CURRENT CONSERVATIVE RELIGIOUS ATTITUDES
TOWARD SEEKING PROFESSIONAL
COUNSELING

DISSEPTION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

Denton, Texas
August, 1994
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This study was designed to investigate the function of an individual's level of Christian conservatism and one's current attitude toward seeking professional psychotherapeutic help.

The subjects consisted of 240 members randomly selected from four different denominations: Assembly of God, Southern Baptist, Independent/Charismatic, and The Unity Church. Each subject completed the Attitudes Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970), the Religious Attitudes Scale of Poppleton and Pilkington (1963), and a Personal Data Questionnaire.

On the basis of responses to the Religious Attitudes Scale, a Level of Conservatism was determined. The Level of Conservatism was then correlated to the responses to the four factors on the Fisher-Turner scale: recognition of need for psychotherapeutic help, stigma tolerance, interpersonal openness, and confidence in the mental health professional.

The major findings of the study were as follows:

1. Conservative Christians demonstrated significantly less recognition of need for psychotherapeutic help, less stigma tolerance, and less confidence in
the abilities of mental health professionals than subjects with more liberal religious beliefs.

2. While conservative Christians' willingness to disclose personal issues was not significantly less than those with more liberal religious beliefs, indicators were approaching significance.

It was concluded that individuals who hold to conservative religious beliefs may be more reluctant to acknowledge they have a psychological problem than individuals who espouse to more liberal religious beliefs.

The study also includes a review of the literature on help-seeking, a brief history of counseling and the relationship of psychology, psychotherapy and religion, current trends in counseling, and recommendations for further study.
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CHAPTER I

INTRODUCTION

Yankelovich (1981) estimated there were over 67 million Christians in the United States. A more recent estimate by World Almanac and Book of Facts (1990) places the number at over 79 million Christians in the United States. Colasanto (1989) reports that 34% of the adult population describe themselves as "born-again" Christians. A majority of adults maintain that religion is "very important" in their own lives, and two in three (67%) Americans have belonged to a church of some denomination. Colasanto further relates that 42% have attended church in the last seven days. Gartner, Larson, and Vachar-Mayberry (1990) report that 90% of the general public believe in God. Cadwallader (1991) recounts a recent survey revealing that 75% of all adults believe that God has a plan for their lives.

Historically, there has been a reluctance among individuals who embrace Christian doctrines to seek professional counseling in order to deal with personal or emotional problems. Research of the literature reveals the source of this reluctance to be a number of concerns. A fear of losing one's faith, a lack of previous experience with counseling, a concern about conflicting religious values, and the length of time involved are some of those concerns (Woollcott, 1969; Duncan, 1981; Worthington & Scott, 1983; Worthington, 1986; Sell & Goldsmith, 1989; Jeffries, 1992; Stafford, 1993).
According to Dr. C. D. White (personal communication, February 9, 1992), pastor of Restoration Church, many conservative Christians deny the existence of any mental or emotional problems. Nevertheless, emotional and mental problems appear within church memberships with disturbing recurrence. Alcoholism, eating disorders, obsessive behaviors, anxiety, and sexual addiction are typical issues that have been denounced by churches without the recognition of these problems among their own members (Norman, 1988).

Pastors of conservative religious churches are often alarmed at the number of people in their congregations who think about suicide, divorce, and loneliness (Jeffries, 1992). There is often a "taboo" placed "on frank discussion of emotional problems, especially depression and suicide among the faithful" (Cadwallader, 1991, p. 83). A recent study by Hatcher and Kendrick (1994) found that, contrary to what some conservative religions might believe, students at Southern Baptist schools grapple with the same types of problems that students grapple with everywhere. In the areas of depression, self-concept, stress, crisis/conflict resolution, and sexuality, 100% of the respondents reported involvement to some degree with students struggling with these issues.

In the past, many Christians with emotional problems prefer to talk with a friend, relative, fellow church member, or pastor (Morgan, 1982; Quackenbos, Privette, & Klentz, 1985). Examining other research findings and writings, apparently counselor preferences have begun to change (Pecnik & Epperson, 1985; Wyatt, 1985; Burnett, 1986; Evans, 1986; Oates, 1987; Parsons, 1987; Aist, 1987; Browning, 1988; Propst, 1988; Jeffries, 1992; Thigpen, 1992; King, 1993; Stafford, 1993). Some of these investigators have reported findings that
tend to evidence a change in Christian attitudes toward counseling in general and the place of religious values in counseling (Pecnik & Epperson, 1985; Wyatt, 1985; Burnett, 1986; Propst, 1988; Martinez, 1991; King, 1993; Stafford, 1993).

There is an apparent increasing acceptance of psychotherapy among Christian individuals and organizations (Quackenbos, et al., 1985; Domino, 1990; Jeffries, 1992; Thigpen, 1992; Stafford, 1993). The increases in Christian treatment centers, publications, seminars, support groups within churches, radio and television programs, and pastoral awareness indicate that the reluctance of conservative Christians to seek counseling from a professional has diminished (Jeffries, 1992; Thigpen, 1992; Stafford, 1993). Recent efforts to integrate Christian beliefs and psychology into psychotherapy are resulting in a more acceptable approach to counseling for the Christian community (Oates, 1987; Propst, 1988; Gaultiere, 1990; Gladson & Plott, 1991; Jeffries, 1992; Stafford, 1993). This acceptance is also evident in the growing number of articles in non-Christian periodicals concerning the necessity to address religious values in therapy (Pecnik & Epperson, 1985; Worthington, 1986).

Statement of the Problem

There have been no recent studies done to determine the degree of Christian conservatism in relation to help-seeking behavior. The problem investigated by this study was to determine if individuals' level of Christian conservatism is relative to their current attitude toward seeking professional psychotherapeutic help.
Review of the Literature

Morgan (1982) found that "church goers with mental health problems" (p. 244) seek help from friends and clergymen rather than professional counselors. The subjects expressed an affinity to a preferred order of help-seeking behavior: first, friend, relative, or fellow church member; second, minister or pastor; third, religiously associated professional counselor; fourth, medical doctors and nonreligiously affiliated mental health workers. Many factors influence this behavior. One of the primary determinants is the individual's religious background.

Runions (1974) defines religion as "a normal function in human life and the human recognition of superhuman controlling power and especially of a personal God entitled to obedience, and the effect of such recognition on conduct and mental attitude" (p. 83). Worthington (1986) defines religion as a reliance on the assumptions on which a belief system is built. There are many other definitions for religion. However, for the purposes of this study Runions' definition will be utilized. According to Hadaway and Roof (1978), religion provides two beneficial resources for individuals: a strong sense of meaning and purpose in life, and a sense of belonging to and participating in a fellowship of like-minded believers. These integrating factors also afford a social network to assist in providing identity and maintaining a balanced perspective on life (Ellison & Cole, 1982; Hadaway & Roof, 1978; Runions, 1974). The type of one's religious commitment influences how an individual experiences life and life goals, decisions, purpose, and satisfaction (Zimbardo & Rush, 1971).
Rice (1977) contends that organized religion, as a social movement, remains an exceedingly important force in American life. In reference to family life, religion has a profound and complex role to play, and most all religions have a reciprocal response to the value of marriage and the family (Rice, 1977; Elkind, 1981). Popenoe (1988) states that America is "the most religious of the advanced societies" (p. 284) and that the institution of religion has special importance as it "provides members with a strong group connection and a tie to the past" (p. 284). May (1939) contends that no human being can be healthy without true religion, "namely a fundamental affirmation of the meaning of life" (p. 67).

Meissner (1987) aspires to bring the resources of the psychoanalytic approach to a deeper understanding of the religious experience. The author presents a synthesis of various viewpoints from the fields of theology, sociology, philosophy, and psychoanalysis. He relates recent developments in ego psychology which allows for a higher order psychic function, such as faith, into the analytic model.

Counseling has an ancient history of religious association. Bakan (1958) referenced "chachamin," who were individuals who counseled in the days of Jeremiah (600 B.C.). The Hasidic rabbis of eastern Europe revived this biblical position in the 1700's (Cox, 1973). Oates (1959) traced the heritage of the pastoral counselor through the Bible, the Protestant Reformation, the Puritan Age, and nineteenth century America. Previous to World War II, literature on religion in psychotherapy was essentially nonexistent (Pattison, 1969). The resultant, numerous alliances between psychiatry and religion have presented
disorder and confusion with respect to the role of psychotherapists dealing with
religion and clergymen conducting psychotherapy (Franzblau, 1960; Klausner,
1964). "Historically, psychotherapy and religion have been largely separate
enterprises, although both are primarily concerned with moral, cultural, and
existential questions" (Quackenbos et al., 1985, p. 157). London (1967) states
that psychotherapy has developed because the clergy have abandoned the
traditional pastoral roles of being the "shepherd of their flocks" and that
psychotherapists have assumed this responsibility. Consequently, London
asserts that the psychotherapists have become a "secular priesthood" (p. 76).
From a theoretical point of view, the connection between religion and
psychotherapy has been a rather raucous one which probably began with Oskar
Pfister, a Swiss Protestant clergyman (Quackenbos et al., 1985; Domino, 1990).
Reverend Pfister was a friend of Freud and corresponded with him. Freud's
distinct antireligious attitude was well known and created considerable

Peteet (1981) contends if religion is a significant influence on a client's
decisions, the issue should be addressed. Otherwise the counselor relinquishes
the opportunity to assist the client's integration of religious and emotional selves.
Georgia (1994) professes that counselors cannot be impartial with clients' beliefs
if the counselor is wearing "ideological blinders" (p. 144). In order to respect
and acknowledge clients' beliefs and values, Georgia maintains that knowledge
of those beliefs and values minimizes the distortion of personal prejudices and
presuppositions by the counselor. This element is particularly important when
counselors are involved with clients whose religious beliefs are different than
their own (Worthington, 1991; Bishop, 1992; Johnson & Ridley, 1992). With this awareness, counselors gain understanding of the subjective meaning of clients' behaviors from the perspective of the clients and lessen the impact of religious conflict in the therapeutic setting (Ball & Goodyear, 1991; Jackson & Patton, 1992; Miller, 1992; Presley, 1992).

Herr and Niles (1989) stated that an absence of understanding of the client's religious beliefs could lead to "the inappropriate labeling of client behavior rather than differential diagnosis" (p. 5). Miller (1992) also postulates that therapists should refer clients of differing religious views than their own to other therapists or pastors when they are unable or unwilling to empathize with those clients' religious convictions.

Peteet (1981) describes three types of resistance to therapy that reflect religious concerns. The most common concern results from group pressure which generates feelings of disloyalty, embarrassment, and isolation within the individual seeking treatment. The impact is lessened, however, if a referral is made by a client's pastor or if the counselor is a member of the same religious group.

Individual psychological resistance due to personal religious beliefs is often more difficult to surmount. In this form of resistance, emotional problems tend to be defined as only "spiritual." If the person does agree to therapy, resistance may appear as reluctance to accept medication or return for further sessions. Another mode of resistance concerns the role of the therapist as a moral agent. A contention may arise if the client is needing to make a critical
moral decision or is struggling with maintaining personal convictions concerning one's own religion (Peteet, 1981; Blakeney & Blakeney, 1992).

With the development of modern behavioral science, pastoral counseling has been held by some to be inadequate in therapeutic skills and not proficient enough to do psychotherapy (Wolberg, 1967; Ochroch, 1987; Sullender & Malony, 1990; Craig, 1991; Kunst, 1993). Jorjorian (1972) defines pastoral counseling as helping the person "make do" with who they are and what they have at the moment. "Counseling clergymen are too verbal and too little concerned with the client's feelings" (Williams & Kremer, 1974, p. 238). A modern shibboleth among evangelical clergy and laypeople is "just pray and everything will be alright." Lau and Steele's (1990) findings suggest that pastors tend to counsel their own church members and are inclined to refer non-members. Thus, the client's church membership status is a significant predictor for pastoral care involvement. Some individuals have been encouraged to seek a professional counselor when the severity of the problem has not lessened and a resolution appears to be beyond the pastor's training, experience, or available time (King, 1993). Kunst (1993) alleges that pastors often must deal with poorly defined boundaries between the roles of pastor and counselor resulting in a dual relationship with clients. Dechant (1991) cautions that the pastoral counselor is often placed in "conflictual situations and is caught between keeping information confidential and telling uninformed third parties" (p. 61). There are often ethical and legal ramifications to be encountered in these circumstances.

