INFLUENCES OF STATED COUNSELOR RELIGIOUS VALUES ON
SUBJECTS' PREFERENCE FOR A COUNSELOR

DISSERTATION

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

For the Degree of

DOCTOR OF PHILOSOPHY

By

Steven C. Wyatt, B.A.
Denton, Texas
May, 1985
Wyatt, Steven C. **Influences of Stated Counselor Religious Values on Subjects' Preference for a Counselor.**

Doctor of Philosophy (Psychology), May, 1985, 68 pp., 10 tables, references, 61 titles.

The effects of the counselor's religious values on the counseling process has been a focal point recently in the literature on counseling and psychotherapy, especially with regard to how the counselor's announced values might effect potential clients' selection of a counselor. In the present study, the investigator addressed this issue in a study with 125 male and 125 female undergraduate students assigned to five different groups in which they read a script that differed with respect to the counselor's religious orientation. The content of the five scripts ranged from no mention of religious values to describing in detail the specific religious values of the counselor. Subjects' responses to the scripts were measured by having them rate (1) the degree of similarity in their own values and the announced values of the therapist; (2) their rating of how helpful they thought the therapist would be with their problem; and, (3) their stated willingness to see the counselor. Results indicated that subjects who read the script describing an agnostic counselor saw a significant degree of dissimilarity between their own and the counselor's
values, but this did not affect subjects' perceptions of the counselor's helpfulness or their willingness to see the counselor. Differences in the degree of religiosity between subjects and sex differences observed were discussed as were implications for future research.
# TABLE OF CONTENTS

LIST OF TABLES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . iv

INFLUENCES OF STATED COUNSELOR RELIGIOUS VALUES ON
SUBJECTS' PREFERENCE FOR A COUNSELOR

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Method</td>
<td>18</td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
</tr>
<tr>
<td>Instruments</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>Design and Statistics</td>
<td></td>
</tr>
<tr>
<td>Results</td>
<td>24</td>
</tr>
<tr>
<td>Manipulation Checks</td>
<td></td>
</tr>
<tr>
<td>Dependent Variables</td>
<td></td>
</tr>
<tr>
<td>Religious Attitude Inventory</td>
<td></td>
</tr>
<tr>
<td>Counselor Selection Criteria</td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>37</td>
</tr>
<tr>
<td>Dependent Variables--Hypotheses</td>
<td></td>
</tr>
<tr>
<td>Counselor Selection Criteria</td>
<td></td>
</tr>
<tr>
<td>Sex Differences In Degree of Religiosity</td>
<td></td>
</tr>
<tr>
<td>Conclusions and Suggestions for Future Research</td>
<td></td>
</tr>
<tr>
<td>Appendix</td>
<td>49</td>
</tr>
<tr>
<td>References</td>
<td>61</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Group Means for the <strong>Similarity of Values</strong> Variable</td>
<td>26</td>
</tr>
<tr>
<td>2. Group Means for the <strong>Confidence in the Counselor's Helpfulness</strong> Variable</td>
<td>27</td>
</tr>
<tr>
<td>3. Group Means for the <strong>Willingness to See the Counselor</strong> Variable</td>
<td>27</td>
</tr>
<tr>
<td>4. Correlations Between Religious Attitude Inventory Scores and Scores on Other Dependent Measures</td>
<td>29</td>
</tr>
<tr>
<td>5. Correlations Between Female Subjects' Religious Attitude Inventory Scores and Their Scores on Other Dependent Measures</td>
<td>30</td>
</tr>
<tr>
<td>6. Correlations Between Male Subjects' Religious Attitude Inventory Scores and Their Scores on Other Dependent Measures</td>
<td>31</td>
</tr>
<tr>
<td>7. Means by Group and Sex for the Religious Attitude Inventory (ANOVAS)</td>
<td>33</td>
</tr>
<tr>
<td>8. Means by Group and Sex for the Counselor Age Inventory</td>
<td>34</td>
</tr>
<tr>
<td>9. Means by Group and Sex for the Counselor Sexuality Variable</td>
<td>35</td>
</tr>
<tr>
<td>10. Means by Group and Sex for the Counselor Marital Status Variable</td>
<td>35</td>
</tr>
</tbody>
</table>
INFLUENCES OF STATED COUNSELOR RELIGIOUS VALUES ON
SUBJECTS' PREFERENCE FOR A COUNSELOR

Within the last decade there has been an upsurge of interest in the integration of psychology and religion in the counseling process. This interest is also evident in counseling and psychology (Collins, 1977) as well as psychiatry (Chessick, 1978; Runions, 1974). One aspect of this interest has been the investigation of religious values as they pertain to psychotherapy (Bergin, 1980; Ellis, 1980; Walls, 1980). As evidenced in the literature, discussions on religious values as related to psychotherapy can be volatile but warranted.

The American Institute of Public Opinion (1978) reported that 90 percent of the American population expresses a belief in God, 30 percent of those indicating a strong religious conviction. In a theoretical paper examining the role of religious values in psychotherapy, Bergin (1980) proposed that the values of clinicians are "discrepant from those of many clients" and that religious values should be "sincerely considered and conceptually integrated into psychological research and practice." Ellis (1980), in response to Bergin's article, states,

Probablistic atheistics, who may well constitute the majority of modern psychotherapists, also tend to believe that human disturbance is largely (although not entirely)
associated with and springs from absolutistic thinking—
from dogmatism, inflexibility, and devout shoulds, oughts
and musts—and that extreme religiosity is essentially
emotional disturbance.

This may not mean that Ellis would not allow religious topics
in counseling, for he has advocated elsewhere (Ellis, 1963)
that therapists guard against imposing values on the client.
It may indicate, however, that Ellis would take a somewhat
different stance toward the importance of religious values to
healthy adjustment, namely that such values are of relatively
little importance to healthy adjustment and could possibly
represent unhealthy adjustment.

It has been demonstrated that the personal values of the
client and of the therapist are often discrepant. Lilienfeld
(1966) investigated psychiatric patients from the lower socio-
-economic group and discovered that on a moral values question-
naire the patients as a group "were more disciplinarian and
sex rigid" than psychiatric residents. For example, in reply
to one statement, "Some sex before marriage is good," all 19
mental health professionals agreed but only half of the patients
agreed. With specific regard to religious values, it has been
postulated that the values of psychology and theology as
related to the proposed ingredients for mental health are
significantly different; psychology emphasizing doctrines of
individualism and secular humanism and theology emphasizing
doctrines of devotion, worship, and self-sacrifice (Hankoff,
1979; Bergin, 1980). Henry, Sims, and Spray (1971) found that the values of psychotherapists (a sample of several thousand psychologists, psychiatrists, psychoanalysts, and social workers from New York City, Chicago, and Los Angeles) are "religiously liberal relative to the population at large;" 36 percent of the population they sampled were "either atheistic, agnostic, or claimed no adherence to any religious position." In discussing these results, the authors contrasted their percentage of "religious nonadherence" (36%) with the observation by Srole (1962) that only 12 percent of a sample from the general population of Manhattan did not identify with any established religion. A random sample of psychologists from A. P. A. revealed that 50 percent believed in God (Ragan, Malony, & Beit-Hallahmi, 1976). This is 40 percent lower than the general population (Bergin, 1980). The literature suggests that the values of counselors and clients might differ substantially on the subject of religion and its relation to adjustment.

