity between high and low scorers who read the descriptions of counselors two and four. Tables 7 and 8 summarize the results. Further analysis using the COS as a covariate was performed since the Intrinsic-Extrinsic Religious Orientation scale does not focus just on a Christian orientation. However, with the COS used as a covariate no significant main effects or interaction effects were found.

Table 7

Summary of Analysis of Variance of scores on the SVO by Counselor Description and Intrinsic Religious Orientation*

Source of Variation	SS	DF	MS	F	Sign. of F
Counselor Description	0.527	4	0.132	0.201	0.937
Intrinsic Orientation	5.827	1	5.827	8.904	0.003
Description by Orientation	5.037	4	1.259	1.924	0.107

* Median-split used to classify subjects.

Table 8

Summary of Analysis of Variance of scores on the SVO by Counselor Description and Intrinsic Religious Orientation*

Source of Variation	SS	DF	MS	F	Sign of F
Counselor Description	0.544	4	0.136	0.207	0.934
Intrinsic Orientation	4.313	1	4.313	6.575	0.011
Description by Orientation	6.183	4	1.546	2.356	0.054

* Midpoint used to classify subjects

A final analysis was done in which the subjects were divided into high and low scorers on the COS by using the median score as the dividing point. A factorial anova was then computed yielding a significant interaction effect ($f=2.690$, $p<.05$) and a significant main effect for COS ($f=19.549$, $p<.01$). Table 9 summarizes the results. Subjects who scored high on the COS tended to see themselves as more similar to the counselors who either believed that religious issues may be important to discuss in counseling or who used biblical scripture in counseling than the other counselors. In all groups the high scorers saw themselves as more similar to the counselor than the low scorers. It appears the low scores on the COS tend to see themselves as more similar to the counselor who no

longer accepts Christian tenets and less similar to the counselor who believes that religious issues may be important to discuss in counseling or who use biblical scriptures in counseling (see appendix H for mean scores).

Table 9

Summary of Analysis of Variance of scores on the SVO by Counselor Description and Christian Orthodoxy Scale

Source of Variation	SS	DF	MS	F	Sign. of of F
Counselor Description	0.456	4	0.114	0.198	0.939
COS	21.327	1	21.327	36.993	0.000
Description by COS	8.245	4	2.061	3.575	0.007

Discussion

The major premise of this paper that the religious values of the counselor is considered important to the client when the client is dealing with certain problems and that this will effect the client's perceptions of the counselor was not supported. Bergin (1985) identified two types of values that may be expressed by a counselor. One category is of values that are considered controversial because of considerable disagreement among mental health professionals concerning their appropriateness in counseling. Religious values fall into

this category. Lewis and Epperson (1987) postulated that the explicit presentation of controversial values may elicit negative reactions by clients. Three previous studies of the explicit presentation of controversial counselor values resulted in varying degree of negative impressions, distrust, and reluctance to see the counselor. Lewis et al. (1983) and Schnieder (1985) examined the effect of an explicit expression of feminist orientation. In Lewis and Lewis (1985) the counselor disclosed that she was a Christian and held values based upon the Bible. While in the present study results did not indicate that the presentation of the counselor's religious values produced a significant negative effect on the client's perception of the counselor, a more positive perception of the counselor who was willing to discuss religious values, which was expected, was also not obtained. Just as therapist are in disagreement over the role of religious values on counseling, clients may also see religious values as controversial. The controversial nature of religious values may be a partial explanation of why the expected higher rating of the counselor who was willing to discuss religious values was not observed.

It appears that the mere presentation of controversial values may violate expectations of how a good counselor should behave. Lewis and Epperson (1987)

reported that their subjects strongly endorsed the statement: "Counselors should make every effort to keep their own values from influencing their clients". Several subjects in the present study commented on their questionnaire that the counselor should not have disclosed religious values because it is important for a counselor to remain neutral. It appears that expression of controversial values may be perceived by subject's as an attempt by the counselor to influence the subject's value system. Lewis and Epperson reported that even subjects who endorsed feminist values themselves tended to perceive the feminist counselor as trying to persuade the clients to accept her values. Apparently the violation of the expectation of neutrality outweighs any positive effect of value similarity.

However Bergin also identified a category of values which he labeled as consensus values consisting of 23 values for which there was a reasonable amount of agreement among the mental health professionals. Freedom from coercion, self awareness and authenticity are examples of consensus values. Bergin suggest that if mental health professionals can agree on such values, it is reasonable to believe that many clients would also find them consistent with their philosophies and expectations about counseling and would react positively to the explicit

presentation of such values.

Negative reaction to explicit information about controversial counselor values may result in therapist's reluctance to disclose such information. However, previous research has demonstrated that it is impossible for the counselor's values to not influence the counseling process. In order for a client to make an informed consent to enter a counseling relationship it is imperative that the client be aware of the counselor's stand on controversial values. Clients may need to be informed about the research that demonstrates that a counselor is not value neutral in counseling but in fact the counselor's values do influence the counseling process and that in order to protect the client from being unknowingly influenced, counselor's are disclosing potentially controversial values.

Lewis and Epperson note that the presentation of controversial values may not necessarily result in a negative perception of the counselor by the client. They point out that in previous research the descriptions of the counselor has focused on the controversial values which differentiate the counselors. Consensus values usually were not included in the description. In the present study the counselor descriptions included a description of the counselor's religious values and a list

of neutral items such as hobbies but it did not include consensus values held by the counselor. Thus negative reaction may be a result of not only a presentation of the controversial values but the absence of the presentation of consensus values. To resolve this question of the cause of the negative evaluation further research needs to be completed involving the presentation of both consensus and controversial values.