Gilbert (1981) maintains that church members in need of professional counseling may not be receiving such help due to active resistance of the
pastor. This reluctance may be due to the pastor feeling threatened. If the referral was made, the pastor and member may have to realize the spiritual counsel of the pastor was ineffective. This logic is most probable when the pastor believes that most mental and emotional problems have spiritual solutions. After a recent review, Domino (1990) states that the literature "fairly well documents the fact that ministers make few client referrals to mental health professionals" (p. 34). However, Lau and Steele (1990) found that the pastoral subjects of their study referred to or consulted with professional counselors when dealing with individuals facing severe problems, which is congruent with Smith's (1990) report of similar findings.

Previous research has demonstrated the relevance of the counselor's positive openness toward and unconditional acceptance of the client (Truax & Carkhuff, 1967). Cavanaugh (1962) and Pacella (1966) hold that pastoral counselors' religious orientation interferes with their ability to be nondirective and maintain an unbiased attitude. Arbuckle (1970) states a further criticism that clergymen cannot operate with such essentials as openness, flexibility, tolerance, and acceptance.

Arbuckle (1970) is convinced that pastoral counselors' commitment to dogmas and denominations cause them to manipulate clients with counselors' predetermined values, judgments, and edicts. Lyons and Zingle's (1990) findings reveal that the pastoral counselors in their study demonstrated a significant lack of empathy, thus raising a question as to their suitability for the role of counselor. Additional training would be necessary in order to enhance the pastors' ability to empathize with individual clients. Southard (1989)
presented a 100 case report collected over a 22 year period (1963-1985) from seminary students, pastors, psychiatrists, and lay caregivers of a variety of Christian denominations. He found that most of the counselors knew how to listen with empathy, but seemed to lack any pattern of associating theological understanding to the specific problems of clients. Whipple (1987) reported that women from fundamentalist groups oppose help from therapists who attempt to dismantle the power structure that keeps them dependent upon abusive husbands. Whipple further asserts that fundamentalist pastors are not helpful in counseling women who are abused due to the pastors' defense of the churches' doctrines, their loss of empathy, and their insistence that women stay in abusive relationships.

King (1978) expresses that pastors lacking in available time and counseling skills often become frustrated by their ineptitude at providing the help that troubled people solicit from them. Many such pastors receive limited seminary training in counseling due to the contention of whether or not the various theories of therapy are congruous with Christian beliefs. Linebaugh and DiVivo (1981) found that 53% of 76 accredited protestant seminaries in the United States required only one course in the area of pastoral counseling.

Domino (1985) studied 112 pastors on their attitudes toward suicide, and results indicated the pastors were not able to recognize the indications of suicide any better than educated laypersons. In a separate study, Domino (1990) surveyed 157 pastors on their knowledge of psychopathology, and findings revealed considerable less knowledge than mental health professionals such as psychiatrists, psychologists, and social workers.
Virkler (1979) found four motivations for pastoral counselors' nonreferral of clients to professional counselors:

1. differences in counselor values,
2. unawareness of procurable counseling services,
3. the stigma church members place on those seeking counseling, and
4. financial concerns.

Gilbert (1981) stated the major factor which separated the referring and nonreferring pastors was whether or not the pastors had attended formal college level courses in counseling. Sullender and Malony (1990) insist that common impediments to pastors' referrals are pastors' own needs and self-deceptions. Pastors must be mature and professional enough to recognize their own limitations related to counseling troubled individuals. These limitations may include lack of training, time constraints, conflict of interest, or deficient energy. Sullender and Malony further contend that while some pastors still believe that most mental health professionals are antireligious, a prudent investigation of local resources would furnish pastors with many mental health professionals for consultation and/or referral. In order for pastoral counselors to be fully utilized in the mental health network, Lau and Steele (1990) maintain that pastoral counselors will be required to increase their knowledge and training in the mental health field and become familiar with referral resources that are available (Sullender & Malony, 1990).

"Psychotherapy involves a set of psychological techniques for influencing another person for change," and the goals are "independence, maturity, and
adulthood" (Jaekle, 1973, p.174). As Suzuki, Fromm, and DeMartino (1960) state, "the answer is to develop one's awareness, one's reason, one's capacity for life to such a point that one transcends one's own egocentric involvement and arrives at a new harmony, at a new oneness with the world" (pp. 87-88).

Jorjorian (1972) espouses that the goal of psychotherapy "is to help the person change in his appreciation of himself and those about him, in his attitudes about himself, and otherwise freeing himself up in order to effect characterological change" (p. 7). The clients do not have "diseases," but the clients' "symptoms" stimulate them to seek help and are indicative of immaturity which they and society find inappropriate (Jaekle, 1973). Johnson (1993) professes psychotherapy to be "a specialized human relationship designed to facilitate change in the client's cognitions, feelings, and actions" (p. 297).

Various secular and religious authors contend there is a growing need emerging among people for some form of treatment that integrates religion and psychotherapy (Frankl, 1948; Oden, 1966; Hauck, 1972; Irwin, 1973; Benner, 1981; Ellis, 1984; Meissner, 1987; Bianchi, 1989; Clinton, 1990). Dougherty and Worthington (1982) profess that pastoral counselors cannot deal with the mental health needs of the entire evangelical Christian population due to their lack of professional training in dealing with personal issues.

Backus (1988) asserts "a well-concealed cat has jumped out of the bag: psychotherapy involves the promulgation of the values of therapists" (p. 39). A controversy has continued for some as to the place of values in the field of psychotherapy with most therapists relinquishing former beliefs concerning value-free psychotherapy (Kessel & McBrearty, 1967; Bergin, 1980; Patterson.
1989; Gibson & Herron, 1990; Mitchell, 1993). The influence of values on psychotherapeutic relationships has been acknowledged by mental health workers for more than two decades (Lewis & Lewis, 1985). Some researchers hold that therapists' values must influence how therapists do therapy (Patterson, 1958; Williamson, 1958; Samler, 1960; Halmus, 1970; Combs, 1971; Haugen & Edwards, 1976; Bergin, 1980). Therapists' values are those religious, philosophical, or other values that are espoused by the individual therapist, regardless of theoretical orientation (Gibson & Herron, 1990). Worthington (1986) held that there will presumably be some overlap and possible conflict of the therapist's religious and theoretical values. Dougherty and Worthington (1982) contended that Christian counselors must be conscious of their own theological position as related to the clients' position. However, Christian clients may accept variations in counseling method if the counselor's theological position is similar to that of the client.

Two broad classes of values, clinical pragmatism and humanistic idealism, have been central in the mental health profession to the exclusion of any reference to religious values (Bergin, 1980). However, Hogan (1979) postulates that "Religion is the most important social force in the history of man . . . But in psychology, anyone who tries to talk in an analytic way about religion is immediately branded a meathead or a touchy-feely sort of moron" (p. 4).

Although some authors have suggested religiously oriented psychotherapy, most psychotherapists have tended to refrain from dealing with religious issues (Caruso, 1964; Daim, 1963; Cadwallader, 1991). However, nearly 40% of randomly selected psychoanalytic material may have religious

The particular function of religious values has initiated considerable dialogue (Bergin, 1980; Walls, 1980; Ellis, 1980; Ellis, 1984). Studies of therapists' religious beliefs have indicated that many therapists view religion as beneficial in coping with life's problem areas (Ragan et al., 1980). Religion provides ideas, dogmas, and liturgies through which people communicate their own rudimentary humanness. However, these same basic tenets of religion can also become misinterpreted and misconstrued so as to be the source of psychological and emotional problems (Bowers, 1969; Holden et al., 1991; Presley, 1992; Richards, Owen, & Stein, 1993). Cadwallader (1991) contends therapists' strategy should be to "transform emotionally destructive religious ideations and attitudes into constructive and therapeutic ones" (p. 89). A conclusion from Holden's et al. (1991) study suggests that secular counselors would probably benefit from religious training in order to effectively confront faulty religious ideation. Powell, Gladson, and Meyer (1991) purport that "conservative religious thought and rigidity about one's beliefs may mask other
problems that are more difficult to talk about. Therapists need to be somewhat tentative about the meaning of religious ideation until it is clearly understood" (p. 351).

Beginning with Freud (1951), most psychiatric studies of religious behavior have typically centered on pathology (Hanson, 1991). Allport (1950) contends there are two types of religious attitudes. The first type is extrinsic which is primarily pragmatic and is utilized for narcissistic and defensive intentions. The other is intrinsic which transcends all self-centered needs and recognizes scientific and emotional fact. Intrinsic religion develops in the late 20s, 30s, or early 40s (Woollcott, 1969). Seif (1982) adds that the two orientations should be viewed as "two poles on a continuum and not necessarily as dichotomous constructs" (p. 2). Spinney (1991) contends that "many psychotherapeutic approaches view the attitude with which Christian fundamentalists embrace their position as pathological" (p. 116).

Sollad (1980) asserts that psychotherapists have acquired an inimical attitude toward religious values by "the bias against admitting overtly religious people into psychotherapy training programs" (p. 52). Sollad credits this attitude to the majority of non-religious people in the mental health field as compared to their percentage in the general public. Sollad purports a lack of information on religious beliefs and practices of future clients in the educational programs of psychotherapy. Cadwallader (1991) posits that "most professional training of counselors and therapists ignores the function of religion in millions of Americans' lives" (p. 85).
The subjects of McMinn's (1991) study appeared to find therapists who valued religious commitment to be more likeable, approachable, and trustworthy than those emphasizing clinical skills. Ingersoll (1994) delineates three practices a counselor might utilize when dealing with an individual dedicated to a specific religious expression: (a) attest to the significance of the client's religious beliefs in their life, (b) strive to associate with the client's worldview by conceptualizing issues in the phrasing and metaphors of that worldview, and (c) be amenable to consulting with ordained clergy from the client's religious orientation. Spero (1981), however, holds that the client's religious beliefs are only relevant to the counselor to the extent that those beliefs cause or are involved in the issue at present, not merely because the client has those religious beliefs.

Sollad's (1980) contentions are supported by empirical data as reported by Gartner (1983) of an apparent antireligious bias in numerous personality tests. Gartner also reported a similar bias apparently had existed in professors of clinical psychology as less likely to admit a born-again Christian to graduate school than an identical nonreligious applicant. In a subsequent study, Gartner (1986) related "negative feelings" among psychologists pertaining to the admittance of religious individuals to behavioral science professions. Neumann, Thompson, and Woolley's (1991) study consisted of a nationwide sample of doctoral psychologists with the Veterans Administration. The results are consistent with other studies suggesting a Humanistic bias in psychology. As a result of another nationwide study of masters-level social workers, Neumann, Thompson, and Woolley (1992) have also suggested that current religious bias
exists in the social work profession and evangelical Christians may be excluded from training, research, and practice opportunities.

Ellis (1980) expressed a belief that a person will have fewer emotional problems if they are "quite unreligious" (p. 637). Ellis (1988) further elaborates, "devout belief, dogmatism, and religiosity distinctly contribute to, and in some ways are equal to, mental or emotional disturbance" (p. 27). Gartner et al. (1990) asserted that "many behavioral scientists and professionals are convinced that religion is intrinsically antithetical to mental health and 40% of psychotherapists believe that organized religion is always, or usually, psychologically harmful" (p. 117).

Christians have recently begun to contend that therapists who offer treatment for their emotional and behavioral disorders should make their religious values and orientations known. Christian psychotherapists have also been sought by individuals in an effort to avoid conflicts with these religious values (Dougherty & Worthington, 1982; Gass, 1984; Worthington, 1986; Backus, 1988; Ball & Goodyear, 1991; Stafford, 1993). King's (1978) study supported the importance of the spiritual dimension by revealing that the majority of subjects who did seek counseling chose a pastoral counselor or a professional who was a Christian. Cohen (1987) determined that when given a choice between religious beliefs and loyalty to a psychoanalytic world view, individuals continually altered their religious beliefs or completely changed those beliefs. McDonald and Jernigan (1990) compared the results of their study to a similar effort by Posavac and Hartung (1977). The outcomes of the two studies were similar as to religious issues motivating the subjects to chose a pastoral
counselor rather than a professional counselor. However, only 20% of the Posavac and Hartung subjects gave distinct religious reasons for their choices while 50% of McDonald and Jernigan's subjects indicated religious issues influencing their choices.