An important question in the discussion of integrating religious values into psychotherapy is that of whether the personal values of the therapist are in fact communicated to the client in therapy, and whether the client responds to such communication if it exists. The assumption of most early theories of psychotherapy was that the therapist should remain neutral and allow the client room for self-expression and exploration. Carl Rogers is perhaps the most eloquent spokesman in favor of therapist neutrality, or nondirective
therapy. However, two independent studies done a decade apart (Murray, 1956, Truax, 1966) showed that Rogers systematically rewarded and punished expressions that he liked and did not like in the verbal behavior of clients. Since the investigations by Greenspoon (1955) in which he demonstrated that subjects can be differentially reinforced by the experimenter's verbal behavior, it has been generally accepted that clients' verbal behavior can be influenced by reinforcement from the therapist (cf. Frank, 1973). There remains the question, however, as to whether the personal values of the therapist can be transmitted via such verbal reinforcement. It may be that certain verbal responses can be elicited, or that possibly some spoken concepts can be reinforced by the therapist, but this does not directly imply transmission of values.

Researchers have concerned themselves less with the question of exactly how therapists' values might be communicated to clients than with investigations of the relationships between client and therapist values over the course of treatment. There is mixed evidence supporting both the contention that clients who improve in therapy do adopt therapists' values, and, on the other hand, that a significant indication of client improvement is the fact that they are able to retain and strengthen their own frame of reference. In one of the earliest studies of therapist-client values, Rosenthal (1955) examined 12 psychiatric in-patients on the dimension of moral values. The patients were tested before and after psychotherapy and
their test results were compared to those of their therapist. Patient's degree of psychiatric improvement was ascertained by comparing their pre- and post-treatment performance on a disability checklist and a self-concept questionnaire. Ratings of patient improvement were also obtained from an interviewer at post-treatment who was uninformed of the study's purpose. The moral values of both patients and therapist were compared using a Q-sort technique devised by the author. Results revealed that patients who improved tended to revise their moral values in the direction of their therapist, and the moral values of patients who were unimproved tended to become less like their therapist. The author concluded that

It may be that the therapist communicates his values to the patient in many unintended, subtle ways, even when trying to avoid doing so.

Welkowitz and Cohen (1967) reported in their study of 38 therapists and 44 patients at two psychoanalytic training centers that (a) Therapists and their own patients were closer in values than those randomly paired; (b) Therapists did not share a homogeneous value system; and, (c) Those patients rated as "most improved" by their therapists were closer to their therapists in values than patients rated "least improved." The authors concluded that "the proposition that values move toward similarity in ongoing therapist-patient dyads was not refuted." In order to gauge the effects of therapist and client values on the clients' perception of their own growth in therapy,
Beutler, Pollack, and Jobe (1978) looked at seven different value dimensions—values relative to others' approval, the threatening nature of the world, God, Communism, Christianity, social laws, and premarital sexual behavior. Patients at a university client (mean age was 20) were tested at the first and twelfth treatment sessions for their values, and on the twelfth session for their assessment of their improvement in therapy. Therapists were assessed once at the beginning of therapy. There were 13 client-therapists' dyads. A significant correlation was obtained between clients' assessment of their improvement in therapy and the degree to which they came to be more similar to their therapists' attitudes across the seven scales. The attitudes of clients who felt they had improved became more like the attitudes of their therapist. The most interesting result with regard to the present study was that clients' attitudes toward their therapists were enhanced if they rejected their therapist's belief or disbelief in God and acquired the therapist's other attitudes, and, interestingly, if the therapist rejected their client's opinions both of Christianity and approval from others, they also became increasingly attractive to their clients. Both the subjects and therapists had marked three points on each item in the value scales—apoint of acceptance of the value, one of rejection, and a "preferred attitude" point. Client-therapist compatibility was assessed both by whether their scores fell within each others' "latitude of acceptance" and by calculating the number of statements separating the client's and therapist's preferred position on each scale.
Studies that have concluded that change in client values is primarily according to their own frame of reference have demonstrated interesting results. Farson (1961) utilized a Q-sort method for delineating the "actual" and "ideal selves" of six therapists and 18 clients for purposes of comparison. The clients ordered the self-referent statements before therapy, at the termination of therapy, and at a six-month followup. Therapists sorted the statements once before therapy. Differences between the pre- and post-therapy correlations indicated the degree of change over therapy. The clients were compared with therapists other than their own to act as a control. In addition, the therapists were rated by six colleagues as to their psychological adjustment and therapeutic competence. The hypothesis was that clients would change their self-perception to more closely resemble the "ideal self" of the therapist. It was found that there was no significance difference between the average change in self-perception for clients with their own therapist at either the after therapy or the followup testing. However, when the competence rankings of the therapists were included as a factor in correlational analysis, results revealed that the therapists judged as most adjusted and competent were the least likely to have their clients tend to resemble them after therapy. The author suggested that "If introjection occurs, it is most likely to occur in the case of less competent and less adjusted therapist (less adjusted and competent relative to other professionals)."
Two studies, by Landfield and Nawas (1964) and Nawas and Landfield (1963), are interesting in that they demonstrated different results using 20 out of 36 subjects who participated in each of two investigations done a year apart. The first study utilized the Role Construct Repertory Test for comparing six therapists and 20 clients and found that, although the results were not significant, those clients rated as most improved tended to "shy away from seeing the world as through the therapist's frame of reference." The second study investigated the similarity of 36 clients to six therapist using the same methods as in the first study. From the results the authors concluded that (a) A minimal degree of communication between client and therapist, within the client's language dimensions, is essential for improvement in psychotherapy; and, (b) Improvement in psychotherapy is accompanied by a shift in the present-self of the client toward the ideal of the therapist as described within the framework of the client's language dimensions. The authors concluded in the later study that the two investigations taken together indicate that Rosenthal's conclusion (1955) that improved clients internalize the specific values of their therapist can be accepted but with reservations. It seems as if the improved clients may be influenced positively by the therapist's ideals, at the same time some of them are shaking themselves free from dependence on the therapist's language framework. This paradox occurs where
internalization of the therapist's ideals can be accomplished within the client's own personal frame of reference and language system.

What these authors seem to suggest is that, in general, clients do adopt the values of their therapist, but only up to a point, at which time they begin to pull away, moving more toward defining what they have learned in therapy in their own terms.

If, as research evidence suggests, therapists might have an influence on client value formation, it has been suggested that a counselor is bound ethically to report some information with regard to their personal belief system or at least provide clients with sufficient information about the therapist's orientation so the prospective client can make an educated decision about entering and continuing therapy (Hare-Mustin, Marecek, Kaplan & Liss-Levinson, 1979; Bergin, 1980).

Specifically with regard to religious values, numerous papers have critically discussed the concept of therapeutic neutrality and have advised therapists, first of all, to be acutely aware of and relatively satisfied with their own religious value orientation and, secondly, to observe how these values influence their participation in the therapeutic relationship (Beit-Hallahmi, 1975; Humphries, 1982; Joyce, 1977; Lovinger, 1979; Spero, 1981).