In the present study it was noted that the subjects tended to choose the neither agree or disagree response, or neutral response when stating their confidence in, willingness to see, and similarity to the counselor. This may imply that the descriptions were not sufficient enough for the subjects to evaluate the counselor. Presentation of both controversial and consensus values may give a more balanced description of the counselor and enable the subject to make decisions regarding their confidence in, willingness to see, and similarity to the counselor.

Further research should also consider the developmental stage of the subject. Because of the ease in collecting data from college students, they are often used as the subjects. However an underlying assumption in the studies on religious values is that the subject has formed a religious identification. For college students this assumption may not be true. According to Ericksonian

developmental theory the primary task of the adolescent is the formation of an identity and this may not be completed until the latter college years. Waterman (1982) suggested that while issues of identity arise earlier, it is actually during the college years that the person makes great strides in identity formation particularly in the areas of vocational and religious identity.

While the identity is forming the individual is in a psychosocial moratorium in which the person explores various roles resulting in commitment. During this stage an individual may actively seek the opinions and advise of others who have values different from those they have grown up with. Earlier it had been postulated that religion is important to most people and thus most people would consider the religious values of the counselor as important information. In addition, it was thought that an individual would rate the counselor that they thought they were most similar to higher than the other counselors. However, according to Ericksonian theory adolescents may actually seek individuals with different values before they commit to a certain set of values. Therefore a counselor with differing religious values may seem more appealing to the individual who is still in the process of forming a religious identity which would account for the reason counselor three was not more highly

rated. An adult who has successfully established a religious identity may consider the religious values of the counselor as important and perceive a counselor with similar values as more helpful and be more willing to see this counselor than other counselors. Further research needs to be completed that includes developmental factors and examines the perceptions of both individuals who have formed a religious identity and those who have not.

References

- Adell, A. W. (1976). Values clarification revised. The Christian Century, 93, 436-439.
- Asch, S. E. (1946). Forming impressions of personality. Journal of Abnormal and Social Psychiatry, 41, 258-290.
- Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.
- Beit-Hallahmi, B. (1975). Encountering orthodox religion in psychotherapy. Psychotherapy: Theory, Research, and Practice, 12, 357-359.
- Bergin, A. E. (1980). Psychotherapy and religious values. Journal of Consulting and Clinical Psychology, 48, 95-105.
- Bergin, A.E. (1983). Religiosity and mental health: A critical reevaluation and meta-analysis. Professional Psychology: Research and Practice, 14, 170-184.
- Bergin, A. E. (1985). Proposed values for guiding and evaluating counseling and psychotherapy. Counseling and Values, 29, 99-116.
- Bernard, S. (1981). The effect of counselor religious orientation upon student perception of counselors. Dissertation Abstracts International, 42, 1015.

- Beutler, L.E., Pollack, S., & Jobe, A. (1978).
"Acceptance," values, and therapeutic change.
Journal of Consulting and Clinical Psychology
46, 198-199.
- Cash, T. F., Begley, P. J., McCowan, D. A., & Weise, B. C.
(1975). When counselors are heard but not seen:
Initial impact of physical attractiveness. Journal
of Counseling Psychology, 22, 273-279.
- Cash, T. F., & Kehr, J. (1978). Influence of
nonprofessional counselors' physical attractiveness.
Journal of Counseling Psychology, 25, 335-342.
- Cook, T. E. (1966). The influence of client-counselor
value similarity on change in meaning during brief
psychotherapy. Journal of Counseling Psychology, 13,
77-81.
- Donahue, M. J. (1986). Intrinsic and extrinsic
religiousness: Review and meta-analysis. Journal of
Personality and Social Psychology, 49, 400-419.
- Dougherty, S. G., & Worthington, E. L., Jr. (1982).
Preferences of conservative and moderate christians
for four christian counselors' treatment plans.
Journal of Psychology and Theology, 10, 346-
354.

- Duncan, H. D. (1981). Christian religious conservatism and help-seeking behavior. Unpublished doctoral dissertation, North Texas State University.
- Egan, G. (1975). The Skilled Helper: A model for Systematic Helping and Interpersonal Relating. Monterey, CA: Brooks/Cole Publishing Company
- Ellis, A. (1980). Psychotherapy and athiestic values: A response to A.E. Bergin's "Psychotherapy and religious values". Journal of Consulting and Clinical Psychology, 48, 635-639.
- Ehrlich, D., & Wiener, D. N. (1961). The measurement of values in psychotherapuetic settings. The Journal of General Psychology, 64, 359-372.
- Farson, R. E. (1961). Introjection in the Psychotherapeutic relationship, Journal of Counseling Psychology, 8, 337-343.
- Fiefel, H. (1958). Symposium on relationships between religion and mental health. The American Psychologist, 13, 565-579.
- Fullerton, J. T., & Hunsberger, B. (1982). A unidimensional measure of christian orthodoxy. Journal for the Scientific Study of Religion, 21, 317-326.
- The Gallop Poll: Public Opinion 1985. (1986). Wilmington, DEL: Scholarly Resources Inc.