Reluctance among individuals with mental and emotional problems to seek professional counseling has been evident for some time. Gurin, Veroff, and Feld (1960) "established less than one-fifth of those who saw themselves as having psychological problems took those problems to mental health professionals. By contrast, more than two-thirds brought them to their clergy or physicians" (p. 386). Numerous other studies found that persons in need of psychotherapy typically select a variety of helpers of health, educational, religious, and legal institutions rather than engaging a mental health professional (Gurin et al., 1960; Eddy, Papps, & Gladd, 1970; Rosenblatt & Mayer, 1972).

Respondents in King's (1978) study listed the following reasons for not seeking professional counseling:

1. apprehension that their Christian faith will be misunderstood, disregarded, ridiculed, or depreciated;
2. belief that professional counseling is too expensive;
3. belief that therapeutic theories utilized are comprised of nonsense conceived by people who cannot effectually manage their own marriage, family, and other personal relationships; and
4. the opinion that professional counseling "takes too long" to get results (p. 279)
King (1978) maintains that emotional dysfunctions among Christians may be intensified by a reluctance to seek professional counseling. Disagreements arise among evangelical congregations as to the appropriate place of professional counseling in the Christian belief system and lifestyle. However, in King's study, 92% of those receiving professional counseling for mental disorders found counseling not to be threatening to their faith.

Other results of King's research (1978) indicate that approximately 27% of the evangelical Christians included in his study have suffered from an emotional disorder during the preceding 10 years. A majority (54%) of those seeking help for the disorders went to their pastor for counseling. An evangelical Christian who strongly agrees with the doctrinal statements of the church will be less likely to seek professional counseling to relieve a mental disorder than a person who does not strongly agree with the doctrinal statement (King, 1978).

Questions concerning the loss of religious beliefs are not uncommon for a person about to begin psychotherapy (Woolicott, 1969). Worthington (1986) relates the dominant fears are the fear of losing their faith and fears of being misunderstood or misdiagnosed. Keating and Fretz's (1990) findings support these concerns as their subjects also expressed fear of being misunderstood and/or misdiagnosed by less religious therapists. Worthington and Scott (1983) listed other disturbing fears of potential clients who professed to be evangelical Christians:

1. spiritual concerns being ignored;
2. spiritual phenomena such as God's personal guidance considered pathological or simply psychological;
3. spiritual vocabulary being misunderstood (terms such as salvation, sanctification, and justification);

4. presumption that premarital cohabitation, premarital intercourse, and divorce are acceptable;

5. possible recommendations for behaviors that would be considered the norm for society but decadent by the religious client such as encouraging experimentation with homosexuality for a person who is unsure of sexual orientation; and

6. conjectures, interpretations, and guidance that would discount revelation as a legitimate epistemology.

Even though a large percentage of evangelical Christians suffer from emotional and psychological problems, they also experience feelings of guilt for even having such problems. They consider such problems as a denial of the sufficiency of God in their lives and having such problems is culturally unacceptable (King, 1978; Stafford, 1993). Because of these feelings of guilt, "there is an ill-defined awareness on the part of pastors and professional counselors who are Christians that many evangelicals who need professional counseling do not seek it" (King, 1978, p. 277).

Hyder (1971) contends that:

So often the first reaction by the Christian to understanding that something is wrong is to have the opinion that: "I shouldn't have emotional problems. I'm a Christian. If I'm emotionally upset, it must be because I am not in a right relationship with Christ. There must be some unconfessed sin in my life." (p. 143)
Heggen and Long (1991) characterized commonly held beliefs among Christians. The following statements are illustrations: "If I just read my Bible more often and pray more I will feel better; real Christians do not get depressed; depression is always caused by breaking God's spiritual laws; and I am depressed because I do not have enough faith" (p. 131-132).

Christian lay people have remained skeptical concerning the role of psychological counseling in their own personal development. Fisher and Cohen (1972) claim the reluctance of Christians to seek help is due to disparity in beliefs about life, normalcy, and treatment of dysfunctional behavior between Christian clients and secular counselors.

Cowen (1982) listed the following reasons people chose not to avail themselves of professional help:

1. expense of the service,
2. geographically inaccessible,
3. contrary ideologies or belief systems, and
4. unfamiliarity with professional counselor settings.

These reasons are especially pertinent when dealing with people possessing high degrees of religious beliefs and practices.

King (1978) reports non-religious attributes of evangelical Christians that effect their reluctance to seek professional counseling. The higher the level of income and education, the more likely that person is to seek therapy. Also, women are more likely than men to see counseling as more congruous to Christianity. Characteristics such as age and professional occupations or "blue collar" professions do not significantly impact the decision.
Sell and Goldsmith (1989) reported results demonstrating some variance in preferences from Morgan (1982) which they named "tunnel effect." Friends and immediate family members (the "tunnels") accounted for 42% of the initial counseling source with medical doctors second at 15% and clergy third at 14%.

Clemens, Corradi, and Wasman (1978) reported that 42 percent of their sample turned first to the clergy when a personal problem arose. A survey utilizing a national sample indicated people consider clergy most helpful for marital and life adjustment problems, and mental health professionals are most helpful for severe mental illnesses (Quackenbos et al., 1985). Yet religious clients often express concern that psychotherapy may interfere with their religious beliefs (Von de Heydt, 1970; King, 1978; Larsen, 1978; Gilbert, 1981; Quackenbos et al., 1985; Backus, 1988).

Sell and Goldsmith (1989) also related that the stigma associated with seeking help with personal problems appeared to be the most significant element in reinforcing people's pre-counseling reluctance. Two groups of factors influence this stigmatization, internal and external. Internal factors are those generated in the person's psyche. External factors are those developed outside the individual such as social desirability, which is wanting to appear better than we are in the eyes of others; the amount of pain induced by the problem; and a person's self-image. In regard to stigmatization, Duncan (1981) determined that the religious, highly conservative subjects of his research indicated they were relatively unthreatened by the possibility of professional counseling. "This may represent an increase in the general acceptability of
one's participating in psychotherapy in times of emotional stress and trauma" (p. 45).

Sell and Goldsmith (1989) found that the subjects of their study perceived less stigmatization when seeking help from a clergy member rather than a professional counselor. Stafford (1993) quoted Dr. Paul Meier, "When we started psychiatry 16 years ago, people came in the back door, because Christians weren't supposed to need help. Now they come early so they can chat with all their friends" (p. 25).

Haugen and Edwards' (1976) survey results disclosed findings that differ from other research. The Christian evangelical subjects did not prefer a therapist labeled Christian versus a therapist labeled non-Christian. Also, the Christian subjects did not choose a therapist labeled Christian/cold rather than a therapist labeled non-Christian/warm.

More current research conducted by Pecnik and Epperson (1985) suggests that the preferences expressed by the subjects in Haugen and Edwards' (1976) study may be occurring more frequently today. The pattern of response in regard to counselor orientation suggests that the traditional counselor was expected to be more expert and effective than the Christian counselor. Even when counselors were presented with identical credentials, the designation "Christian" counselor did not outweigh the equality of credentials, and subjects expressed higher expectations of the traditional counselor. "Historically, religiously oriented helpers have been closely associated with clergy and less credentialed than mental health professionals" (Pecnik & Epperson, 1985, p. 129).
Godwin and Crouch (1989) completed a partial replication of Pecnik and Epperson's (1985) study. Godwin and Crouch's results confirmed that the label "Christian" counselor is neutral "even for individuals with lower religious commitments and that non-Christians may be satisfied with a Christian counselor's approach to counseling" (p. 291).

Domino (1990) maintains that there is inadequate empirical evidence on the effectiveness of religious counseling. Johnson (1993) reviewed the literature in the area of religious psychotherapies and found only five outcome studies comparing religious and secular approaches to therapy with religious clients. Only two of the studies showed any evidence that the religious methods and techniques employed were more effective with religious clients. Johnson reports a tendency in recent Christian literature to make widespread claims of effectiveness in therapy that are not supported by quality research. Johnson cites an example of his concerns from an article by Foster and Bolsinger (1990) that included a statement of nonscientific reasoning: "it would seem unlikely that there would be so many Christians employed as psychologists if counseling was ineffective or harmful" (p. 298). Johnson allows that religious authors have constructed excellent theoretical integrative models but these models require circumspect outcome research prior to assertions of effectiveness. Worthington (1986) states, "Religious counselors, like religious people, have often de-emphasized empiricism . . . more and better research is desperately needed" (p. 427).

Results of a study by Johnson and Ridley (1992) suggest that "secular therapies can be beneficial to Christian clients and call into question claims that
only explicitly Christian counseling should be used with Christian clients" (p. 227), as proposed by Adams (1970). As Worthington (1988) stated, once initiated into religious and non-religious counseling, individuals are more influenced by what counselors do than by their original expectations.

Wyatt (1985) studied the effects of a counselor's announced religious values upon a subject's selection of a counselor. The researcher concluded that: (a) subjects did not believe religious values to be an important part of counseling, (b) differences in religious values did not affect subjects' preferences for a counselor, and (c) subjects seemed to evaluate the counselor's value orientation as a more or less separate issue from the counselor's professional ability. A later study completed by Wyatt and Johnson (1990) reported similar conclusions but added that a strongly religious person may place more importance on the therapist's religious values than the general population. Lewis and Epperson's (1991) subjects evaluated "Christian" counselors as compared to traditional counselors and expressed opinions that "Christian" counselors were more likely to: (a) be less flexible in dealing with clients' problems, (b) encourage clients to accept their values, and (c) attempt to influence clients' thoughts and behaviors.

Burnett (1986) examined whether a counselor's disclosure of religious values had an influence upon potential clients' stated preference of a counselor. The analysis of the data revealed that a statement of religious values did not have a significant influence on the subjects' perception of a counselor or the counselor's attractiveness, expertness, or trustworthiness. The results of Burnett's (1986) and Wyatt's (1985) studies tend to suggest there have been
recent changes in the religious community of perceptions concerning the importance of having similar religious values with a therapist.

Evans (1986) states "the idea of going to a mental health professional for all kinds of problems is now widely accepted, and various kinds of Christian counseling centers have proliferated" (p. 26). Articles such as this have begun to appear in professional and religious journals in the last decade. Such statements as "there are times when we ought to look at our psychological problems as part of the providential ordering of our lives by God" (p. 27) have become more acceptable in religious publications.

Other recent publications also demonstrate more awareness by the religious community of the advantages and needed support individuals receive from counseling. In a recent issue of Charisma and Christian Life, a monthly Christian magazine, Thigpen (1992) states, "we would be foolish to seek a single cause or cure for a severe behavioral problem. The contributing factors are multiple" (p. 49). These factors include biochemical deficiencies, memories of childhood trauma, parental modeling, the power of habit and cultural reinforcers. "Just Say No" is not sufficient guidance in dealing with these types of issues. The treatment recommended in this article is cognitive therapy that utilizes the insights of psychology.

Oates (1987) provides a unique book that offers an integration of clinical pastoral care with psychiatry. The author has attempted to incorporate a religious and pastoral understanding with the American Psychiatric Association's (1980) Diagnostic and Statistical Manual of Mental Disorders. Oates has initiated a much needed resource for pastors who are often perplexed by
psychiatric terminology. Some examples are: Mask of Packaged Personality (histrionic personality), Mask of Self Assurance (narcissistic personality), Mask of Hostility and Aggression (hostile-aggressive personality). Guidance is provided for counseling each personality disorder using scriptural texts as resources for each malady. Oates states that the disorders are all too common within the local church. He suggests there is a distinct need for pastors, psychiatrists, and other mental health professionals "to know and work with one another to assist in the care and treatment of difficult disorders" (p. 187).

Another recent publication by Lake (1986) utilizes a new term, "pastoral psychotherapy." The author endeavors to merge theology and psychology. He elaborates in detail the theological and psychiatric dimensions for various diagnostic classifications, also utilizing the DSM III. Schlaugh (1990) defines pastoral psychotherapy "as the intentional use of psychological, theological, and ethical resources to observe, understand, and interpret, the psychological, religious, and moral dimensions of the process and relationship, in an authentic, consistent, and coherent manner" (p. 14).