Given the admonishments in the literature for therapists to be more candid with their personal value orientations, an interesting question arises as to the effect on clients of having pretherapy information on their prospective therapist.
The fact that pretherapy information is significant in influencing perception has been adequately demonstrated. When a person receives information concerning a therapist, they organize this information according to their own hierarchy of values. Some information assumes a central importance and affects the total impression. The person then interacts with the therapist according to their preconceived expectation of how the relationship should proceed (Asch, 1946). Research reveals that subjects tend to be attracted to and willing to meet those therapists who they consider to be similar to them in some respect. Greenberg, Goldstein, and Gable (1971) found that when disturbed and nondisturbed adolescents were given pretape information about a therapist and then listened to the same taped therapy session, they were significantly more attracted to (gave higher ratings to) the therapist if he was described previously as having had a similar background to themselves (had received or had not received psychotherapy as an adolescent). Lewis and Walsh (1980) investigated 120 female undergraduates on their perception of an audiotaped counseling session in which the counselor was either explicit or implicit regarding her values pertaining to premarital sex and expressed either a pro or con attitude toward premarital sex. Results indicated that subjects were more willing to see a counselor with whom they agreed on the values issue regarding premarital sex than one with whom they disagreed. Subjects hearing the explicit counselor value statement rated the
counselor as more attractive and trustworthy when they agreed with her stated values than when they disagreed with them. Lewis, Davis, and Lesmeister (1983) investigated the effects of differing amounts of pre-therapy information regarding a feminist therapist's values and therapy orientation on 36 self-identified feminist subjects. Subjects were assigned to one of three groups describing (a) a licensed psychologist who provides individual and marital therapy; (b) a licensed psychologist who provides individual and marital therapy and who was stated to be "feminist;" and, (c) a licensed psychologist who provides individual and marital therapy and was stated to be an "explicit feminist" (this condition included a summary sheet that described in detail the therapist's feminist position). The results indicated that the feminist subjects did not perceive themselves to be similar to the "explicit feminist," nor did they believe that she would be as helpful as either the "psychologist" or the "feminist label psychologist." Additionally, subjects were not as willing to see the explicit feminist therapist as they were the other two. The "feminist label psychologist" was, however, preferred over the "psychologist." The authors interpreted the results by stating that "it is likely that the 'explicit feminist' criteria violated a basic client expectation about therapists, that is, that all counselors attempt to remain neutral with respect to values in counseling." Some therapist-client similarity was important, but excessive disclosure about the therapist's values was
responded to negatively. In considering the effect on clients of having pretherapy information on their therapist, it appears that clients prefer a counselor whom they consider to be similar to themselves in some respect.

There is mixed evidence regarding the effect of client-therapist dissimilarity on perceptions of clients. Heine and Trossman (1960) solicited expectations for psychiatric treatment from 46 outpatients and compared them with the expectations of the staff psychiatrists. They also tabulated the number of their subjects who continued therapy beyond six weeks and those that terminated therapy before that time. Results indicated that as many noncontinuers as continuers were hopeful about their anticipated experience with psychiatric treatment. The continuers' expectations, however, were significantly more congruent with those of the therapists' than were the expectations of the noncontinuers. The authors concluded that, "The continuers apparently conceptualized the experience in a manner more congruent with the therapists' role image, and were, therefore, in one sense more gratifying to the therapists."

An alternative to the idea that client-counselor dissimilarity might breed strain and disequilibrium in the therapeutic relationship is the idea that favorable therapeutic consequences can follow from therapist-client dissimilarity or, more exactly, complementarity. Bare (1967) hypothesized that client and counselor ratings of counseling success would be significantly related to dissimilarity on the personality
attributes of original thinking, responsibility, abasement, dominance, aggression, and exhibition. The hypothesis was confirmed, especially for the dimensions of original thinking and aggressiveness. The greater the difference observed between client and counselor on the attributes of original thinking and aggressiveness, the higher the counselor and client rated the success of therapy. The author concluded

Dissimilarity, rather than similarity, of counselor-client personality was much more frequently associated with high ratings of counseling success. Similarity in an interpersonal relationship can have a negative effect by pulling reciprocal responses. This very likely means that, due to his own personality characteristics, the counselor may encourage and solidify (often unconsciously) behavior in the client which is like his own.

In similarly designed studies, Snyder (1961) and Heller, Myers and Kline (1963) came to the same conclusions. As was the case in the discussion of whether clients modify their value to meet those of the therapist, there appears to be mixed results with regard to perceptions of counseling success as related to client-counselor similarity or dissimilarity. It appears that when a client has pretherapy information about the therapist they are most likely to choose a therapist that is similar to them in some respect. This does not mean, however, that clients are generally more satisfied with
counseling when paired with therapists with whom they are similar, as demonstrated by the foregoing studies.

With specific regard to religious clients' expectations of therapy, once again there is mixed evidence. King (1978) sampled 122 Christian ministers and parishoners for their attitudes concerning their own psychological problems and whether they would consult a professional counselor. It was concluded that "evangelical Christians report as much difficulty with debilitating psychological problems as does the general population in the U. S." Of those subjects who were dissatisfied with professional counseling services available in their community, 89 percent said they feared their faith would be "misunderstood and perhaps even ridiculed" by a professional counselor. One study that investigated the effect of pre-therapy information on clients' preference for a counselor labeled as being religious as opposed to nonreligious utilized a population of Christian evangelical undergraduate students and found no significant subject preference for therapists labeled as Christian as opposed to nonChristian (Haugen & Edwards, 1976). The authors attributed this result partially to flaws in the research design related to not providing the subjects (who were extremely fundamentalistic in their religious beliefs) with the quality or quantity of information they might have needed to believe that the person described as the "Christian therapist" was in fact a Christian. Although their results were not significant, the religious subjects did tend to prefer the therapist labeled as being Christian
over the one labeled nonChristian. Matthews (1977) reported that the results of her study of 180 Seventh-Day Adventist males indicated no significant lack of counseling readiness due to religious beliefs. The study was designed to measure attitudes toward client-therapist attraction and counseling readiness as related to strength of religious belief.

In summary, the last decade has witnessed an upsurge of interest in the integration of psychology and religion. Based on information from public opinion polls that 90 percent of the American population expresses a belief in God, Bergin (1980) postulated that more clients than we think might be interested in discussing religious values in counseling. There is a possibility that the religious values of the therapist and of the client will be significantly different and research evidence suggests that it is possible that the therapist's values will enter into the counseling relationship and will influence the client, perhaps whether the client wishes this type of influence or not. As a result, it has been recommended (Hare-Mustin, et al., 1979; Bergin, 1980) that the therapist be more candid with regard to their personal values so as to allow the client the benefit of an informed decision about whether to enter and continue counseling. Pretherapy information might, however, have an effect on the prospective client's perception of the therapist.