- Gass, C. S. (1984). Orthodox christian values related to psychotherapy and mental health. Journal of Psychology and Theology, 12, 230-237.
- Greenberg, R. P. (1969). Effects of pre-session information on perception of the therapist and receptivity to influence in a psychotherapy analogue. Journal of Consulting and Clinical Psychology, 33, 425-429.
- Halleck, S. (1971). Therapy is the handmaiden of the status quo. Psychology Today, 4, 30.
- Haugen, C. D., & Edwards, K. J. (1976). Religious values and their effect on the perception of a therapist in a psychotherapy analogue. Journal of Psychology 4, 160-167.
- Henry, W. E., Sims, J. H., & Spray, S. L. (1971). The fifth profession: Becoming a psychotherapist. San Francisco: Jossey-Bass.
- Houts, A. C., & Graham, K. (1986). Can religion make you crazy? Impact of client and therapist religious values on clinical judgements. Journal of Consulting and Clinical Psychology, 54, 267-271.
- Humphries, R. H. (1982). Therapeutic neutrality reconsidered. Journal of Religion and Health, 21, 124-131.

- Hurst, J. A. (1977). Relationship of client satisfaction and client progress in therapy to similarities of counselor-client interpersonal values. Dissertation Abstracts International, 40, 1875-1876A.
- Kessel, P. (1967). Control of verbal behavior as a function of social reinforcement, the subject's conception of the interviewer's values relative to his own, and need for social approval: a psychotherapy analogue study. Unpublished doctoral dissertation, Temple University.
- Kessel, P., & McBrearty, J. F. (1967). Values and psychotherapy: A review of the literature. Perceptual and Motor Skills, 25, 669-690.
- King, R. R., Jr. (1978). Evangelical christians and professional counseling: A conflict of values. Journal of Psychology and Theology, 6, 276-281.
- Landfield, A. W., & Naus, N. M. (1964). Psychotherapeutic improvement as a function of communication and adoption of therapist's values. Journal of Counseling Psychology, 11, 336-341.
- Lewis, K. N., Davis, C. S., & Lesmeister, R. (1983). Pretherapy information: An investigation of client response. Journal of Counseling Psychology, 30, 108-112.

- Lewis, K. N., & Epperson, D. L. (1987). Issues of informed entry into counseling: Perceptions and preferences resulting from different types and amounts of pretherapy information. Journal of Counseling Psychology, 34, 266-275.
- Lewis, K. N., & Lewis, D. A. (1985). Pretherapy information, counselor influence, and value similarity: Impact on female clients' reaction. Counseling and Values, 29, 151-163.
- Lewis, K. N., & Walsh, W. B. (1980). Effects of value-communication style and similarity of values on counselor evaluation. Journal of Counseling Psychology, 27, 305-314.
- Lovinger, R. J. (1979). Therapeutic strategies with "religious" resistances. Psychotherapy: Theory, Research and Practice, 16, 419-427.
- McMinn, M. R. (1984). Religious values and client-therapist matching in psychotherapy. Journal of Psychology and Theology, 12, 24-33.
- Nawas, N.M., & Landfield, A. W. (1963). Improvement in psychotherapy and adoption of the therapist's meaning system. Psychological Reports, 13, 97-98.
- Nelson, D. (1979). Values and behavioral change. Journal of Psychology and Theology, 7, 212-219.

- Patterson, C. H. (1958). The place of values in counseling and psychotherapy. Journal of Counseling Psychology, 5, 216-223.
- Pecheur, D. R., & Edwards, K. J. (1984). A comparison of secular and religious versions of cognitive therapy with depressed christian college students. Journal of Psychology and Theology, 12, 45-54.
- Petoney, P. (1966). Value changes in psychotherapy. Human Relationship, 18, 39-45.
- Pratt, D. (1955). Values - Their dynamics in behavior and psychotherapy. Journal of Pastoral Care, 9, 189-202.
- Ponterotto, J. G., & Furlong, M. J. (1985). Evaluating counselor effectiveness: A critical review of rating scale instruments. Journal of Counseling Psychology, 32, 597-616.
- Rosenbom, M., Friedlander, J., & Kaplan, S. M. (1956). Evaluation of results in psychotherapy. Psychosomatic Medicine, 18, 113-132.
- Rosenthal, D. (1955). Changes in some moral values following psychotherapy. Journal of Counseling Psychology, 19, 431-436.
- Schmidt, L. D., & Strong, S. R. (1971). Attractiveness and influence in counseling. Journal of Counseling Psychology, 18, 348-351.

- Schneider, L. J. (1985). Feminist values in announcements of professional services. Journal of Counseling Psychology, 32, 637-640.
- Strommen, M. P. (1984). Psychology's blind spot: A religious faith. Counseling and Values, 28, 150-161.
- Strunk, Jr., O. (1976). Principles of axiotherapy. Journal of Religion and Health, 15, 241-246.
- Theodore, R. M. (1984). Utilization of spiritual values in counseling: An ignored dimension. Counseling and Values, 28, 162-168.
- Tisdale, J. R. (1961). Psychological value theory and research: 1939-1960. Dissertation Abstracts International, 22, 1244.
- Waterman, A. S. (1982). Identity development from adolescence to adulthood: An extension of theory and a review of research. Developmental Psychology, 18, 341-358.
- Watson, G. (1958). Moral issues in psychotherapy. The American Psychologist, 13, 574-576.
- Welkowitz, F., Cohen, J., & Ortmeyer, D. (1967). Values system similarity: Investigation of patient-therapist dyads. Journal of Consulting Psychology, 31, 48-55.
- Williamson, E. G. (1958). Value orientation in counseling. Personnel and Guidance Journal, 36, 520-528.

Worthington, Jr., E. L., & Scott, G. G. (1983). Goal selection for counseling with potentially religious clients by professional and student counselors in explicitly christian or secular settings. Journal of Psychology and Theology, 11, 318-329.