Aist's (1987) article, "Pastoral Care of the Mentally Ill," is typical of the articles in professional journals in the last decade integrating the fields of religion and psychotherapy. Aist affirms that the congregational pastors are "increasingly assuming new responsibilities in today's mental health environment" (p. 302). He encourages more involvement of the local church by utilizing the diverse resources available to "deinstitutionalize" individuals, except for the most seriously impaired. Erikson, Cutler, Cowell, and Dobler (1990) also encourage "church-sponsored support groups to supply needed social glue"
(p. 162) in order for churches to avail themselves of opportunities that are not available to mental health professionals.

Aist (1987) refers to the introduction of anti-depressant drugs in the mid-1950s as the keystone in the positive "arch of change" which brought about the successful treatment of otherwise "hopeless" patients. Another diversification of the overall system for delivering psychiatric services has been the development of community mental health centers, psychiatric units in general hospitals, and corporation-owned, private psychiatric hospitals. Aist then describes necessary preparatory steps to accomplish an effective ministry to assist in the deinstitutionalization of distressed individuals. Pastors need to: (a) seek personal and professional preparation to obtain knowledge of psychotic illnesses and assessment skills; (b) seek an opportunity to practice under supervision of mental health professionals; and (c) establish a support network to include a qualified and experienced psychiatric consultant and the chaplaincy staff of the local mental health facility.

In the 1950s, the existential-humanistic approach to psychotherapy facilitated alliances between religious thinking and psychological principles (Quackenbos et al., 1985). "In between the two poles there have been numerous religious and secular writers and a corresponding multitude of viewpoints on the correlation between religious concepts and psychotherapeutic process" (Domino, 1990, p. 32). Among the more familiar psychotherapists who have made convincing arguments for the relationship between religious concepts and psychotherapy are Peck (1978), Lovinger (1984), and Propst (1988).
Wynn's (1987) publication is "an attempt at bridging the gap between pastoral and family therapists" (p. 93). He addresses the known family therapists and organizes them into categories, such as, experiential (Satir, Whitaker, and Speck) and behavioral (Skinner, Stuart, and Kaplan). Wynn professes that the pastors will have little choice as to whether or not they will perform family counseling; the only choice is whether they will do so "intelligently or carelessly" (p. 101). Each helping professional involved in serving individuals with mental and emotional difficulties should continue to learn from professionals in psychotherapy, and particularly specialists in family therapy.

Another illustration of the recent evolution of acceptance of psychotherapy within the Christian realm is an effort by Parsons (1987). His book is another attempt to integrate Christian doctrine and ethics with the field of psychology. The author states "the cognitive-behavioral psychological orientation taken throughout this book is blended with the Christian value-based orientation to provide a useful and valid paradigm for understanding and effectively caring for adolescents" (p. 4).

Propst's (1988) work is another endeavor at incorporating psychology and religion. The healing of emotional pain is viewed as a scientific as well as a sacred religious task. Cognitive therapy is accomplished within a religious framework as cognitive techniques are presented from a Christian perspective.

Browning (1988) holds that "the correlation of theology and psychology cannot be divorced from the actual practice of ministry, for practice and theory mutually inform, expand, and correct one another" (p. 173). Browning examines the ethical and metaphysical perspective of Freud, Jung, Erikson, Kohut, and
Skinner. Primarily, Browning relies on the theology of Niebuhr and the psychology of James in answering his own question, "Is there a way to state the appropriate relationship between these two perspectives, thereby giving each its proper space?" (p. 2). Bianchi (1989) credits Jung with restoring the link between religious and psychological symbols, even though theologians' dread of reductionism was never fully alleviated.

McMinn and Foster (1990) contend that "overzealous" criticism of psychology by Christians may have precluded many people from seeking essential psychological assistance. "The Christian critics of psychology omit understandings that would foster a more balanced evaluation of psychotherapy" (p. 16). McMinn and Foster take further issue with critics of psychology who insist that the current emphasis on the importance of "self" is antithetical to Christian thought and results in an unhealthy pursuit of personal happiness. The writers profess that Fromm, Adler, Maslow, and Rogers all emphasized that an individual with healthy self-esteem would rarely be selfish. Stafford (1993) adds that psychotherapists' meaning of self refers to the person each of us "sees" when we think of ourselves rather than the self-denial as taught in the Bible.

In an effort to further the acceptance of psychology by Christians, Sappington (1994) proposes a number of possibilities for Christian psychologists: (a) offer services directly to local congregations, (b) offer services indirectly by instructing pastors in the psychology of Christian living, (c) prepare Sunday school materials on do-it-yourself techniques for changing one's behavior, (d) author self-help books for Christians, and (e) offer help on an
individual basis to those interested in changing their habits. Beck and Banks (1992) encourage mental health professionals to remain close to church leadership to help preclude "a deadly sense of alienation between groups that are attempting to work together" (p. 9).

Humphrey (1992) offers that psychology continues to discover the human mind and behavior and it "would seem to speak well to Christianity, with its associated study of the human soul and discipleship" (p. 228). Humphrey compares the "marriage" of the two disciplines to an actual marriage of two individuals with the accompanying struggles for intimacy while maintaining some individual independence. Areas of dysfunction might include inequality of power, poor differentiation of self, healthy boundaries, and enmeshment.

Whitlock's (1990) article is a comparison of two experiences: faith and changes in psychotherapy. He interprets psychotherapy from a theological perspective. Illustrations are presented of therapy sessions as metaphors to events in scripture. "The focus of a psychotherapist is not upon giving ready-made answers to those in distress, but upon reassuring them that the journey is worthwhile" (p. 117). From a religious viewpoint, psychotherapy is perceived to be a spiritual journey as a rediscovery of wholeness as a human being occurs and as a person is liberated from the burden of the past.

Evidence of further acceptance of psychotherapy has been the rapid growth of in-patient treatment centers that are advertising their services as "clinically professional, distinctively Christian, high-quality psychiatric and substance abuse care" (Jeffries, 1992, p. 40). Rapha Hospital Treatment Centers, the nation's largest provider of Christian in-patient care, currently
maintains over 24 treatment units in hospitals. Rapha also provides a toll-free counseling hot-line for pastors to furnish professional advice for specific problems. The hot-line received 1430 calls in 1991. Some 70% of the calls were from pastors who had someone in their church who needed help. The other 30% were from pastors with their own personal or family problems.

According to Rapha's own research, more than 91% of the 14,000 patients report being satisfied with the results of treatment, and they would recommend the program to other church members as well (Jeffries, 1992). Rapha publishes a monthly newsletter with a variety of articles dealing with treatment and recovery from grief, distress, shame, addiction, depression, and other emotional problems. As of March 11, 1992, the organization was endorsing over 140 support groups in the Dallas-Ft. Worth metroplex area. The various types of groups were codependency, sexual addiction, eating disorders, grief recovery, sexual abuse, incest recovery, and many others.

Stafford (1993) recounts a 1991 Christianity Today reader survey reflecting that evangelicals are far more likely to seek a counselor rather than a pastor to help them deal with an issue. Only 10% of the respondents sought a pastor while 33% looked to a professional counselor. Stafford, in answer to the question as to why people are so interested in psychology, quotes psychologist Bruce Narramore, "The church wasn't stemming the tide. What was missing in the church was a practical application of our biblical knowledge to life" (p. 29).

Foster and Bolsinger (1990) expound that even though dialogue will continue as to the roles of prayer, biblical study, and other Christian disciplines in the therapeutic process, these strategies will not replace counseling.
Stafford (1993) further explicates the current evidence of psychotherapy's acceptance within the realm of fundamentalist religion as Christian colleges and seminaries expand their counseling departments and add doctoral programs in counseling and psychology. "Wheaton College, a bastion of evangelical orthodoxy, is launching its first doctoral program, not in theology or biblical studies, but in psychology" (p. 25).

According to Dr. Paul Meier (personal communication, October 12, 1993), Minirith-Meier Clinic of Richardson, Texas, organized in 1976, is the largest psychiatric corporation in the United States. Out-patient and in-patient treatment is available throughout the country at the 25 facilities staffed by 315 doctors and therapists that utilize a Christian-based approach (Stafford, 1993). Additional endeavors for Minirith-Meier Clinic include a daily call-in radio program, broadcast in most states, and an increasing number of seminars, workshops, audio tapes, video tapes, and books (Jeffries, 1992).
CHAPTER II

PROCEDURES

Hypotheses

After reviewing the literature on the issue of conservative religious attitudes toward seeking professional counseling and determining there have been no recent studies done to address the stated problem, the following hypotheses were formulated in the null form and were tested at the .05 level of significance.

1. There will be no significant difference in individual scores on the Religious Attitude Scale of Poppleton and Pilkington (1963) related with the Level of Conservatism.

2. The Level of Conservatism will have no significant relationship with individual recognition of need for psychotherapeutic help as measured by the Attitude Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970).

3. The Level of Conservatism will have no significant relationship with individual stigma tolerance as measured by the Attitude Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970).

4. The Level of Conservatism will have no significant relationship with individual interpersonal openness as measured by the Attitude Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970).
5. The Level of Conservatism will have no significant relationship with individual confidence in the mental health practitioner as measured by the 

**Definition of Terms**

1. Level of Conservatism is operationalized in two ways for this study. In the first method, Level of Conservatism was operationalized as religious affiliation: Assembly of God, Southern Baptist, Independent/Charismatic, or Unity Church. This definition was utilized in Hypothesis 1. In the second method, Level of Conservatism was operationalized as the scores on the *Religious Attitude Scale* of Poppleton and Pilkington (1970). This definition was used in Hypotheses 2, 3, 4, and 5.

2. Stigma tolerance: the degree of sensitivity to what others would think were one to see a mental health professional and is measured by the scores of the subjects on the *Attitude Toward Seeking Professional Psychological Help Scale* (Fisher & Turner, 1970).

3. Interpersonal openness: the degree to which one is willing to reveal troubles to an appropriate professional and is measured by the scores of the subjects on the *Attitude Toward Seeking Professional Psychological Help Scale* (Fisher & Turner, 1970).

**Limitations**

The predominant limitation to a study involving religious beliefs is that these beliefs are continually in a condition of transformation. Thus, there is the
possibility of significant variance in the beliefs of individuals within two different churches within the same denomination. Also, members of a given congregation may not agree with the beliefs of a majority of that congregation. These facts increase the difficulty of generalizing and classifying individuals according to religious beliefs.

Any study that relies upon information collected through the use of survey methods accepts that the views and responses of non-participants may vary considerably from those who chose to respond. However, the response rate in this study augmented the probability of a representative sample.

Subjects reveal only what they choose to reveal on a self-report measure. All subjects are aware that they are participating in the survey because they are members of a religious organization which may interject a pro-religious bias (Allport & Ross, 1967). This bias may precipitate a response that "should" be made rather than what they honestly believe.

This study was delimited to a sample drawn from religious groups within a large metroplex area of north Texas. The subjects have chosen to affiliate themselves with a particular denominational group.

Subjects

The population from which the subjects of this study were drawn consists of members from four religious groups: Southern Baptist Convention, Assemblies of God, Independent/Charismatic, and Unity Church. These religious groups were selected due to the commonly held doctrines of each particular group (Hays & Steely, 1981; Blumhofer, 1988; Strang, 1988). Each
individual church was then selected due to their expressed affiliation with that specific religious group. Churches representing these organizations are within the Dallas-Ft. Worth metroplex area. The Southern Baptist Convention church was Ovilla Road Baptist Church, Ovilla. The Assemblies of God church was Memorial Assembly of God Church, Duncanville. The Independent/Charismatic churches were Restoration Church, Euless and First Family Church of Dallas. Due to the low response of potential subjects from Restoration Church, additional subjects from First Family Church were also included. The Unity Church was The Unity Church of Dallas.

The Baptist denomination was formed in 1638 in Providence, Rhode Island by Roger Williams. The Southern Baptist Convention was organized as a result of differences concerning the issue of slavery in the South in the 1860s. Current members of the denomination are estimated by Convention records to exceed 14 million people. Basic tenets of the denomination are: observance of two ordinances (baptism by immersion and the Lord’s Supper symbolizing Jesus Christ’s last meal with his disciples), inerrancy of scripture (The Holy Bible), “once saved, always saved” (once a belief in Jesus Christ is expressed, an individual is assured of eternity in heaven), evangelism, and autonomy of the local church (Hays & Steely, 1981). In the field of mental health, most Southern Baptists tend to maintain ambivalent attitudes toward counseling services (Hatcher & Kendrick, 1994). The primary source of help with emotional problems has been the local pastor.