Bergin (1980) has taken a firm position with regard to including religious values as a part of the psychotherapeutic
process. He proposes six theses which form the structure of his paper. Briefly stated, they hold that (a) Values are an inevitable and pervasive part of psychotherapy; (b) Value-laden factors pervade professional change processes; (c) Mental health professionals' values tend to exclude religious values and establish goals for change that frequently clash with theistic systems of belief; (d) Values of mental health professionals often contrast with those of a large proportion of their more religious clients; (e) It is honest and ethical for clinicians to acknowledge that they are implementing their own value system via their professional work and be more explicit about what they believe while respecting the value systems of others; and, (f) Professionals should translate what they perceive and value intuitively into something that can be openly tested and evaluated. Bergin challenged the helping professions when he stated that

Until the theistic belief systems of a large percentage of the population are sincerely considered and conceptually integrated into our work, we are unlikely to be fully effective professionals.

This stance raises three important questions (a) Do subjects believe that religious values are an important part of counseling; (b) Is the religious value orientation of the counselor an important consideration for subjects when they are evaluating a prospective counselor? and, (c) How would subjects perceive a therapist who did advertise their religious value orientation?
The purpose of the present study was to determine the effects of pretherapy information concerning the counselor's religious value orientation on subjects' perception of the counselor. This was done by comparing the effects of five different pretherapy information scripts on the following:

(a) Subjects' perception of their similarity to the counselor described; (b) The degree of confidence they had in the counselor's ability to help them with their problems; and, (c) Their stated willingness to see the counselor described.

In addition, possible gender effects were evaluated, although no specific hypotheses were generated concerning sex differences. On the basis of previously cited research, the following hypotheses were tested:

1. Subjects will see themselves as more similar to, have more confidence in, and be more willing to see the counselor described as being religious and as believing that religious values are central issues to be considered in counseling over the other four counselors described.

2. Out of the three counselors described as being religious, subjects will see themselves as least similar to, have the least confidence in, and be least willing to see the counselor whose religious beliefs are explicitly detailed as being Christian.

3. Of all five counselors, subjects will see themselves as less similar to, have less confidence in, and be
less willing to see the counselor described as being an agnostic who believes that religious values are not central issues to be considered in counseling.

4. There will be significant positive correlations between subjects' score on the religious attitude scale and their perceptions of similarity to and willingness to see the religious counselors; high scores on the attitude scale being related to high similarity and willingness to see, and vice versa for low scores.

**Method**

**Subjects**

Subjects were 125 male and 125 female Caucasian undergraduate students ages 18 to 21 enrolled at North Texas State University in Denton, Texas. The subjects were recruited by asking for persons willing to participate in an experiment on characteristics of counselors as related to client preference for a counselor. Subjects who participated in the study received extra credit on their course work.

**Instruments**

Descriptions of the counselors. Five separate descriptions (scripts) were constructed by the experimenter to depict the qualifications and/or value orientation of each counselor (see Appendix A for complete transcripts). Preceding each description is a brief statement of the purpose of the study and an instruction for the subject to put themselves in the
role of client. This introductory statement was taken from a study by Haugen and Edwards (1976). The first script identifies the counselor's qualifications. Each of the other four scripts contains this information. The second script adds the information that the counselor is an agnostic and believes that religious values are not important for discussion in counseling. The third script states that the counselor is a religious person who believes that religious values are core issues in counseling. The fourth script states that the counselor is a religious person who does not believe that religious values are core issues in counseling. The fifth script includes the information in the third description and adds that the counselor is a Christian who uses Biblical scripture in counseling. This method of counselor description has been used previously (Lewis et al., 1973).

Manipulation Checks. Subjects responded to the following items to assess the success of the experimental manipulations (a) This counselor is married; and, (b) This counselor is licensed. An erroneous response to either of these two questions indicated the possibility that the subject had not accurately read the script. Data for such subjects were omitted from analysis.

Similarity of Values and Opinions (Appendix B). Subjects indicated their perception of similarity to the counselor in the realm of values and opinions on a five-point Likert scale ranging from strongly disagree (1.0) to strongly agree (5.0).
This scale has been used in previous research (Lewis et al., 1983).

Confidence in Counselors' Helpfulness (Appendix C). Subjects reported the degree of confidence they would place in the counselor's helpfulness on a five-point Likert scale ranging from strongly disagree (1.0) to strongly agree (5.0) that the counselor would be helpful. This scale provided a measure of counseling outcome expectancy.

Willingness to Meet the Counselor (Appendix D). Subjects indicated their willingness to see the counselor described in the script on a five-point Likert scale ranging from strongly disagree (1.0) to strongly agree (5.0). This scale has been used in previous research (Lewis et al., 1983).

Counselor Selection Criteria (Appendix E). This scale was designed by the experimenters to assess the relative influence of nine counselor characteristics on subjects' selection of a therapist. The scale offers four response headings ranging from "very influential" (4.0) to "irrelevant" (1.0), indicating the degree to which each of the nine counselor characteristics is influential. The items were drawn from the Descriptions of the Counselors described previously. The scale was used to help explain the results of data analysis for variance among treatment groups. For example, for those scripts that the subjects endorsed most highly, this scale was used to help explain to which variables
in the counselor descriptions the subjects might have been responding.

**Religious Attitude Inventory** (Appendix F). This is a 50-item scale measuring religious attitudes. The scale was constructed by Ausubel and Schpoont (1957) using university students as subjects. In the composition of the scale, 159 statements were collected and administered to subjects and the mean rating was determined. The final scale was constructed by choosing the 25 items at each extreme (religious and nonreligious) of the distribution of item values. The scale was used in the present study to obtain a measure of the subjects' religious attitude for the purpose of comparison with other dependent measures using correlational procedures. The authors report split-half reliability as .97. The items on the scale were chosen for their ability to discriminate extreme scorers. The authors tested the significance of the difference between mean scores of the high religious, middle, and low religious groups of subjects and found them significantly different at the .01 level. In their analysis of this procedure, Shaw and Wright (1967) concluded that the scale possesses content validity. Subjects responded to each item using a set of Likert alternatives on a five-point scale (0) Strongly disagree; (1) Tend to disagree more than agree; (2) Neither agree nor disagree; (3) Tend to agree more than disagree; and, (4) Strongly agree. The response alternatives for positive (pro-religious) items are weighted
from four (strongly agree) to zero (strongly disagree). Weights for alternatives of the negative (anti-religious) items are reversed. The subject's score is the sum of the weighted alternatives endorsed by them. High scores indicate acceptance of religion and religious doctrine.

Procedure

Subjects were randomly assigned to one of five treatment groups—minimally described counselor (control), agnostic counselor, religious counselor who believes that religious values are important issues to discuss in counseling, religious counselor who does not believe that religious values are important to discuss in counseling, and Christian counselor (25 male and 25 female subjects to a group). Each subject first read and signed an informed consent agreement (Appendix G). Upon completion of the informed consent agreement, the subjects were asked to read the script describing the counselor for their treatment condition. Subjects were asked to imagine themselves as a client considering going to a counselor and to imagine that they were evaluating the person described as a potential counselor for them. Subjects then, using an IBM answer sheet, indicated their sex and then completed the manipulation checks and the dependent measures in the following order—Perception of similarity to the counselor, perceived confidence in the counselor's helpfulness, willingness to see the counselor, Counselor Selection Criteria, Religious Attitude Inventory.
Following the completion of this information, the subjects were debriefed. They were explained the purpose of the experiment—to ascertain the effect of pretherapy information concerning the counselor's religious orientation on subjects' perception of the counselor—and were asked for any comments they might want to make concerning their experience in the experiment. If any subject requested to see a counselor like the one described in their experimental condition, they were referred to the proper source.