Wyatt, S. C. (1984). The influence of counselor religious values on clients' selection of a counselor.

Unpublished doctoral dissertation, North Texas State University.

Appendix A

Descriptions of the Counselors

Counselor 1

The counselor is an experienced professional who is well known and admired by his colleagues. The counselor is licensed in the state of Texas and is qualified to conduct individual, marital and family therapy. During the first session, it is revealed that the counselor is a 40-year-old Caucasian who has been married for 15 years, has two children, and whose hobbies include jogging, music, and camping. The counselor was raised in a middle-class family, lives in a suburban area, and is politically moderate.

Counselor 2

The counselor is an experienced professional who is well known and admired by his colleagues. The counselor is licensed in the state of Texas and is qualified to conduct individual, marital and family therapy. During the first session, it is revealed that the counselor was raised in a Christian home, but is no longer active in church. The counselor is a 40-year-old Caucasian who has been married for 15 years, has two children, and whose hobbies include jogging, music, and camping. The counselor was raised in a middle-class family, lives in a suburban area, and is politically moderate.

Counselor 3

The counselor is an experienced professional who is well known and admired by his colleagues. The counselor is licensed in the state of Texas and is qualified to conduct individual, marital and family therapy. During the first session, it is revealed that the counselor is a Christian and believes that religious values may be important to discuss in counseling. The counselor is a 40-year-old Caucasian who has been married for 15 years, has two children, and whose hobbies include jogging, music, and camping. The counselor was raised in a middle-class family, lives in a suburban area, and is politically moderate.

Counselor 4

The counselor is an experienced professional who is well known and admired by his colleagues. The counselor is licensed in the state of Texas and is qualified to conduct individual, marital and family therapy. During the first session, it is revealed that the counselor is a Christian and believes that religious values are not important to discuss in counseling. The counselor is a 40-year-old Caucasian who has been married for 15 years, has two children, and whose hobbies include jogging, music, and camping. The counselor was raised in a middle-class family, lives in a suburban area, and is politically moderate.

Counselor 5

The counselor is an experienced professional who is well known and admired by his colleagues. The counselor is licensed

in the state of Texas and is qualified to conduct individual, marital and family therapy. During the first session, it is revealed that the counselor is a Christian and uses biblical scriptures in counseling. The counselor is a 40-year-old Caucasian who has been married for 15 years, has two children, and whose hobbies include jogging, music, and camping. The counselor was raised in a middle-class family, lives in a suburban area, and is politically moderate.

Instructions That Follow Each Description

You are now going to be asked to evaluate this counselor on several different measures. Remember to imagine yourself as a possible client of this counselor as you respond to the following questions.

Appendix C

Confidence in Counselor Helpfulness Scale

Below is an incomplete statement and a list of problems to complete the statement. Please complete the statement below by adding the first problem listed to the end of the statement. Indicate your reaction to the statement by choosing the description that best describes your reaction and circling the number to the right of the problem that corresponds to your reaction. Repeat this procedure using the next problem listed until you have responded to each problem.

I believe the counselor described could help me deal with _____.

	(1) Strongly Disagree	(2) Disagree	(3) Neither Agree or Disagree	(4) Agree	(5) Strongly Agree		
40. Inferiority feelings			1	2	3	4	5
41. Rape			1	2	3	4	5
42. Child abuse			1	2	3	4	5
43. Lack of assertiveness			1	2	3	4	5
44. Speech anxiety			1	2	3	4	5
45. Insomnia			1	2	3	4	5
46. Problem pregnancy			1	2	3	4	5
47. Marriage difficulties			1	2	3	4	5

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48. General anxiety	1	2	3	4	5
49. Homosexuality/Lesbianism	1	2	3	4	5
50. Parental conflict	1	2	3	4	5
51. Dating difficulties	1	2	3	4	5
52. Bereavement	1	2	3	4	5
53. Dealing with anger	1	2	3	4	5
54. Study Problems	1	2	3	4	5
55. Test anxiety	1	2	3	4	5
56. Sexually transmitted disease	1	2	3	4	5
57. Shyness	1	2	3	4	5
58. Depression	1	2	3	4	5
59. Career Choice	1	2	3	4	5
60. Lack of friends	1	2	3	4	5
61. Alcoholism	1	2	3	4	5
62. Drug Addiction	1	2	3	4	5
63. Concern about sexuality	1	2	3	4	5
64. Existential concerns	1	2	3	4	5

If there were any problems that you did not believe that the counselor would be helpful with, please list them here and describe the type of person who would be helpful.

Appendix D

Willingness to See the Counselor Scale

You have just rated how helpful you believe the counselor would be in dealing with various problems. We would now like to know if you would be willing to see the counselor concerning these problems.

Please complete the statement below by adding the first problem listed to the end of the statement. Indicate your reaction to the statement by choosing the description that best describes your reaction and circling the number to the right of the problem that corresponds to your reaction. Repeat this procedure until you have responded to each problem listed.

I would be willing to see this counselor for counseling concerning _____.