The Assemblies of God, the "largest, strongest, and most affluent white Pentecostal denomination" was formed in 1914 in the state of Arkansas.
The basic teaching and beliefs of the Assemblies of God churches hold to the use of prophecy, spiritual gifts, and speaking in tongues as related to their interpretation of the New Testament. In the area of mental health issues, parishioners were taught by church leadership to seek God alone for answers to personal and psychological problems. This teaching was known as "praying through" (Menzie, 1971).

The Independent/Charismatic movement began in the 1950s and began a rapid increase in participants in the 1960s. According to Kantzer (1980), a Gallup poll reported 19 percent of all adults in the United States consider themselves charismatic Christians, attending Independent/Charismatic churches. As with other conservative churches, this group also considers the use of tobacco, alcoholic beverages, or drugs unacceptable behavior (Strang, 1988). Other basic tenets of their beliefs are: focus on Jesus Christ, love of the Bible, God speaks today, evangelism, awareness of evil, spiritual gifts, and spiritual power which is received by the baptism of the Holy Spirit (Hocken, 1988). In relation to emotional and psychological matters, Dr. C. D. White, pastor of Restoration Church, states this movement is often the most reluctant "to even admit they have a problem, and if they do, they often believe it is because of a lack of faith" (personal communication, February 9, 1992).

The Unity Church was founded in 1889 by Charles and Myrtle Fillmore of Kansas City, Missouri. Fillmore (1939) has written that the Bible is only one of many sacred books to be admired and that physical illness and failure are an outgrowth of mental disequilibrium. This imbalance must be overcome by affirming that God is mind, God is the source of all desirable values, and that
God and man are inseparable. "Every Christian Metaphysician knows that back of the personal mind is a great and creative mind that also creates, God-Mind" (p. 89). Melton (1987) writes that Fillmore saw Unity as scientific Christianity, and his teachings on reincarnation have received more emphasis since his death. Unity instruction maintains that Jesus is the Christ but does not have an essential position in man's salvation. Melton relates that Unity accepts the sacred writings of other world religions as there is quality in every religion on earth and individuals should maintain open minds.

The age of the subjects was primarily distributed between the ages of 30 and 59 (see Table 1). These categories comprised 79.4% of the sample. The majority of the sample consisted of females (59.5%) while male participation was 40.5% (see Table 2).

Table 1

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-19</td>
<td>8</td>
<td>3.7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20-29</td>
<td>22</td>
<td>9.1</td>
<td>2</td>
<td>4</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>30-39</td>
<td>66</td>
<td>27.3</td>
<td>12</td>
<td>31</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>40-49</td>
<td>73</td>
<td>30.2</td>
<td>18</td>
<td>21</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>50-59</td>
<td>53</td>
<td>21.9</td>
<td>13</td>
<td>6</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>60-69</td>
<td>17</td>
<td>7.4</td>
<td>13</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>70 or older</td>
<td>1</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
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</table>

N=240
Table 2

Sex of Subjects

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>99</td>
<td>40.5</td>
<td>24</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>Female</td>
<td>141</td>
<td>59.5</td>
<td>36</td>
<td>39</td>
<td>41</td>
</tr>
</tbody>
</table>

N=240

The largest percentage of subjects (30.5%) reported they had been members of their present congregations from 3-5 years. The remainder of subjects' length of time in their present congregations was evenly distributed over the other categories (see Table 3).

Table 3

Subjects' Length of Membership in Their Present Congregation

<table>
<thead>
<tr>
<th>Length of Time</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>45</td>
<td>18.8</td>
<td>10</td>
<td>4</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td>1-2 years</td>
<td>48</td>
<td>19.9</td>
<td>9</td>
<td>11</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>3-5 years</td>
<td>73</td>
<td>30.5</td>
<td>17</td>
<td>30</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>6-10 years</td>
<td>33</td>
<td>13.9</td>
<td>3</td>
<td>10</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 10 years</td>
<td>41</td>
<td>16.9</td>
<td>21</td>
<td>11</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

N=240

A considerable majority of subjects (79.6%) related they attended church or religious activities more than once a week (see Table 4). Therefore the
subjects of this study are notably active participants in religious activities and would accurately represent their particular group. A considerable majority of subjects (75%) also stated their church membership was extremely important to them (see Table 5).

Table 4

<table>
<thead>
<tr>
<th>Participation</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a year or less</td>
<td>2</td>
<td>.8</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2-10 times per year</td>
<td>3</td>
<td>1.3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1-2 times per month</td>
<td>12</td>
<td>5.0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Once a week</td>
<td>32</td>
<td>13.3</td>
<td>0</td>
<td>4</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>More than once a week</td>
<td>191</td>
<td>79.6</td>
<td>56</td>
<td>60</td>
<td>59</td>
<td>16</td>
</tr>
</tbody>
</table>

N=240

While almost one-half of the subjects reported annual family income of from $20,000 to $50,000, 31.2% stated family income in excess of $50,000 (see Table 6). Although no empirical evidence can be cited, larger congregations in metropolitan areas tend to incorporate a more affluent membership.

Of the sample, 67.1% reported their present marital status as married. The report of divorced subjects was 18.3% (See Table 7).
### Table 5

**Importance of Church Membership to Subjects**

<table>
<thead>
<tr>
<th>Importance of Subjects</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely important</td>
<td>180</td>
<td>75.0</td>
<td>56</td>
<td>52</td>
<td>56</td>
<td>16</td>
</tr>
<tr>
<td>Fairly important</td>
<td>42</td>
<td>17.5</td>
<td>3</td>
<td>12</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Not too important</td>
<td>14</td>
<td>5.8</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Fairly unimportant</td>
<td>4</td>
<td>1.7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

N=240

### Table 6

**Annual Family Income of Subjects**

<table>
<thead>
<tr>
<th>Income</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $15,000</td>
<td>16</td>
<td>6.7</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>$15,000 - $19,999</td>
<td>21</td>
<td>8.8</td>
<td>3</td>
<td>7</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>$20,000 - $29,999</td>
<td>47</td>
<td>19.6</td>
<td>14</td>
<td>5</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>$30,000 - $39,999</td>
<td>38</td>
<td>15.8</td>
<td>7</td>
<td>12</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>$40,000 - $49,999</td>
<td>34</td>
<td>14.1</td>
<td>3</td>
<td>14</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>75</td>
<td>31.2</td>
<td>22</td>
<td>24</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>Missing cases</td>
<td>9</td>
<td>3.8</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

N=240

While 37.4% of the subjects reported their formal education level to be beyond high school, an additional 30% report a post-graduate level of over 16
years (see Table 8). From interviews with the various pastors and staff members of the churches, each expressed knowledge of their own membership consisting of a higher level of education than might exist in smaller congregations.

Table 7

Present Marital Status of Subjects

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>161</td>
<td>67.1</td>
<td>49</td>
<td>56</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>Never Married</td>
<td>22</td>
<td>9.2</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Separated</td>
<td>6</td>
<td>2.5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>44</td>
<td>18.3</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Widowed</td>
<td>7</td>
<td>2.9</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

N=240

Table 8

Level of Formal Education of Subjects

<table>
<thead>
<tr>
<th>Education</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years or less</td>
<td>4</td>
<td>1.7</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5-6 years</td>
<td>3</td>
<td>1.3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>7-8 years</td>
<td>3</td>
<td>1.3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9-10 years</td>
<td>7</td>
<td>2.9</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11-12 years</td>
<td>61</td>
<td>25.4</td>
<td>24</td>
<td>15</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>13-14 years</td>
<td>47</td>
<td>19.5</td>
<td>11</td>
<td>11</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>15-16 years</td>
<td>43</td>
<td>17.9</td>
<td>7</td>
<td>11</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>16+ years</td>
<td>72</td>
<td>30.0</td>
<td>9</td>
<td>28</td>
<td>14</td>
<td>21</td>
</tr>
</tbody>
</table>

N=240
In a response to the Personal Data Questionnaire, the majority (63.8%) of the subjects of this study reported having previously participated in counseling (see Table 9). Subjects reported the use of various sources for that counseling (see Table 14). In Duncan's (1981) study, only 34% of the subjects reported any previous experience with counseling.

Table 9

<table>
<thead>
<tr>
<th>Participation</th>
<th>Number of Subjects</th>
<th>Percent of Total</th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>153</td>
<td>63.8</td>
<td>31</td>
<td>38</td>
<td>49</td>
<td>35</td>
</tr>
<tr>
<td>No</td>
<td>86</td>
<td>35.8</td>
<td>29</td>
<td>28</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Missing Cases</td>
<td>1</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

N=240

Instruments

The three instruments incorporated in this study were: the Attitude Toward Seeking Professional Psychological Help Scale of Fischer and Turner (1970), the Religious Attitudes Scale of Poppleton and Pilkington (1963), and a Personal Data Questionnaire developed by the investigator.

The Fischer-Turner instrument (Appendix A) is a continuously scored scale of 29 statements which reflects an individual's attitude toward seeking professional psychotherapeutic help for psychological distresses (Johnson, 1987). Each is a statement scored on a Likert Scale ranging from strongly disagree to
strongly agree. Gourash (1978) defines help-seeking behavior as any communication about a problem or troublesome event which is directed toward obtaining support, advice, or assistance in times of distress. However, this instrument is designed to indicate attitudes toward seeking help from professional psychotherapists as opposed to seeking help from family members or friends.

Factor analysis disclosed four dimensions of the help seeking behavior attitude. Factor I identifies an awareness of a personal need for professional help. Subjects with a low score on this subscale recognize slight need for professional help due to a belief that emotional problems tend to solve themselves. A high score on this subscale demonstrates an awareness of the need for support in times of emotional problems, now and in the future. Factor II assesses the area of stigmatization from seeking professional counseling. A low score on this subscale evidences a sensitivity to what other people would think, and a high score indicates no such concern. Factor III refers to the individuals being willing to disclose personal problems with a professional, interpersonal openness. Factor IV concerns the confidence individuals have in mental health professionals. While each factor was reasonably well defined in three independent samples, the internal reliability coefficients are modest (Fischer & Turner, 1970).

The internal reliability of the instrument computed for the standardization sample (n = 212) was .86. The reliability estimate was .83 computed on a later sample of 406 subjects (Fischer & Turner, 1970). Within the entire scale, a moderately good consistency of response was indicated. Fischer and Turner administered a biographical information questionnaire and the scale to 531 nursing and college students. The questionnaire was designed to elicit brief
descriptions of personal crises subjects may have faced, how they attempted to deal with them, and whether professional help was sought. Subjects of both sexes who had received professional counseling scored significantly higher on the scale than those subjects with no professional counseling. While people may maintain unfavorable opinions as a result of unsatisfactory experiences in counseling, the fact that professional help was sought indicates a predominantly positive attitude. For males, the mean difference between contact and no-contact samples was significant at \( p<.001 \) (\( t = 3.30, \text{df} = 231 \)); for females the same distinction was significant at \( p<.0001 \) (\( t = 4.73, \text{df} = 296 \)). Thus the scale distinguishes very well on an empirical ("known-groups") basis.

Duncan (1981) modified the Fischer-Turner scale in language in order to include a broader selection of professional counselors. Psychologist and counselor were added to psychiatrist as options for selecting professional help. The words "professional treatment" were substituted for "psychiatric treatment." A pilot study was conducted to determine the reliability of the modified scale which resulted in a test-retest reliability coefficient of .82. This current study utilized the modified scale.

Johnson (1987) conducted a study utilizing the Attitude Toward Seeking Professional Psychological Help Scale with 124 female and 94 male students. Results confirmed Fischer and Turner's (1970) findings that "women have more positive help seeking attitudes" (Johnson, 1987, p. 240). Atkinson and Gim (1989) completed a survey of 557 Asian-American students to examine cultural identity and attitudes toward mental health services. This study also adapted the scale by substituting the words psychologist-counselor and
counseling center for psychiatrist and mental health center. Another investigation of Vietnamese-American students (Atkinson, Ponterotto, & Sanchez, 1984) also employed an adapted version of the instrument. Results of the two studies indicate no difference in gender among the subjects as to attitudes toward help-seeking behavior which differs from Fischer and Turner's (1970) conclusions that women and men differ in such attitudes.