**Design and Statistics**

The design of this study was a 2 X 5 factorial design with subject sex X treatment group arrangement. The first three hypotheses were tested using a multivariate analyses of covariance (MANCOVA) for equals Ns to determine if there were group differences on the dependent measures. The subjects' religiosity score (Religious Attitude Inventory) was used as the covariate. Univariate and post hoc analyses (Neuman Keuls) were performed if significant group differences existed in the MANCOVA, to determine which counselors were preferred by the subjects.

The fourth hypothesis was tested by correlating subjects' scores on the Religious Attitudes Inventory with the other dependent measures which gauged the subjects' perception of the counselor described.

If significant treatment group differences were noted in the MANCOVA mentioned above, a final MANCOVA was done using
the Counselor Selection Criteria instrument as the single dependent variable. This procedure was performed by first noting which particular group(s) indicated significant contribution to the variance in the MANCOVA. Upon identifying these groups, a final MANCOVA was performed utilizing the Counselor Selection Criteria to indicate which counselor characteristic(s) might have most significantly influenced the subjects in these groups when they responded to the other dependent measures. It was thought that the religious content of the scripts might not have been the primary element to which the subjects responded. This analysis was performed to add strength to interpretation of the results. Univariate and post hoc analysis were performed to determine the specific contributions from treatment groups and subject sex.

Results

Manipulation Checks

Two questions on the questionnaire served as checks to ensure that the subjects accurately read the counselor descriptions. The questions asked whether (1) the counselor was married; and, (2) whether the counselor was licensed. Each subject's answer sheet was reviewed immediately upon completion. If an erroneous response to the manipulation checks was noticed, that subject's data were immediately discarded and data collection continued until 250 valid answer sheets were collected. Data were collected from 261 individuals out of whom 11 subjects, eight males and three
females, made erroneous responses. Data from these 11 subjects were omitted from analysis, leaving a total of 250 subjects, 125 males and 125 females.

**Dependent Variables**

To test the first three hypotheses, four dependent variables were used in the initial analysis (1) Similarity of values and opinions between subject and counselor; (2) The degree to which the subject believed the counselor described could help them with their problems; (3) The degree of willingness to see the counselor; and, (4) The subjects' scores on the Religious Attitude Inventory (used as the covariate).

The first hypothesis in this study was that the subjects would see themselves as more similar to, would have more confidence in, and would be more willing to see the counselor described as being religious and as believing that religious values are central issues to be considered in counseling (script three). This hypothesis was not supported by the data as indicated below.

In the MANCOVA performed main effects were found for group members ($F = 2.70$, $p < .001$). Univariate analyses indicated significant differences between groups in their responses to the dependent measures.

For the first dependent variable, Similarity of Values and Opinions, there were significant differences between groups ($F = 3.35$, $p < .01$), but there were no differences
observed between sexes. Post hoc analyses (Neuman Keuls) revealed that subjects in group two (agnostic counselor) saw themselves as having more discrepant values and opinions with the counselor than did the subjects in the other groups. Table 1 gives the details of group means. The mean for group two (agnostic counselor) differed significantly (p < .05) from groups one, three, four, and five.

Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Adjusted Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>50</td>
<td>3.50</td>
<td>3.51</td>
<td>.67</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>50</td>
<td>2.90</td>
<td>2.90</td>
<td>1.05</td>
</tr>
<tr>
<td>3. Religious Counselor</td>
<td>50</td>
<td>3.46</td>
<td>3.44</td>
<td>.90</td>
</tr>
<tr>
<td>4. Religious Counselor</td>
<td>50</td>
<td>3.42</td>
<td>3.43</td>
<td>.81</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>50</td>
<td>3.30</td>
<td>3.27</td>
<td>1.19</td>
</tr>
</tbody>
</table>

Note. aBelieves that religious values are important in counseling. bBelieves that religious values are not important in counseling.

The ANCOVAs completed on the dependent variables, Confidence in the Counselor's Helpfulness, and Willingness to See the Counselor, revealed no significant differences between groups or sexes on either of the two variables. Tables 2 and 3, respectively, give the details of group means.
Table 2

Group Means for the Confidence in the Counselor's Helpfulness Variable

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean Adjusted Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>50</td>
<td>3.48</td>
<td>3.48</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>50</td>
<td>3.30</td>
<td>3.30</td>
</tr>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>50</td>
<td>3.42</td>
<td>3.40</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>50</td>
<td>3.64</td>
<td>3.65</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>50</td>
<td>3.24</td>
<td>3.22</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling. <sup>b</sup>Believes that religious values are not important in counseling.

Table 3

Group Means for the Willingness to See the Counselor Variable

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean Adjusted Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>50</td>
<td>3.84</td>
<td>3.85</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>50</td>
<td>3.64</td>
<td>3.64</td>
</tr>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>50</td>
<td>3.46</td>
<td>3.44</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>50</td>
<td>3.72</td>
<td>3.74</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>50</td>
<td>3.54</td>
<td>3.50</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling. <sup>b</sup>Believes that religious values are not important in counseling.
As the subjects in group two were the only subjects to respond differently to their script, the first hypothesis stating that differences would be observed with group three was not supported.

The second hypothesis, which stated that the Christian Counselor would be the least preferred of the religious counselors described was also not supported by the data. There were no group differences between the three groups of subjects (Groups 3, 4, and 5) that read descriptions of religious counselors.

The third hypothesis stated that of all the five counselors described, the subjects would see themselves as less similar to, would have less confidence in, and would be less willing to see the counselor described as being an agnostic. This hypothesis received partial support from the data. The subjects in group two did see themselves as less similar in values to the agnostic counselor (Table 1) but had no less confidence in and were no less willing to see the counselor as a result of the value discrepancy (Tables 2 and 3).

To test the final hypothesis which stated that there would be significant positive correlations between subjects' scores on the Religious Attitude Inventory and their scores on the other dependent measures, correlation coefficients and their level of significance were tabulated on subjects' religiosity scores in each group.
As illustrated in Table 4, correlations obtained for groups two, three, and five were significant. Subjects' religiosity scores in groups three and five were positively correlated to a significant degree with their perception of similarity of values with the religious counselor, confidence in the counselor's helpfulness, and willingness to see the counselor. Subjects' religiosity scores in group two were negatively correlated with the same three dependent variables.

### Table 4

<table>
<thead>
<tr>
<th>Group</th>
<th>Similarity of Values</th>
<th>Confidence In Helpfulness</th>
<th>Willingness To See</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>-.045</td>
<td>-.114</td>
<td>-.015</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>-.379**</td>
<td>-.310*</td>
<td>-.276*</td>
</tr>
<tr>
<td>3. Religious Counselor</td>
<td>.680***</td>
<td>.587***</td>
<td>.650***</td>
</tr>
<tr>
<td>4. Religious Counselor</td>
<td>.048</td>
<td>-.009</td>
<td>.033</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>.259*</td>
<td>.349**</td>
<td>.388**</td>
</tr>
</tbody>
</table>

**Note.**

*Believes that religious values are important in counseling.*

*Believes that religious values are not important in counseling.*

*N = 50 each coefficient. *p < .05; **p < .01, and ***p < .001.*
Interestingly, there were no significant correlations for the counselor described as being religious but believing that religious values are not central issues to discuss in counseling (group four).