	(1) Strongly Disagree	(2) Disagree	(3) Neither Agree or Disagree	(4) Agree	(5) Strongly Agree
65. Speech anxiety			1	2	3 4 5
66. General anxiety			1	2	3 4 5
67. Dealing with anger			1	2	3 4 5
68. Homosexuality/Lesbianism			1	2	3 4 5
69. Existential concerns			1	2	3 4 5
70. Drug addiction			1	2	3 4 5

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71. Marriage difficulties	1	2	3	4	5
72. Lack of friends	1	2	3	4	5
73. Bereavement	1	2	3	4	5
74. Lack of assertiveness	1	2	3	4	5
75. Child abuse	1	2	3	4	5
76. Shyness	1	2	3	4	5
77. Sexually transmitted disease	1	2	3	4	5
78. Insomnia	1	2	3	4	5
79. Depression	1	2	3	4	5
80. Parental conflict	1	2	3	4	5
81. Rape	1	2	3	4	5
82. Inferiority feelings	1	2	3	4	5
83. Test anxiety	1	2	3	4	5
84. Study problems	1	2	3	4	5
85. Alcoholism	1	2	3	4	5
86. Career choices	1	2	3	4	5
87. Concern about sexuality	1	2	3	4	5
88. Dating difficulties	1	2	3	4	5
89. Problem pregnancy	1	2	3	4	5

If there were any problems that you were not willing to discuss with the counselor, please list them here and indicate what type of person you would go to and discuss the problem.

Appendix E

Similarity of Values and Opinions Scale

Indicate your reaction to the statement below by choosing the description which best describes your reaction and circling it.

90. My values and opinions are similar to those of the counselor described.

(1)	(2)	(3)	(4)	(5)
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree

Appendix F

Intrinsic-Extrinsic Orientation Scale

The following items deal with various types of religious ideas and social opinions. We would like to find out how common they are.

Please indicate the response you prefer, or most closely agree with, by circling the number that matches your response.

If none of the choices expresses exactly how you feel, then indicate the one closest to your own views. If no choice is possible you may omit the item.

There are no "right" or "wrong" choices. There will be many religious people who will agree with all the possible alternatives.

91. I try hard to carry my religion over into all my other dealings in life.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

92. If I were to join a church group I would prefer to join (1) a Bible Study group, or (2) a social fellowship.

1. I would prefer to join (1)
2. I probably would prefer (1)
3. I probably would prefer (2)
4. I would prefer to join (2)

93. What religion offers me most is comfort when sorrows and misfortune strike.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

94. Quite often I have been keenly aware of the presence of God or the Divine Being.

1. Definitely not true
2. Tends not to be true
3. Tends to be true
4. Definitely true

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

1. Definitely disagree
2. Tend to disagree
3. Tend to agree
4. Definitely agree

96. If not prevented by unavoidable circumstances, I attend church:

1. more than once a week
2. about once a week
3. two or three times a month
4. less than once a month

97. It is important to me to spend periods of time in private religious thought and meditation.

1. Frequently true
2. Occasionally true
3. Rarely true
4. Never true

98. The primary purpose of prayer is to gain relief and protection.

1. I definitely agree
2. I tend to agree
3. I tend to disagree
4. I definitely disagree

99. Although I am a religious person I refuse to let religious considerations influence my everyday affairs.

1. Definitely not true of me
2. Tends not to be true
3. Tends to be true
4. Clearly true in my case

100. Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships, and other memberships do.

1. I definitely agree
2. I tend to agree
3. I tend to disagree
4. I definitely disagree

101. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.

1. Almost never
2. Sometimes
3. Usually
4. Almost always

102. I read literature about my faith (or church).

1. Frequently
2. Occasionally
3. Rarely
4. Never

103. I pray chiefly because I have been taught to pray.

1. Definitely true of me
2. Tends to be true
3. Tends not to be true
4. Definitely not true of me

104. Although I believe in my religion, I feel there are many more important things in my life.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

105. The purpose of prayer is to secure a happy and peaceful life.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

106. The church is most important as a place to formulate good social relationships.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

107. My religious beliefs are what lie behind my whole approach to life.

1. This is definitely not so
2. Probably not so
3. Probably so
4. Definitely so

108. A primary reason for my interest in religion is that my church is a congenial social activity.

1. Definitely not true of me
2. Tends not to be true
3. Tends to be true
4. Definitely true of me

109. It doesn't matter so much what I believe so long as I lead a moral life.

1. I definitely disagree
2. I tend to disagree
3. I tend to agree
4. I definitely agree

110. One reason for my being a church member is that such membership helps to establish a person in the community.

1. Definitely not true
2. Tends not to be true
3. Tends to be true
4. Definitely true

111. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.

1. Definitely disagree
2. Tend to disagree
3. Tend to agree
4. Definitely agree

Appendix G

Christian Orthodoxy Scale

This survey includes a number of statements related to specific religious beliefs. You will probably find that you agree with some of the statements, and disagree with others, to varying extents. Please mark your opinions on the line to the left of each statement, according to the amount of your agreement or disagreement by using the following scale:

Write down a -3 in the space provided if you strongly disagree with the statement.

-2 in the space provided if you moderately disagree with the statement

-1 in the space provided if you slightly disagree with the statement.

Write down a +1 in the space provided if you slightly agree with the statement.

+2 in the space provided if you moderately agree with the statement.

+3 in the space provided if you strongly agree with the statement.

If you feel exactly and precisely neutral about an item write down a "0" in the space provided.

112. ____ God exists as: Father, Son, and Holy Spirit.