The Religious Attitude Scale (Appendix B) was devised to measure general religious convictions. The initial purpose of Poppleton and Pilkington (1963) was to develop an instrument to measure attitudes toward Christian doctrine. "Their results indicated that members of small evangelical sects scored at a consistently higher level on the scale than members of other denominations." (p. 21). "Evangelical" is a term used by religious researchers and writers to delineate religious persons who adhere to inerrancy of the scriptures, in addition to terms such as "conservative" and "fundamental" (Dougherty & Worthington, 1982; Gass, 1984; Melton, 1987; Strang, 1988; Gibson & Herron, 1990; Spinney, 1991). Thus, the scale appears to be a valid method of differentiating subjects in terms of levels of Christian conservatism (Duncan, 1981).

The Religious Attitude Scale is a continuously scored scale of 21 items. A reliability coefficient of .97 was reported using Cronbach's formula (Robinson & Shaver, 1973). Content validity was established as the highly participative group obtained a median score of 116 (n = 107). The highly participative groups were those individuals who attended church frequently, prayed at least weekly, and were active church members, as assessed by questionnaire. The low religious group obtained a score of 60, (n = 109). These subjects claimed to be atheists or
agnostics, as assessed by questionnaire. The remainder of the sample were those individuals who failed to meet either set of criteria. The high and low groups differed significantly at $p<.01$. There was no overlap between the two groups. "The scale appears to be an adequate measure of general religious beliefs, yielding acceptable reliability indexes and appropriate discrimination between groups" (p. 694).

The Personal Data Questionnaire (Appendix C) was formulated to collect a variety of demographic information. Questions were presented pertaining to religious activity and attitude toward religion. Inquiries were also made as to past counseling experience, if any, and causes of any recent change in attitude toward counseling. The questions were presented in order to acquire brief descriptions of the subjects of the study in numerous areas and to determine if the subjects were active participants within their own groups.

Procedures for Collection of Data

The investigator contacted the pastor or other staff of each church. Permission from each pastor was obtained prior to proceeding with the survey. The week prior to distribution of the forms and letter, announcement of the study was printed in the church bulletin or a public announcement was made to potential subjects. Adult members (age 18 or older) attending regularly scheduled weekly meetings of each of the churches were utilized. The questionnaires (Appendixes A, B, & C) were distributed at these meetings. A cover letter (Appendix D) was distributed to each subject along with the questionnaires to introduce the investigator, explain the purpose of the study, insure confidentiality, and allow for
withdrawal at any . The length of time required for completion of all the
instruments was approximately 15-20 minutes. Any subjects not returning the
questionnaires at the meetings were provided a self-addressed, stamped
envelope.

At Memorial Assembly of God Church and Ovilla Road Baptist Church,
potential subjects were attending a regularly scheduled Wednesday night meeting
of the general membership. At the meeting, the pastor presented the investigator.
The investigator explained the purpose of the study and what was involved if the
member chose to participate. The subjects were made aware that anonymity
would be maintained throughout the study. No names will appear on any of the
instruments. After a time for questions, the instruments were distributed,
instructions for completion given, the forms were completed, and returned.

At Restoration Church, the forms were distributed to subjects by way of
home group meetings. The investigator delivered the questionnaires and cover
letters to the staff member conducting the home group leaders' monthly meeting
and explained the purpose of the study and what was involved if a member chose
to participate. The staff member informed the leaders that participation was
voluntary and the identity of anyone choosing to participate would remain
anonymous. At the weekly meeting of their respective home groups, after a time
for questions, the leaders distributed the questionnaires and cover letters
introducing the investigator, explaining the purpose of the study, insuring
confidentiality, and allowing for withdrawal at any . A self-addressed, stamped
envelope was provided with each set of questionnaires.
At First Family Church and The Unity Church of Dallas, the questionnaires and cover letters were distributed to possible subjects at a regularly scheduled Sunday morning meeting. At First Family, the investigator delivered the questionnaires and cover letters to the pastor who conducted the meeting and explained the purpose of the study and what was involved if a member chose to participate. At the Sunday morning meeting, the pastor explained the purpose of the study and advised potential subjects that their participation was voluntary and their identity would remain anonymous. After answering questions from potential subjects, the pastor distributed the questionnaires and letters. A self-addressed, stamped envelope was attached to each set of forms.

At The Unity Church of Dallas, the investigator delivered the questionnaires and cover letters to the church staff member who conducted the Sunday morning meeting and explained the purpose of the study and what was involved if a member chose to participate. The staff member's position at The Unity Church of Dallas was that of counselor. At the Sunday morning meeting, the staff member explained the purpose of the study and advised potential subjects that their participation was voluntary and their identity would remain anonymous. After answering questions from potential subjects, the staff member distributed the questionnaires and letters. A self-addressed, stamped envelope was attached to each set of forms.

All the completed instruments and questionnaires were returned to the investigator for statistical analyses. Of the 335 questionnaires distributed, 240 (72%) were usable. The number of usable questionnaires was fairly evenly distributed among the four groups except for the Unity Church (see Table 10).
Table 10

Subject Responses by Denominational Membership

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Number of Responses</th>
<th>% of Returned Responses for Denomination</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>60</td>
<td>80</td>
<td>25.0</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>66</td>
<td>78</td>
<td>27.5</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>74</td>
<td>74</td>
<td>30.8</td>
</tr>
<tr>
<td>Unity Church</td>
<td>40</td>
<td>54</td>
<td>16.7</td>
</tr>
</tbody>
</table>

N=240

Research Design

A one-way analysis of variance was used to determine if there was significant difference in the individual scores on the Religious Attitude Scale of Poppleton and Pilkington (1963), the dependent variable, and the Level of Conservatism, the independent variable. The Scheffé test was used to determine where any specific difference(s) lies.

Pearson product-moment correlation was used to determine if there was a significant relationship between individual scores on the four dimensions of the Attitude Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970), the dependent variables, and the Level of Conservatism, the independent variable.
CHAPTER III

RESULTS

Findings

A one-way analysis of variance was used to compare the scores on the Religious Attitude Scale (Poppleton and Pilkington, 1963) of the four groups of subjects according to denominational affiliation. Hypothesis 1 states that there will be no significant difference in individual scores on the Religious Attitude Scale of Poppleton and Pilkington (1963) related with the Level of Conservatism. The results showed there exists at least one significant difference ($F=62.55$, $df=3,237$, $p<.0001$) between the scores and the Level of Conservatism, operationalized as type of denomination (see Table 11 and Figure 1). To determine where the specific difference existed, the Scheffé post hoc test was conducted.

The Scheffé test revealed that only one comparison was significantly different than the other comparisons. The Unity Church members scored significantly lower on the Religious Attitude Scale than each of the other church types (see Table 12).

Based on these analyses, null Hypotheses 1 was rejected. The members of the Unity Church were the only group who scored significantly lower on the Religious Attitude Scale. However, the other churches' scores were in the predicted direction. The Assembly of God subjects obtained the largest mean, the Southern Baptists the next largest, and the Independent/Charismatics the next largest. The differences in these groups' mean scores were not significant.
Table 11

Mean Religious Attitudes Scores by Denomination

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>116.6</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>115.7</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>113.7</td>
</tr>
<tr>
<td>Unity Church</td>
<td>91.0</td>
</tr>
</tbody>
</table>

N=240   F(3,237)=62.55   p<.0000

Figure 1. Mean of religious attitude scale scores by denomination.

For Hypotheses 2 through 5, Level of Conservatism was operationalized as the Religious Attitude Scale scores. The Religious Attitude Scale scores were
Table 12

Results of Scheffé Test Showing the Significant Difference of the Unity Church

<table>
<thead>
<tr>
<th></th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity Church</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>.973434</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>.465089</td>
<td>.726553</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unity Church</td>
<td>.0000001</td>
<td>.0000001</td>
<td>.0000001</td>
<td></td>
</tr>
</tbody>
</table>

N=240  Table numbers represent p-levels (probability levels of significance).

intervally scaled data and thus contained more information than did the grouping by denomination which was ordinally scaled data.

As a result of the Pearson product-moment correlations between the Religious Attitude Scale (RAS) scores and the Attitude Toward Seeking Professional Psychological Help Scale scores, null Hypotheses 2, 3, and 5 were rejected (see Table 13). The high correlations between the various factors of the Attitude Toward Seeking Professional Psychological Help Scale may be due to numerous causes. Among these causes could be differences in the subjects of this study and the subjects of the studies of the developers of the questionnaire. These differences could be in such areas as religion, culture, nationality, and other numerous factors. Also, the manner in which the scales were constructed could have been less than completely orthogonal.

Hypothesis 2 states that the Level of Conservatism will have no significant relationship with individual recognition of need for psychotherapeutic help as measured by the Attitude Toward Seeking Professional Psychological Help Scale.
of Fisher and Turner (1970). The Pearson $r$ for Hypothesis 2 was $-.19$, $p<.05$. The significant, and negative, relationship between the recognition of need for counseling factor and the Religious Attitude Scale scores indicates that people who are religiously conservative tend to not recognize a need for psychotherapy.

Table 13

Correlations Between Attitude Toward Seeking Professional Psychological Help Scale Factor Scores and the Religious Attitude Scale Scores (Level of Conservatism)

<table>
<thead>
<tr>
<th>Recognition of Need for Psychotherapy</th>
<th>Stigma Tolerance</th>
<th>Interpersonal Openness</th>
<th>Confidence in Mental Health Professional</th>
<th>Religious Attitude Scale Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stigma</td>
<td>.70 (p=.001)</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal</td>
<td>.68 (p=.0001)</td>
<td>.52 (p=.009)</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td>.72 (p=.0001)</td>
<td>.43 (p=.013)</td>
<td>.43 (p=.02)</td>
<td>1.00</td>
</tr>
<tr>
<td>RAS Score</td>
<td>-.19*</td>
<td>-.19*</td>
<td>-.10</td>
<td>-.18* (p=.013)</td>
</tr>
</tbody>
</table>

*Correlations significant at $p<.05$.

Hypothesis 3 states that the Level of Conservatism will have no significant relationship with individual stigma tolerance as measured by the Attitude Toward Seeking Professional Psychological Help Scale of Fisher and Turner (1970). The Pearson $r$ for Hypothesis 3 was $-.19$, $p<.05$. The significant, and negative,
relationship between the stigma tolerance factor and the **Religious Attitude Scale** scores indicates that religiously conservative people tend to have a low stigma tolerance for counseling.

Hypothesis 5 states that the Level of Conservatism will have no significant relationship with individual confidence in the mental health practitioner as measured by the **Attitude Toward Seeking Professional Psychological Help Scale** of Fisher and Turner (1970). The Pearson $r$ for Hypothesis 5 was $-18, p<0.05$. The significant, and negative, relationship between the individual confidence in the mental health practitioner factor and the **Religious Attitude Scale** scores indicates that religiously conservative people tend to have little confidence in the abilities of mental health professionals.

Hypothesis 4 states that the Level of Conservatism will have no significant relationship with individual interpersonal openness as measured by the **Attitude Toward Seeking Professional Psychological Help Scale** of Fisher and Turner (1970). Null Hypothesis 4 was accepted. The Pearson $r$ between the **Religious Attitude Scale** scores and the interpersonal openness factor was not significant at $-10, p<0.120$. While this correlation was not significant, it was in the predicted direction (negative) and approached significance ($p<0.120$). With a larger sample size, the power of this test would have been increased, and a significant effect may have been found.
Discussion

This section will deal first with those hypotheses that were rejected: 1, 2, 3, and 5. Then discussion will be presented on Hypothesis 4 which was accepted.

Hypothesis 1 states there will be no significant difference in individual scores on the Religious Attitude Scale (Poppleton & Pilkington, 1963) related to the Level of Conservatism. Level of Conservatism was defined for Hypothesis 1 as the religious affiliation of the subjects (Assembly of God, Southern Baptist, Independent/Charismatic, and Unity). Hypothesis 1 was rejected. Evangelicals or religious conservatives tend to obtain higher scores on this scale as compared to less conservative religious individuals (Poppleton & Pilkington, 1963; Duncan, 1981). Results of the comparison of the Religious Attitude Scale scores disclosed significant differences in one of the group's scores. The Unity Church mean score of 91.02 was significantly lower than the other three groups: Assembly of God, 116.596; Southern Baptist, 115.709; and Independent/Charismatic, 113.669.