In order to analyze the separate contributions made by males and females, the correlations were broken down by sex. Table 5 gives the coefficients for females. The female subjects

<table>
<thead>
<tr>
<th>Group</th>
<th>Similarity of Values</th>
<th>Confidence In Helpfulness</th>
<th>Willingness To See</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>.136</td>
<td>-.067</td>
<td>.258</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>-.510**</td>
<td>-.360*</td>
<td>-.314*</td>
</tr>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.641***</td>
<td>.752***</td>
<td>.687***</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-.077</td>
<td>-.219</td>
<td>-.441**</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>.195</td>
<td>.127</td>
<td>.195</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling.  
<sup>b</sup>Believes that religious values are not important in counseling.  
N = 25 each coefficient. *p < .05; **p < .01, and ***p < .001.
followed the general pattern of the combined analysis with significant correlations in groups two and three, but their religious attitude did not relate highly with measures of attraction to the Christian counselor (group five) as was the case when the male and female scores were combined.

Table 6 gives the correlation coefficients for the male subjects. For males, groups three and five yielded significant positive correlations, but males' religious attitude in group two (agnostic counselor) did not correlate negatively to any

<table>
<thead>
<tr>
<th>Group</th>
<th>Similarity of Values</th>
<th>Confidence In Helpfulness</th>
<th>Willingness To See</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>-.157</td>
<td>-.236</td>
<td>-.187</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>-.165</td>
<td>-.085</td>
<td>-.174</td>
</tr>
<tr>
<td>3. Religious Counselor 1a</td>
<td>.745***</td>
<td>.402*</td>
<td>.611***</td>
</tr>
<tr>
<td>4. Religious Counselor 2b</td>
<td>.146</td>
<td>.308</td>
<td>.312</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>.294</td>
<td>.496**</td>
<td>.563**</td>
</tr>
</tbody>
</table>

Note. aBelieves that religious values are important in counseling.

bBelieves that religious values are not important in counseling.

N = 25 each coefficient. *p < .05; **p < .01; and ***p < .001.
of the dependent measures as was the case in the combined analysis. It is noteworthy that in the next section describing results from the Religious Attitude Inventory, females in group two score significantly higher (proreligious) than do males, perhaps explaining their tendency to react more negatively to the agnostic counselor. In any case, it seems that more religious males had a favorable reaction to the Christian counselor (group five) while religious females had more of a negative reaction to the agnostic counselor (group two). Both sexes showed high relationships between their religiosity and their attraction to the counselor who was described as being a religious person who believes that religious values are important to consider in counseling (group three).

**Religious Attitude Inventory**

An analysis of variance (ANOVA) was performed on the subjects' scores on the Religious Attitude Inventory. No group differences were found with regards to degree of religiosity, however, female subjects scored significantly higher than males ($F = 9, p < .002$) in groups one (control), two (agnostic counselor), and four (religious counselor who believes that religious values are not central to talk about in counseling). Table 7 gives the comparison of means by group and sex.

**Counselor Selection Criteria**

To determine if the subjects in the five groups were responding to the target value, religion, both multivariate and univariate analyses of covariance were performed on the
Table 7
Means by Group and Sex for the Religious Attitude Inventory (ANOVA)

<table>
<thead>
<tr>
<th>Group</th>
<th>Male Mean</th>
<th>Male S.D.</th>
<th>Sex Mean</th>
<th>Female S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>121.96</td>
<td>44.62</td>
<td>146.96</td>
<td>26.20**</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>122.56</td>
<td>30.34</td>
<td>149.92</td>
<td>31.47**</td>
</tr>
<tr>
<td>3. Religious Counselor 1</td>
<td>145.72</td>
<td>36.66</td>
<td>138.60</td>
<td>35.81</td>
</tr>
<tr>
<td>4. Religious Counselor 2</td>
<td>124.44</td>
<td>37.68</td>
<td>142.16</td>
<td>23.34*</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>143.40</td>
<td>37.96</td>
<td>145.76</td>
<td>24.38</td>
</tr>
</tbody>
</table>

Note. aBelieves that religious values are important in counseling.
bBelieves that religious values are not important in counseling.


subjects' scores on the nine-item Counselor Selection Criteria scale.

A MANCOVA revealed a significant group X sex interaction (F = 1.44, p < .04). Main effects for sex yielded significant differences between men and women (F = 3.08, p < .002).

Univariate analyses were performed to further explain the sex differences noted in the MANCOVA. Tables 8 through 10 give
the means and standard deviations for both sexes across all five groups for those variables that had significant differences between men and women after an ANCOVA was performed on each of the nine criterion variables (counselor age, sex, social status, race, sexuality, religion, expertise, political beliefs, and marital status).

Table 8

Means by Group and Sex for the Counselor Age Variable

<table>
<thead>
<tr>
<th>Group</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D.</td>
<td>Mean</td>
<td>S.D.</td>
</tr>
<tr>
<td>1. Control</td>
<td>2.24</td>
<td>.92</td>
<td>2.12</td>
<td>.78</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>2.28</td>
<td>.89</td>
<td>2.40</td>
<td>.81</td>
</tr>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2.96</td>
<td>.67</td>
<td>2.00</td>
<td>.95**</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.36</td>
<td>.90</td>
<td>2.36</td>
<td>.90</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>2.56</td>
<td>1.22</td>
<td>1.96</td>
<td>.88*</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling.
<sup>b</sup>Believes that religious values are not important in counseling.

N = 25 per mean. *p < .05 and **p < .02. Total mean = 2.32; S. D. = .93.
Table 9
Means by Group and Sex for the Counselor Sexuality Variable

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male Mean</th>
<th>S.D.</th>
<th>Female Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>3.12</td>
<td>1.26</td>
<td>3.00</td>
<td>1.00</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>2.92</td>
<td>1.07</td>
<td>2.76</td>
<td>1.12</td>
</tr>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>3.36</td>
<td>1.18</td>
<td>2.56</td>
<td>1.19**</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>2.80</td>
<td>.91</td>
<td>2.92</td>
<td>1.15</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>3.24</td>
<td>1.30</td>
<td>2.56</td>
<td>1.19*</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling.

<sup>b</sup>Believes that religious values are not important in counseling.

N = 25 per mean. *p < .05 and **p < .02. Total mean = 2.92; S. D. = 1.15.