113. * ___ Man is not a special creature made in the image of God, he is simply a recent development in the process of animal evolution.
114. ___ Jesus Christ was the divine Son of God.
115. ___ The Bible is the word of God given to guide man to grace and salvation.
116. * ___ Those who feel that God answers prayers are just deceiving themselves.
117. * ___ It is ridiculous to believe that Jesus Christ could be both human and divine.
118. ___ Jesus was born of a virgin.
119. * ___ The Bible may be an important of moral teachings, but it is no more inspired by God than were many other books in the history of Man.
120. * ___ The concept of God is an old superstition that is no longer needed to explain things in a modern era.
121. ___ Christ will return to the earth someday.
122. * ___ Most of the religions in the world have miracle stories in their traditions; but there is no reason to believe any of them are true, including those found in the Bible.
123. ___ God hears all of our prayers.
124. * ___ Jesus Christ may have been a great ethical teacher, as other men have been in history. But he was not the divine Son of God.

125. ____ God made man of dust in his own image and breathed life into him.
126. ____ Through the life, death, and resurrection of Jesus, God provided a way for the forgiveness of man's sins.
127. * ____ Despite what many people believe, there is no such thing as a God who is aware of Man's actions.
128. ____ Jesus was crucified, died and was buried but on the third day He arose from the dead.
129. * ____ In all likelihood there is no such thing as a God-given immortal soul in Man which lives on after death.
130. * ____ If there ever was such a person as Jesus of Nazareth, he is dead now and will never walk the earth again.
131. ____ Jesus miraculously changed real water into real wine.
132. ____ There is a God who is concerned with everyone's actions.
133. * ____ Jesus' death on the cross, if it actually occurred, did nothing in and of itself to save Mankind.
134. * ____ There is really no reason to hold to the idea that Jesus was born of a virgin. Jesus' life showed better than anything else that he was exceptional, so why rely on old myths that don't make sense.
155. ____ The Resurrection proves beyond a doubt that Jesus was the Christ or Messiah of God.

Note: No response is scored as "0" on the (-3 to +3) response scale for each item. It is suggested that a participant's data

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be discarded if he/she does not answer 10 or more items. Data can easily be prepared for analysis rescaling responses such that -3 = 1, -2 = 2, -1 = 3, 0 (or no response) = 4, +1 = 5, +2 = 6, and +3 = 7. The keying of all negatively-worded items (indicated above by an asterick (*)) is reversed so that for all items a low score indicates an unorthodox beleif and a high score indicates an orthodox belief.

Appendix H

Informed Consent Agreement

NAME OF SUBJECT: _____

1. In recent years, more and more people experiencing emotional and psychological problems have been seeking help from counselors. We are interested in learning more about counseling and the reactions of people to this treatment. Therefore, we are going to provide you with a description of a counselor and ask you for your reactions to it. As you read the description, we would like you to put yourself in the place of a person seeking counseling and imagine how you, as a possible client, would react to this particular counselor.
2. These research forms are being used to further our knowledge in the area of client-counselor relations. There should be no harm whatsoever in completing these forms.
3. I hereby give consent to Dana Wicker to use the form I am filling out for research purposes only. I understand that this information is confidential and that my name will be removed from this instrument.
4. I have seen a clear explanation and understand the nature and purpose of the procedure, as well as the discomforts involved and the possibility of complications which might arise. I have seen a clear explanation and understand the benefits expected. I understand that the procedure to be performed is investigational and that I may withdraw my consent for status. With my understanding of this, having recieved this information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedure designated in paragraph 2, above.

Date

Signed: _____
Subject

Signed: _____
Witness

Appendix H

Table 1

Means and Standard Deviation Scores on the Counselor Rating Form (CRF), Confidence in Counselor Helpfulness Scale (CCH), Willingness to See the Counselor Scale (WSC), Similarity in Values and Opinions (SVO) and Christian Orthodoxy Scale (COS).

		Counselor Descriptions				
Variables		1	2	3	4	5
<u>Total Scale Scores</u>						
CRF	M	192.18	196.40	198.06	202.78	192.66
	SD	27.20	25.12	26.60	28.51	29.68
CCH	M	84.30	86.98	87.22	86.50	83.36
	SD	12.15	11.59	13.15	14.48	14.93
WSC	M	83.48	86.18	83.10	83.72	83.40
	SD	15.23	17.44	16.66	17.27	18.09
SVO	M	3.32	3.44	3.38	3.32	3.28
	SD	.65	.64	.97	.87	.95
COS	M	138.38	142.08	140.46	134.50	130.74
	SD	35.53	35.29	30.57	36.86	37.30
<u>Subscale Scores</u>						
CRF:						
Attract.	M	62.48	63.18	63.98	65.38	61.40
	SD	9.40	8.72	9.96	9.89	10.67
Expert.	M	65.42	66.90	67.52	68.92	64.98
	SD	9.28	8.66	8.44	9.98	10.35
Trust.	M	64.54	66.56	66.98	68.90	64.98
	SD	10.21	9.04	9.31	9.71	10.71
CCH*:						
S-E	M	57.86	60.62	59.76	59.16	58.10
	SD	8.74	8.04	9.75	10.14	10.83

Table 1 Continued

		Counselor Description				
Variables		1	2	3	4	5
Acad	M	13.94	14.18	14.18	14.58	13.84
	SD	2.53	2.59	2.23	2.65	2.92
M-S	M	12.36	12.02	13.02	12.68	11.58
	SD	3.13	3.16	2.36	3.43	3.45
WSC*:						
S-E	M	57.32	59.68	56.92	57.38	57.50
	SD	11.11	11.97	12.14	12.54	13.06
Acad.	M	14.16	14.10	13.74	14.14	13.82
	SD	3.33	3.40	3.21	3.55	3.55
M-S	M	12.00	12.40	12.44	12.20	12.08
	SD	3.44	3.57	2.94	3.39	3.67

* The CCH and the WSC scales are divided into three subscales: Socio-Emotional (S-E), Academic (Acad), and Medical-Somatic (M-S).