The basic doctrinal beliefs of the four denominational groups support this finding. The three conservative groups tend to hold to similar constricted beliefs, such as the inerrancy of the scriptures, the prominence given the Holy Bible, and the salience conferred on Jesus Christ as the Son of God (Hays & Steely, 1981; Blumhoffer, 1988; Strang, 1988). Unity Church tenets, however, are more broad-minded such as their belief in the importance of accepting other world religions and the belief that Jesus Christ does not have an essential position in man's salvation.

Hypothesis 2 states that the Level of Conservatism will have no significant relationship with individual recognition of need for psychotherapeutic help as
measured by the *Attitude Toward Seeking Professional Help Scale* (Fisher & Turner, 1970). Level of Conservatism is operationalized for this and subsequent hypotheses (3, 4, and 5) as the *Religious Attitude Scale* scores. Hypothesis 2 was rejected. Findings revealed that the religiously conservative subjects of this study did report significantly less recognition of personal need for psychotherapeutic help. According to Fisher and Turner (1970), a low score on this subscale indicates that the subject sees little necessity for professional help for emotional problems, believing that psychological conflicts resolve themselves. Individuals scoring high on this factor acknowledge the possibility of seeking professional support in the future.

While the possibility does exist that the more religiously conservative subjects actually do have less need for psychotherapeutic help than the other subjects of the study, current indications from conservative Christian publications and ministers are that these individuals are indeed in need of professional counseling (Oates, 1987; C. D. White, personal communication, February 9, 1992; Jeffries, 1992; Stafford, 1993). Duncan surmises that these individuals' lack of recognition of need for counseling may be the result of an emotional problem being "reframed" as a "temptation" or "trial" (p. 42). A current fundamentalist pastor and author contends that "'If a person spiritually comes to the resources in Christ, walks in the Spirit, is filled with the Spirit, and is obeying the Word of God, that's going to take care of everything'" (Stafford, 1993, p. 26). Thus, highly conservative religious subjects may conclude they have an available, more powerful, resource in God, and any alternative of seeking help is less than perfect.
Hypothesis 3 states that the Level of Conservatism will have no significant relationship with individual stigma tolerance as measured by the Attitude Toward Seeking Professional Help Scale (Fisher & Turner, 1970). Hypothesis 3 was rejected. Findings revealed that the religiously conservative subjects of this study did report significant sensitivity to stigmatization. A low score on this factor indicates a sensitivity to what others would think if one sought professional psychological help (Fisher & Turner, 1970). Duncan (1981) did not find a significant difference in the high-conservative and low-conservative subjects of his study. However, this study did maintain a higher degree of statistical power than Duncan's which may account for the difference in findings.

This finding appears to be inconsistent with current research that states the idea of going to a mental health professional for all kinds of problems is now widely accepted in the Christian realm (Evans, 1986). The recent adverse publicity of mental health facilities in the geographical area of this study may account for some of the stigmatization concerns. This apparent inconsistency may be the result of a misconception among current writers of an increase in the acceptance of psychotherapy among conservative Christians.

Hypothesis 4 states that the Level of Conservatism will have no significant relationship with individual openness as measured by the Attitude Toward Seeking Professional Help Scale (Fisher & Turner, 1970). Null Hypothesis 4 was accepted. According to Fisher and Turner (1970), a low score on this subscale indicates a predominant hesitancy to disclose personal issues and problems even to an appropriate professional counselor, while a high score indicates a tendency to believe that such matters should be revealed. While this correlation was not
significant, it was in the predicted direction (negative) and approached significance. Had the sample size been increased, this finding may have been in agreement with Duncan's (1981) study which found the high-conservative subjects of his study to have significantly less openness than the low-conservative subjects.

Many of the teachings of the conservative churches and denominations tend to focus on the Biblical admonition for individuals to cast their burdens on the Lord. Other teachings encourage perfection, self-denial, submission of wives to their husbands, and reliance on God rather than depending on help from other human beings (Dakes, 1981). Many religious critics of psychotherapy take a rudimentary stance against the interior life, against an individual looking within oneself and revealing inner thoughts and feelings (McCandless, 1991). Other teachings tend to encourage individuals to be interpersonally open with God through prayer rather than with others, especially those people who are not well known and do not hold to the same religious beliefs (Stafford, 1993).

This finding adds further emphasis to the actuality that the results of this study apparently contradict the research of the literature. The research evidenced an apparent change in the attitudes of religiously conservative individuals to be more open in dealing with emotional problems and to be more accepting of psychotherapy (Gaultiere, 1990; Gladson & Plott, 1991; Stafford, 1993). A number of articles and books reported the acceptance of the integration of psychology and Christianity and the acceptance of the integration of Christian beliefs with psychotherapy (Clinton, 1990; Foster & Bolsinger, 1990; Miller, 1992).
Hypothesis 5 states the Level of Conservatism will have no significant relationship with individual confidence in the mental health practitioner as measured by the Attitude Toward Seeking Professional Help Scale (Fisher & Turner, 1970). Null Hypothesis 5 was rejected. Results evidenced that religiously conservative individuals are inclined to have little confidence in the abilities of mental health professionals. These findings may also reflect the recent lawsuits by former patients and the closings of mental health facilities in the geographical area of the study. Dr. James Dobson, a leading Christian psychologist, has stated a concern of referring troubled people that contact his organization to other therapists. Dr. Gary Collins, a psychologist, has voiced a concern that psychotherapists will take over the church (Stafford, 1993).

Even though the majority of subjects from each of the conservative religious groups stated they had previously been to counseling (see Table 14), the findings disclose a continued reluctance to seek professional help. However, of those subjects reporting previous counseling experience, nearly 40% of each group had been to a minister or pastor (see Table 15). Also, all of the conservative religious subjects who had not been to counseling reported that in times of severe emotional distress they would seek help from a close friend, immediate family member, pastor, Jesus, or handle the problem themselves rather than seek professional counseling.

Of the total number of subjects, a majority of each denominational group expressed a recent positive change in their opinion of seeking professional counseling (see Table 16). A majority of each denominational group disclosed that one influence that changed their opinion was a relative having been in
counseling (see Table 17). In three of the four denominational groups, approximately 30% of the subjects reported the pastor influenced the change in their opinion.

In each of the fundamentalist denominations, a vast majority of the subjects chose "very important" as to a counselor's religious beliefs when seeking professional counseling, while only 20% of the Unity Church's subjects chose this response (see Table 18). Of the subjects choosing "very important," again the majority of the fundamentalist subjects stated the counselor would need to be a "born again" Christian, while the majority of the Unity subjects stated the counselor would not need to be a "born again" Christian (see Table 19).

Table 14

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Total Number of Subjects</th>
<th>Percent of Subjects Who Participated in Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>60</td>
<td>50</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>66</td>
<td>58</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>74</td>
<td>70</td>
</tr>
<tr>
<td>Unity Church</td>
<td>40</td>
<td>88</td>
</tr>
</tbody>
</table>

N=240
Table 15

Source of Subjects' Previous Participation in Counseling

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Minister/Pastor</th>
<th>Psychiatrist/ Psychologist</th>
<th>Counselor</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>37%</td>
<td>50%</td>
<td>13%</td>
<td>0</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>45%</td>
<td>22%</td>
<td>33%</td>
<td>0</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>48%</td>
<td>27%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Unity Church</td>
<td>15%</td>
<td>73%</td>
<td>25%</td>
<td>1%</td>
</tr>
</tbody>
</table>

N=240

Table 16

Recent Positive Change in Subjects' Opinion of Professional Counseling

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Total Number of Subjects</th>
<th>Percent of Subjects Whose Opinion Has Recently Changed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>60</td>
<td>72%</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>66</td>
<td>64%</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>74</td>
<td>62%</td>
</tr>
<tr>
<td>Unity Church</td>
<td>40</td>
<td>80%</td>
</tr>
</tbody>
</table>

N=240
Table 17

Influences of Recent Change in Subjects' Opinion of Counseling

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Books</th>
<th>Pastor</th>
<th>Relative in Counseling</th>
<th>Radio/TV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assembly of God</td>
<td>44%</td>
<td>30%</td>
<td>61%</td>
<td>31%</td>
</tr>
<tr>
<td>Southern Baptist</td>
<td>49%</td>
<td>62%</td>
<td>65%</td>
<td>42%</td>
</tr>
<tr>
<td>Independent/Charismatic</td>
<td>49%</td>
<td>35%</td>
<td>59%</td>
<td>32%</td>
</tr>
<tr>
<td>Unity Church</td>
<td>84%</td>
<td>32%</td>
<td>72%</td>
<td>35%</td>
</tr>
</tbody>
</table>

N=240

Table 18

Importance of Counselor's Religious Beliefs to Subjects Choosing to Seek Professional Counseling

<table>
<thead>
<tr>
<th>Response</th>
<th>Assembly of God (%)</th>
<th>Southern Baptist (%)</th>
<th>Independent/Charismatic (%)</th>
<th>Unity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>85</td>
<td>92</td>
<td>83.8</td>
<td>20</td>
</tr>
<tr>
<td>Somewhat important</td>
<td>5</td>
<td>2</td>
<td>6.8</td>
<td>47.5</td>
</tr>
<tr>
<td>Not important</td>
<td>1.7</td>
<td>0</td>
<td>1.4</td>
<td>32.5</td>
</tr>
<tr>
<td>Missing Cases</td>
<td>8.3</td>
<td>6</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>

N=240
Table 19

For Subjects Choosing "Very Important" as to Counselor's Religious Beliefs,

Counselor Needs to be a "Born Again" Christian

<table>
<thead>
<tr>
<th></th>
<th>Assembly of God</th>
<th>Southern Baptist</th>
<th>Independent/Charismatic</th>
<th>Unity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of subjects who chose &quot;Very Important&quot;</td>
<td>51</td>
<td>61</td>
<td>62</td>
<td>8</td>
</tr>
<tr>
<td>Yes</td>
<td>98%</td>
<td>98%</td>
<td>95%</td>
<td>37.5%</td>
</tr>
<tr>
<td>No</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
<td>62.5%</td>
</tr>
</tbody>
</table>

N=182

Conclusions

Based on this study, the following conclusions were made.

1. People who are highly conservative in terms of religious belief may not be as aware of a personal need for psychotherapeutic help as individuals who hold to more unbiased religious doctrine. Religiously conservative individuals tend to be more concerned about what other people think if they see a professional counselor and less interpersonally open than others about their personal issues and problems. They are inclined to have less confidence in mental health professionals.

2. Church pastors hold important positions in the helping process. Pastors are in a position to provide members with much needed information on mental health but do not always possess sufficient knowledge to provide that information. Pastors are customarily trusted by their members and can educate those members as to how to recognize the need for professional counseling,
encourage openness when seeking help, and provide referrals when appropriate. Pastors are also in a position to inform their members as to the relevance of emotions and the importance of discussing their thoughts and feelings with others. In order to be better prepared for their role, pastors need to be more knowledgeable of psychotherapy and the benefits available to individuals with emotional and mental difficulties. The relatively low number of subjects who reported recently changing their opinion toward professional counseling as a result of a pastor's preaching (see Table 16) may evidence a continuing need for this knowledge. Pastors need to be familiar with counseling theory and techniques in order to offer competent assistance to their own members. Pastors will need to be aware of their own limitations and be sensitive to those circumstances where referral to a professional counselor would be appropriate.

3. An individual's religious ideology may have a direct influence on one's decision to seek professional psychological help in times of emotional trauma and stress. Thus, mental health professionals need to consider a client's religious orientation and also be aware of how significant religion is to their client. If a client is a religiously conservative individual, the counselor needs to not only have knowledge of this fact, but also be aware of the tendency among some individuals with similar beliefs to be generally reluctant to seek psychotherapeutic help. The counselor would need to be familiar with those religious teachings and the impact the teachings might have on the client's outcome in therapy. The counselor should be aware of their own pro-religious
or anti-religious biases and evaluate how these biases will influence the direction and success of therapy.