Table 10
Means by Group and Sex for the Counselor Marital Status Variable

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male Mean</th>
<th>S.D.</th>
<th>Female Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Control</td>
<td>1.72</td>
<td>.93</td>
<td>1.88</td>
<td>.88</td>
</tr>
<tr>
<td>2. Agnostic Counselor</td>
<td>1.44</td>
<td>.76</td>
<td>1.64</td>
<td>.81</td>
</tr>
</tbody>
</table>
Table 10--Continued

<table>
<thead>
<tr>
<th>Group</th>
<th>Male Mean</th>
<th>S.D.</th>
<th>Female Mean</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Religious Counselor 1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1.88</td>
<td>.92</td>
<td>1.48</td>
<td>.82*</td>
</tr>
<tr>
<td>4. Religious Counselor 2&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1.76</td>
<td>.66</td>
<td>1.48</td>
<td>.77</td>
</tr>
<tr>
<td>5. Christian Counselor</td>
<td>2.24</td>
<td>1.23</td>
<td>1.68</td>
<td>.94*</td>
</tr>
</tbody>
</table>

Note. <sup>a</sup>Believes that religious values are important in counseling.  
<sup>b</sup>Believes that religious values are not important in counseling.  
N = 25 per mean. *p < .05. Total mean = 1.72; S. D. = .90.  

By inspection of Table 8 it can been seen that males in group three (religious counselor who believes that religious values are important to talk about in counseling) and group five (Christian counselor) believed that counselor age was a more relevant issue in selecting a counselor than did females in the same groups. The same males thought that the counselor's sexuality (homosexuality versus heterosexuality) Table 9, and marital status, Table 10, were more relevant issues than did the females in those groups, however, neither sex thought marital status was particularly relevant. The highest score on the marital status variable was approximately a "two" which was labelled "not very influential" on the questionnaire.
Discussion

Dependent Variables—Hypotheses

The first hypothesis in this study was that the subjects would see themselves as more similar to, would have more confidence in, and would be more willing to see the counselor described as being religious and as believing that religious values are central issues to be considered in counseling. This hypothesis was not supported. There were no differences between groups, except that the group that read the script describing the agnostic counselor apparently had a strong negative reaction to the antireligious value orientation of the counselor.

The second hypothesis stated that the Christian counselor would be least preferred. This was in accordance with the findings of Lewis et al. (1983) that counselors who take a strong/extreme stand on a particular value can be viewed negatively by prospective clients. Apparently, however, the subjects in the present study did not have such a negative reaction when the groups were compared, thus the second hypothesis was also not supported.

Perhaps the most meaningful conclusion that can be drawn from the data is that the subjects saw the least amount of similarity between their own values and those of the agnostic counselor described, but this did not seem to affect their confidence in the counselor's ability to help them with their problems or willingness to see the counselor. They apparently
recognized a value discrepancy but were able to set this aside when evaluating the competency and attractiveness of the counselor professionally. The third hypothesis which states that the agnostic counselor would be least preferred on all the dependent measures, received only partial support.

The fact that subjects were apparently able to set aside value discrepancies with the counselor when evaluating competency and attractiveness is observed along with information that there were high correlations between the subject's religiosity and their perceived similarity to, confidence in, and willingness to see the religious counselors described. Subjects who were exposed to descriptions of religious counselors demonstrated a positive relationship between their religiosity and their attraction to the counselor, with the exception of those subjects exposed to the counselor described as religious but believing that religious values are not a central topic for discussion in counseling. Subjects exposed to the agnostic counselor demonstrated a negative correlation between their religiosity score and their attraction for the counselor, an observation that might be expected given the results mentioned above (value discrepancy). The more religious the subject was, the more attractive the religious counselor became and the more unattractive the agnostic counselor became. If a subject responded to the Religious Attitude Inventory in a totally neutral fashion (answering "2" to each question), their score would be 100. The
maximum possible score was 200. The mean score for the subjects in the present study was 138.14 and the median was 141.00. This would seem to indicate that, in terms of their response to the scale, this group was a religious group. This finding is consonant with other research that reveals that subjects tend to be attracted to those therapists who they consider to be similar to them in some respect (Greenberg et al., 1971; Lewis & Walsh, 1980; Lewis et al., 1983). It seems, however, that although the subjects tended to be more religious, this perhaps being the reason for high positive correlations to their ratings of the religious counselors, their strongest reaction was more against the idea that their values were similar to those of the agnostic counselor's than they were concerned about the agnostic counselor's professional capability. The discrepancy in values had little influence of the subjects' willingness to see the person for counseling. Bergin's (1980) contention that religious people might be more desirous of a religious counselor was only partially supported by this research, at least for a college age, undergraduate, population. There were positive correlations between the religious subjects' ratings of the religious counselors but one group of subjects (group two) demonstrated that the values of an agnostic counselor did not affect their confidence in or willingness to see the counselor. The findings of Henry, Sims and Spray (1971) that the values of psychotherapists are "religiously liberal relative to the
population at large" might have some import with regard to
the realm of values alone, but apparently has little credence
in this study pertaining to the subjects' opinion of the
ability of the counselor to perform adequately. The study
by Beutler, Pollack, and Jobe (1978) in which they investi-
gated the value orientations of college students as related
to psychotherapists, concluded that the client's attitudes
toward their therapists were enhanced if they rejected their
therapists' belief or disbelief in God and acquired the
therapists' other attitudes, and, interestingly, if the
therapists rejected their clients' opinions of Christianity,
they also became increasingly attractive to their clients.
It is possible that a similar phenomenon was at work in this
study. Perhaps the subjects were challenged by the thought
of seeing a therapist with a different value orientation.
If this was the case, however, the subjects did not rate the
agnostic counselor as being more attractive than the others,
but were more interested simply in the value discrepancy.
There is other research that had a similar results to this
study. Matthews' (1977) study of Seventh-Day Adventists
indicated no lack of counseling readiness on the part of her
subjects due to possible discrepant religious beliefs of
the counselor. Different value orientations between counselor
and client may have little effect on the counseling process,
and in some cases might enhance it.
Three questions were posed in the introduction to this study as a result of the literature review (1) Do subjects believe that religious values are an important part of counseling?; (2) Is the religious value orientation of the counselor an important consideration for subjects when they are evaluating a prospective counselor?; and, (3) How would subjects perceive a counselor who did advertise his/her religious value orientation?

The answer to the first question, based on the data from the present study, would have to be generally "no." There were no significant differences in the subjects' ratings of the religious counselor who felt that religious values are important to discuss in counseling (group three) versus the counselor who felt that religious values are not important to discuss in counseling (group four). In fact, there were no significant group differences on any of the main dependent variables with the exception of similarity of values. Subjects apparently thought it was important to note a discrepancy between their values and those of the agnostic counselor but this had no impact in their confidence in or willingness to see the counselor so it can be surmised that they thought religious values are not an important part of the actual counseling process, at least in the initial phases. However, if it is true that the values of the counselor are transmitted to the client over
the course of therapy (Rosenthal, 1955; Welkowitz & Cohen, 1967; Beutler et al., 1978) the issue of discrepant client-therapist values could become an issue over time. Whether these differences are a negative or a positive influence on counseling success is unclear, however. Research in this area gives mixed evidence supporting both a negative and a positive influence from discrepant client-therapist values (Landfield & Nawas, 1964; Nawas & Landfield, 1963; Beutler et al., 1978). In addition, it is possible that had the subjects responded to particular problem areas (such as the issue of premarital sex or abortion) when evaluating whether they had confidence that the counselor could be helpful the question of whether religious beliefs should enter into the counseling process might have been more pertinent. There is no available research that investigates the pertinence of including discussion of religious values in therapeutic process when specific topics arise in counseling.