Table 2

Male Subjects' Mean and Standard Deviation Scores

Variables		Counselor Description				
		1	2	3	4	5
<u>Total-Scale Scores</u>						
CRF	M	190.48	191.80	194.72	199.56	184.40
	SD	25.50	22.46	28.49	32.38	30.33
CCH	M	84.04	85.28	86.28	86.36	79.72
	SD	11.27	11.84	12.38	14.50	12.16
WSC	M	83.84	85.40	81.52	85.32	78.52
	SD	11.30	15.07	17.98	19.37	14.69
SVO	M	3.32	3.20	3.28	3.36	3.08
	SD	.63	.58	.89	.81	1.19
<u>Subscale Scores</u>						
CRF:						
Attract.	M	62.04	61.20	63.96	64.12	58.20
	SD	9.01	7.73	9.89	8.60	10.51
Expert.	M	64.20	65.92	65.24	67.48	62.88
	SD	7.94	8.40	9.22	11.20	10.81
Trust.	M	64.28	64.96	65.88	68.12	63.16
	SD	10.54	9.97	9.04	11.09	11.16
CCH:						
S-E	M	58.08	59.28	59.16	59.24	55.24
	SD	8.41	8.27	9.62	10.32	11.91
Acad.	M	13.88	13.76	13.96	14.56	13.20
	SD	2.64	2.70	2.58	2.72	2.48
M-E	M	12.08	12.04	12.96	12.64	11.00
	SD	2.84	3.35	1.90	3.44	3.65
WSC:						
S-E	M	57.36	58.80	55.64	59.04	53.56
	SD	8.92	10.04	13.02	10.55	14.31

Table 2 Continued

		Counselor Description				
Variables		1	2	3	4	5
Acad	M	14.60	13.80	13.60	14.40	13.68
	SD	2.71	3.29	3.24	3.19	4.12
M-S	M	11.88	12.80	12.28	11.88	11.28
	SD	3.02	3.01	3.17	3.30	4.07

Table 3

Female Subjects' Mean and Standard Deviation Scores

Variables		Counselor Description				
		1	2	3	4	5
<hr style="border-top: 1px dashed black;"/>						
<u>Total Scale Scores</u>						
CRF	M	193.88	201.00	201.40	206.00	200.92
	SD	29.23	27.19	24.69	24.13	27.13
CCH	M	84.56	88.68	88.16	86.64	88.00
	SD	13.21	11.31	14.08	14.50	12.16
WSC	M	83.12	86.96	84.68	82.12	88.00
	SD	18.59	19.80	15.43	19.37	14.69
SVO	M	3.32	3.68	3.48	3.28	3.48
	SD	.69	.63	1.04	.94	.58
 <u>SUBscale Scores</u>						
CRF:						
Attract.	M	62.92	65.16	64.00	66.64	64.60
	SD	9.93	9.35	9.89	8.60	10.03
Expert.	M	66.64	67.88	69.80	70.36	67.08
	SD	10.54	9.97	9.04	8.26	9.54
Trust.	M	64.80	68.16	68.04	69.68	69.12
	SD	10.54	9.97	9.04	8.26	9.54
CCH:						
S-E	M	57.64	61.96	60.36	59.08	60.96
	SD	9.46	7.72	10.05	10.16	8.97
Acad	M	14.00	14.60	14.40	14.60	14.48
	SD	2.27	2.47	2.58	2.72	2.48
M-S	M	12.64	12.00	13.08	12.72	12.16
	SD	3.42	3.03	2.78	3.48	3.21

Table 3 Continued

		Counselor Description				
Variables		1	2	3	4	5
WSC:						
S-E	M	57.58	60.56	58.20	55.72	61.44
	SD	13.12	13.78	11.30	14.28	10.53
Acad	M	13.72	14.40	13.88	13.88	13.96
	SD	3.86	3.55	3.23	3.92	2.95
M-S	M	12.12	12.00	12.60	12.52	12.88
	SD	3.88	4.07	2.74	3.51	3.11

Table 4

Adjusted Means of Male Subjects, Female Subjects, and
Combined Male and Female Subjects

Variables		Counselor Description				
		1	2	3	4	5
<u>Total Scale Scores</u>						
CRF	M	191.97	191.80	194.70	202.21	188.26
	F	191.97	201.00	200.20	204.29	199.62
	C	191.95	195.38	197.39	202.78	192.66
CCH	M	84.63	86.18	86.27	87.40	81.24
	F	83.80	87.07	87.69	85.97	87.48
	C	84.21	86.58	86.96	86.70	84.41
WSC	M	84.43	86.27	81.51	86.37	80.05
	F	82.36	85.35	84.20	81.44	87.76
	C	83.40	85.84	82.85	83.91	83.92
SVO	M	3.38	3.29	3.28	3.36	3.08
	F	3.24	3.52	3.43	3.28	3.48
	C	3.31	3.40	3.36	3.34	3.33
<u>Subscale Scores</u>						
CRF:						
Attract.	M	62.52	61.90	63.95	64.96	59.43
	F	62.31	63.86	63.62	66.09	64.18
	C	62.40	62.84	63.75	65.55	61.86
Expert.	M	64.66	66.61	65.23	68.30	64.08
	F	66.04	66.62	69.43	69.83	66.67
	C	65.35	66.58	67.31	69.08	65.42
Trust.	M	64.83	65.78	65.87	69.10	64.59
	F	64.09	65.66	67.60	69.05	68.64
	C	64.46	66.19	66.72	69.09	66.65
CCH:						
S-E	M	58.58	60.01	59.15	60.12	56.52
	F	57.00	60.61	59.96	58.51	60.53
	C	57.79	60.30	59.55	59.32	58.54