4. The importance of an affiliation between pastors and mental health professionals is indicated by this and other studies. While the majority of the subjects of this study reported having been to counseling, over 40% of those subjects had been to pastors for that counseling. Of the conservative religious subjects that stated they had not been to counseling, none of these subjects' first or second choices would have been to seek help from a professional counselor. Mental health professionals can provide the essential knowledge, education, and experience that is apparently needed by pastors. Pastors may in turn reduce some of the ambivalence towards professional counseling that apparently persists among conservative religious individuals by the increased use of mental health professionals as a referral source. Mental health professionals could gain the knowledge of the various religious teachings they may encounter with future clients. By mutual respect and awareness, pastors and mental health professionals are capable of offering support to a larger population than if each remained autonomous. This alliance could further enhance the number of individuals who receive the help that is available through psychotherapy.
Table 20

Assembly of God — Subjects' Choice of Support in Stressful Situations

<table>
<thead>
<tr>
<th>Choice</th>
<th>Friend/Family (%)</th>
<th>Pastor (%)</th>
<th>Psychiatrist/Psychologist (%)</th>
<th>Self (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice</td>
<td>37</td>
<td>60</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2nd Choice</td>
<td>58</td>
<td>36</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>3rd Choice</td>
<td>55</td>
<td>38</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N=60</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 21

Southern Baptist — Subjects' Choice of Support in Stressful Situations

<table>
<thead>
<tr>
<th>Choice</th>
<th>Friend/Family (%)</th>
<th>Pastor (%)</th>
<th>Psychiatrist/Psychologist (%)</th>
<th>Self (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice</td>
<td>47</td>
<td>40</td>
<td>0</td>
<td>7</td>
<td>6*</td>
</tr>
<tr>
<td>2nd Choice</td>
<td>67</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>3*</td>
</tr>
<tr>
<td>3rd Choice</td>
<td>50</td>
<td>40</td>
<td>5</td>
<td>0</td>
<td>5*</td>
</tr>
<tr>
<td>*Jesus</td>
<td>N=66</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 22

Independent/Charismatic — Subjects' Choice of Support in Stressful Situations

<table>
<thead>
<tr>
<th>Choice</th>
<th>Friend/Family (%)</th>
<th>Pastor (%)</th>
<th>Psychiatrist/Psychologist (%)</th>
<th>Self (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice</td>
<td>38</td>
<td>24</td>
<td>0</td>
<td>14</td>
<td>24*</td>
</tr>
<tr>
<td>2nd Choice</td>
<td>60</td>
<td>40</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3rd Choice</td>
<td>50</td>
<td>45</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>*Jesus</td>
<td>N=74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 23

Unity Church — Subjects' Choice of Support in Stressful Situations

<table>
<thead>
<tr>
<th>Choice</th>
<th>Friend/Family (%)</th>
<th>Pastor (%)</th>
<th>Psychiatrist/Psychologist (%)</th>
<th>Self (%)</th>
<th>Other (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice</td>
<td>60</td>
<td>0</td>
<td>0</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>2nd Choice</td>
<td>60</td>
<td>40</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3rd Choice</td>
<td>40</td>
<td>20</td>
<td>0</td>
<td>40</td>
<td>0</td>
</tr>
</tbody>
</table>

N=40

Recommendations for Further Study

Based on the results of this study, the following recommendations for further study are suggested.

1. A further study is indicated to examine the reasons for the bias that exists among conservative religious individuals toward seeking professional psychotherapeutic help.

2. A further study is indicated to investigate past and current efforts expended to overcome the bias among conservative religious individuals toward seeking professional psychotherapeutic help.

3. Research would be beneficial into the results of counseling sought by individuals within the religious community to determine if family members, close friends, and ministers or pastors are offering supportive, sensitive, and effective help during times of emotional stress.

4. Research would be beneficial into origins of change in individuals' opinions of professional counseling to ascertain the sources of that change.
What motivations for change are effective, what motivations are not and how those that do work could be augmented through such media as books, educational workshops or classes, sermons, and utilizing those individuals who have received professional counseling.
APPENDIX A

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP SCALE
APPENDIX A

Below are a number of statements pertaining to psychological and mental health issues. Read each statement carefully and indicate your response. Please express your frank opinion in your answers. There are no "wrong" answers. The right answers are your honest feelings and beliefs. It is also very important that your answer each item.

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Although there are clinics for people with mental troubles, I would not have much faith in them.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. If a good friend asked my advice about a mental problem, I might recommend that he/she see a psychiatrist, psychologist, or counselor.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. I would feel uneasy going to a psychiatrist, psychologist, or a counselor because of what some people would think.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. A person with a strong character can get over mental conflicts by himself or herself, and would have little need of a psychiatrist, psychologist, or counselor.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Considering the expense involved in psychotherapy, it would have doubtful value for a person like me.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>Probably Agree</td>
<td>Probably Disagree</td>
<td>Disagree</td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------</td>
</tr>
<tr>
<td>7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I would rather live with certain mental conflict than go through the ordeal of getting professional treatment.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9. Emotional difficulties, like many things, tend to work out by themselves.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10. There are certain problems which should not be discussed outside of one's immediate family.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14. Having been a psychiatric patient is a blot on a person's life.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
16. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

17. I resent a person, professionally trained or not, who wants to know about my personal difficulties.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

18. I would want to get professional attention if I was worried or upset for a long period of.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

20. Having been mentally ill carries with it a burden of shame.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

21. There are experiences in my life I would not discuss with anyone.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

22. It is probably best not to know everything about oneself.  

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
25. At some future, I might want to have psychological counseling.

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

27. Had I received treatment in a mental hospital, I would not feel that it ought to be "covered up."

28. If I thought I needed professional help, I would get it no matter who knew about it.

29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, clergymen, and counselors.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Probably Agree</th>
<th>Probably Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX B

RELIGIOUS ATTITUDE SCALE
APPENDIX B

We now turn to another part of religious life, religious belief. Your beliefs may or may not be consistent with those of other members of your church or fellowship. I hope you will find that these questions allow you to express your own beliefs. It is very important that you answer every item even if you find it difficult to make up your mind.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To lead a good life, it is necessary to have some religious belief.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Jesus Christ was an important and interesting historical figure but in no way divine.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>I genuinely do not know whether or not God exists.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Religious faith is merely another name for belief which is contrary to reason.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>People without religious beliefs can lead just as good moral and useful lives as people with religious beliefs.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>The existence of disease, famine and strife in the world makes one doubt some religious doctrines.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>The miracles recorded in the Bible really happened.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>It makes no difference to me whether religious beliefs are true or false.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Undecided</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>9</td>
<td>Christ atoned for our sins by his sacrifice on the cross.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>10.</td>
<td>The truth of the Bible diminishes with the advance of science.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11.</td>
<td>Without belief in God, life is meaningless.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>12.</td>
<td>The more scientific discoveries are made, the more glory of God is revealed.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>13.</td>
<td>Religious education is essential to preserve the morals of our society.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>14.</td>
<td>The proof that Christ was the Son of God lies in the record of the Gospels.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15.</td>
<td>The best explanation of miracles is as an exaggeration of ordinary events into myths and legends.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>16.</td>
<td>International peace depends on the worldwide adoption of religion.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17.</td>
<td>If you lead a good and decent life, it is not necessary to go to church.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>18.</td>
<td>Parents have a duty to teach elemental Christian truths to their children.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>19.</td>
<td>There is no survival of any kind after death.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
20. The psychiatrist rather than the theologian can best explain the phenomena of religious experience.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

21. On the whole, religious beliefs make for better and happier living.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX C

PERSONAL DATA QUESTIONNAIRE
APPENDIX C
PERSONAL DATA QUESTIONNAIRE

1. What is your age?
   ___ 18-19
   ___ 20-29
   ___ 30-39
   ___ 40-49
   ___ 50-59
   ___ 60-69
   ___ 70 or older

2. What is your sex?
   ___ Male
   ___ Female

3. What is the name of the group to which you presently belong?
   ___ Assembly of God
   ___ Baptist
   ___ Independent/Charismatic

4. How long have you been a member of your present congregation?
   ___ Less than 1 year
   ___ 1-2 years
   ___ 3-5 years
   ___ 6-10 years
   ___ More than 10 years

5. How much participation do you average in church or religious activities or meetings (including worship, recreation, etc.)?
   ___ Once a year or less
   ___ 2-10 times per year
   ___ 1-2 times per month
   ___ Once a week
   ___ More than once a week

6. All in all, how important would you say your church membership is to you?
   ___ Extremely important
   ___ Fairly important
   ___ Not too important
   ___ Fairly unimportant

7. Approximately, what is your annual family income?
   ___ Under $15,000
   ___ $15,000 - 20,000
   ___ $20,000 - 30,000
   ___ $30,000 - 40,000
   ___ $40,000 - 50,000
8. What is your present marital status?
   ____ Married
   ____ Never married
   ____ Separated
   ____ Divorced
   ____ Widowed

9. How many years of school have you completed?
   ____ 4 or less
   ____ 5-6
   ____ 7-8
   ____ 9-10
   ____ 11-12
   ____ 13-14
   ____ 15-16
   ____ 16+

10. Have you ever participated in individual, family, or group counseling?
    ____ Yes
    ____ No

    If you answered "Yes" to the above, please respond to the following:

    When did the counseling take place?

    How long were you involved in counseling?

11. If you were to encounter a period of personal stress (such as the death of a close friend or relative or the making of a difficult decision) to whom would you turn? (Please number the sources in the order you would choose. For example, place a "1" in the blank beside the individual you would choose first, a "2" beside the one you would

   ____ More than $50,000
   ____ $25,000 to $49,999
   ____ $10,000 to $24,999
   ____ $0 to $9,999

   Who served as your counselor:
   ____ Minister/Pastor
   ____ Church leader
   ____ Psychologist
   ____ Psychiatrist
   ____ Counselor
   ____ Other: ____________________

   How would you classify the results?
   ____ Very favorable
   ____ Slightly favorable
   ____ Undecided or do not know
   ____ Slightly unfavorable
   ____ Very unfavorable
choose next, etc. Please place
different numbers in each of the
blanks provided.)

___ Close friend
___ Church leader
___ Minister/Pastor
___ Psychologist
___ Immediate family
___ Psychiatrist
___ Other relative
___ Counselor
___ Psychiatric clinic or agency
___ Other: __________
___ No one. I would handle it
myself.

12. If you were to experience
depression, suicidal thoughts,
marital problems, divorce, or
other such stressful situations,
to whom would you turn?

(Please number the sources in
the order you would choose, "1"
being your first choice.)

___ Close friend
___ Church leader
___ Minister/Pastor
___ Psychologist
___ Immediate family or relative
___ Psychiatrist
___ Other relative
___ Counselor
___ Psychiatric clinic or agency
___ Other: __________
___ No one. I would handle it
myself.

13. Has your opinion toward
seeking professional
counseling become more
approving in recent years?

___ Yes
___ No

If you answered "Yes":

Did the opinions of relatives or
friends influence the change?

___ Yes
___ No

Did your Minister/Pastor's
preaching influence the
change?

___ Yes
___ No

Did reading books meant to
help with emotional or mental
problems help influence the
change?

___ Yes
___ No
Did a friend/relative receiving counseling influence the change?

___ Yes

___ No

Did radio or television programs or advertisements influence the change?

___ Yes

___ No

14. If you chose to seek professional counseling, how important would the counselor’s religious beliefs be to you?

___ Very important

___ Somewhat important

___ Not important

If you answered "very important" would the counselor have to be a "Born Again" Christian?

___ Yes

___ No
APPENDIX D

LETTER TO MEMBER
Dear Member:

I am asking you to participate in a study of the attitudes of people toward counseling and religious beliefs. I have reviewed my study with your pastor and he agrees the results will be valuable for utilization in future ministries of your church and the religious community at large.

I am a Doctoral student at the University of North Texas in Denton. My major field of study is Counselor Education. My Doctoral Advisory Committee consists of four professors: Dr. Byron Medler, Dr. Riley Harvill, Dr. James Kitchens, and Dr. Tom Overton. Their approval has also been given for this study.

I am asking for your participation by completing three questionnaires. Most of the questions can be answered by a check mark in the appropriate space. The questions may take only 15-20 minutes to completely answer.

You are not asked to sign your name or place your name anywhere on the questionnaires. This will enable you and your responses to remain completely confidential. A numbering system will be utilized in order to maintain your personal privacy. No one will be aware of your identity as a participant in this study. You are also free to withdraw from the study at any time you choose to do so.

I am aware that you are busy during this time. However, as you complete the questionnaires, I think you will become aware they do address an important topic in churches today. Also, I believe the results will be of benefit not only to your local church, but to the religious community as well.

I do appreciate your taking the time to complete these questionnaires and assisting me in this study.

Sincerely,

Charles T. Roberts, M.Ed., L.P.C.
REFERENCES


of veterans administration psychologists. *Journal of Psychology and Theology, 19*(2), 166-177.