Table 4 Continued

Variables		Counselor Description				
		1	2	3	4	5
Acad	M	13.91	13.80	13.96	14.61	13.28
	F	13.96	14.51	14.38	14.56	14.45
	C	13.93	14.15	14.16	14.60	13.88
M-S	M	12.14	12.14	12.95	12.75	11.16
	F	12.56	11.82	13.03	12.64	12.10
	C	12.35	11.98	12.99	12.70	11.64
WSC: S-E	M	57.86	59.54	55.53	59.92	54.85
	F	56.64	59.20	57.80	55.15	61.00
	C	57.25	59.93	59.71	57.54	57.54
Acad	M	14.64	13.86	13.60	14.47	13.78
	F	13.66	14.29	13.85	13.83	13.92
	C	14.15	14.08	13.72	14.15	13.82
M-S	M	11.93	12.87	12.28	11.97	11.41
	F	12.05	11.86	12.56	12.46	12.84
	C	11.99	12.36	12.42	12.22	12.13

Table 5

Means and Standard Deviations for Subjects Classified
According to Counselor Description and Religious
Orientation

Variables		Counselor Description				
		1	2	3	4	5
<u>Total Scale Scores</u>						
<u>Extrinsic Religious Orientation</u>						
CRF	M	199.33	190.62	190.39	208.86	188.61
	SD	22.98	16.78	26.30	32.12	29.42
CCH	M	85.00	84.69	83.22	84.29	79.74
	SD	8.99	13.16	10.30	15.30	15.51
WSC	M	84.43	87.75	77.28	81.62	80.44
	SD	9.96	20.58	13.78	16.55	20.76
SVO	M	3.29	3.44	3.28	3.19	3.04
	SD	.64	.63	.75	.51	.98
<u>Subscale Scores</u>						
CRF:						
Attract.	M	65.52	60.62	60.72	67.38	60.04
	SD	8.62	6.35	9.93	10.75	11.26
Expert.	M	66.62	65.56	65.55	71.33	63.43
	SD	7.30	6.51	7.86	10.98	9.81
Trust.	M	67.24	64.56	65.55	71.33	63.43
	SD	8.86	5.91	9.33	11.03	10.50
CCH:						
S-E	M	58.67	59.94	56.94	57.90	54.96
	SD	6.00	9.66	7.65	10.00	11.12
Acad	M	13.76	14.06	13.33	14.05	13.52
	SD	2.72	2.64	1.94	3.14	3.07
M-E	M	12.28	10.75	12.22	12.57	11.13
	SD	3.21	3.25	1.96	4.01	3.35

Table 5 Continued

Variables		Counselor Description				
		1	2	3	4	5

WSC:						
S-E	M	56.62	61.25	52.78	56.19	55.04
	SD	7.45	14.54	9.94	12.32	15.09
Acad						
	M	14.19	14.50	12.72	13.19	14.04
	SD	3.04	3.65	3.28	2.68	3.32
M-S						
	M	11.62	12.00	11.78	12.24	11.35
	SD	3.14	4.38	2.21	3.46	4.33

<u>Intrinsic Religious Orientation</u>						
<u>Total Scale Scores</u>						
CRF	M	187.00	199.12	202.38	198.38	196.11
	SD	29.18	28.02	26.30	25.24	30.01
CCH	M	83.79	88.06	89.47	88.10	87.37
	SD	14.14	10.81	14.17	13.89	13.74
WSC	M	82.79	85.44	86.38	85.24	85.93
	SD	18.28	16.04	17.43	17.90	15.43
SVO	M	3.34	3.44	3.44	3.41	3.48
	SD	.67	.66	1.08	1.05	.89
<u>Subscale Scores</u>						
CRF:						
Attract.	M	60.28	64.38	65.81	63.93	62.55
	SD	9.46	9.49	9.64	9.14	10.21
Expert.	M	64.55	67.53	68.62	67.17	66.29
	SD	10.53	9.52	8.66	8.98	10.78
Trust.	M	62.59	67.50	68.28	67.79	67.18
	SD	10.35	10.13	9.17	8.66	10.97
CCH:						
S-E	M	57.27	60.94	61.34	60.07	60.78
	SD	10.35	7.29	10.54	10.31	10.01

Table 5 Continued

Variables		Counselor Description				
		1	2	3	4	5
Acad	M	14.07	14.24	14.66	14.96	14.11
	SD	2.42	2.61	2.26	2.21	2.82
M-E	M	12.41	12.62	13.47	12.76	11.96
	SD	3.12	2.97	2.48	3.00	3.38
WSC: S-E	M	56.38	58.94	59.25	58.24	59.59
	SD	13.19	10.71	12.77	12.84	10.89
Acad	M	14.14	13.91	14.31	14.83	13.63
	SD	3.57	3.32	3.06	3.96	3.32
M-S	M	12.27	12.58	12.81	12.17	12.70
	SD	3.67	3.17	3.24	3.40	2.94

Table 6

Means for Subjects Classified According to Counselor
Description and Christian Orthodoxy Scale Scores

Counselor Description	Christian Orthodoxy Score	
	High	Low
1	3.50	3.09
2	3.48	3.38
3	3.84	2.92
4	3.52	3.12
5	3.87	2.78