Is the religious value orientation of the counselor an important consideration for subjects? The subjects in this study thought it was important to point out a discrepancy in value orientation but again, with regard to whether this was an important consideration in evaluating a prospective counselor as to his/her competence and one's willingness to see the counselor, the answer would be "no." A value discrepancy might be important in principle but has no apparent practical impact.
With regard to the third question it is apparent from these results that the subjects evaluated the counselor's value orientation as more or less a separate issue from the counselor's professional credence in cases where there were counselor-subject value differences. As to the effect on the subjects' perception of the counselor's ability to help or their willingness to see the counselor, knowledge of the counselor's religious values had little effect on the subjects' perception.

**Counselor Selection Criteria**

Results from the Counselor Selection Criteria data suggests that the analyses of group differences can be interpreted with confidence. The MANCOVA revealed no statistically significant difference between groups with regard to which values subjects responded to in the counselor descriptions. As the statement regarding the counselor's religious orientation was the only statement in the scripts that varied between groups, it can be safely assumed that any group differences observed on the dependent variables can be attributed to the statement regarding the counselor's religious values. This lends additional support to the idea that subjects in group two were responding negatively to the counselor's agnostic stance when they evaluated the question of subject-counselor value similarity. In addition, there was no significant difference in the way males and females in group two responded to the values mentioned in the counselor script.
Although the main purpose of the Counselor Selection Criteria instrument was to evaluate subject responses in the group(s) that were found to have responded differently to the dependent variables in a significant way, it is interesting to note that there were significant sex differences in groups other than group two. The males in groups three and five believed that the counselor's age, sexuality, and marital status were more relevant than did females. However, inspection of Table 5 reveals that even though there was a significant difference between the scores of males and females with regard to the relevance of counselor marital status, neither thought the issue was particularly relevant. The issue then becomes one of the different degrees of irrelevancy and, in effect, nullifies the importance. The same is true of the issue of counselor age to some extent, except that in one case (males in group three) the score bordered on indicating that the issue of age was relevant to males. The difference of opinion between sexes on the age issue has some substantiation from other studies. Ryan (1977) in his investigation of college students, found that males displayed a higher regard for younger male counselors than did the female subjects. Simon and Helms (1976) found that college age women preferred female counselors that were older than themselves.

The most interesting sex difference among the variables in the Counselor Selection Criteria instrument were those
observed on the issue of the counselor's sexuality. Males in groups three and five indicated that whether a counselor was heterosexual or homosexual was a relevant issue, whereas the females were not as confident that it was relevant. There is not an abundance of literature to explain this phenomenon, however, those studies that exist give fairly clear results. Johnson (1978) studied male and female college students' expectancies for counselor sex role and found that male students more than females expected that male counselors would be less masculine when compared to the general male population. Feldstein (1979) discovered, in her study of the effect of counselor sex role on client self-disclosure, that male undergraduates indicated greater satisfaction and a higher level of counselor regard with feminine counselors than masculine counselors, regardless of counselor sex. Female subjects indicated greater satisfaction and a higher level of counselor regard with masculine counselors, regardless of counselor sex. These studies suggest that college males might respond more openly to feminine counselors (male or female), and that they expect counselors to be less masculine. It is possible, however, that there is a difference between expecting that male counselor will be more feminine and knowing beforehand that they are homosexual. Some males might be threatened by the latter. This subject deserves further research that explicitly deals with the question of counselor homosexuality versus heterosexuality.
Sex Differences In Degree of Religiosity

It was noted in the results that female subjects in three of the groups had significantly higher scores than males on the Religious Attitude Inventory. It is different to speculate as to why females in groups one, two, and four scored higher than males. Given the nature of the experimental design and statistics, it is impossible to know whether the material in the scripts influenced females' response to the R. A. I., or if they held higher religious beliefs in the first place. A search of the literature on the subject of sex differences in degree of religiosity was extremely lacking, especially related to the views of college age individuals. There was one study from India (Tiwari, Mathur, & Morbbatt, 1980) that investigated religiosity as a function of age and sex, determining that younger (college age) females were more religious than older females and females in general were more religious than males. The applications of such results to American culture, however, are questionable. Again, it is apparent that more research is needed in this area.

Conclusions and Suggestions for Future Research

The major conclusion to be drawn from this research is that dissimilarity of counselor-subject religious values does not reduce the subject's willingness to see the counselor, nor does the discrepancy diminish their belief in the counselor's ability to help them with their problems.
Another interesting result was an observed sex difference in degree of religiosity between males and females. Females in three of the five subject groups scored significantly higher on the scale of religiosity.

Suggestions for future research that attempts to measure the effects of subjects having precounseling information on counselor religious values would include 1) That such research be done with samples of older persons. It could be that an older population would respond differently to the counselor scripts, i.e., would older subjects demonstrate a value discrepancy with a counselor described as being agnostic, and would this affect their perception of the counselor's ability to help them with their problems or their willingness to see the counselor? A research design that sampled subjects of different ages and included subject age as a factor might also be interesting; 2) This same design employed with subjects from a different geographical region might reveal different results, especially perhaps with regard to the degree of subject religiosity; 3) Research that looks specifically at sex differences in degree of religiosity is needed. Groups of females, each group containing subjects matched for high, medium, and low religiosity, and groups of males similarly matched, could be formed and asked to respond to different pretherapy information scripts describing counselors with different religious orientations. This would offer more specific information regarding both the influence
of religiosity and subject sex; 4) Data from the present study also suggest the need for more research in the area of male subjects' responses to pretherapy information regarding the sexual orientation of a counselor. A similar design to this study could be employed, but including a statement in the scripts regarding the counselor's sexuality, either homosexual or heterosexual.
Appendix A

Counselor Descriptions

Introductory Information

(Precedes each script)

In recent years, more and more people experiencing emotional and psychological problems have been seeking help from counselors. We are interested in learning more about counseling and the reactions of people to this treatment. Therefore, we are going to provide you with a description of a counselor and ask you for your reactions to it. As you read the description, we would like you to put yourself in the place of a person seeking counseling and imagine how you, as a possible client, would react to this particular counselor.

Counselor 1

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

Counselor 2

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

Counselor 3

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

Counselor 4

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

Counselor 5

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

Instructions That Will Follow Each Description

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

Similarity of Values and Opinions

For the following statement indicate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. Please place an "X" in the one space that best describes your choice.

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Appendix C**

Confidence in the Counselor's Helpfulness

For the following statement indicate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. Please place an "X" in the one space that best describes your choice.

I believe the counselor described could help me with my problems.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
Appendix D

Willingness to See the Counselor

Please read the statement below and place an "X" on the space that best describes your choice.

I would be willing to see this counselor for counseling.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Appendix E

Counselor Selection Criteria

If you were going to select a counselor with whom to discuss a problem how would the counselor characteristics listed below influence your decision? After each characteristic please place an "X" on the one space under the heading that best describes your reaction. Would the counselor characteristic be very influential, influential, not very influential, or irrelevant in your decision to choose a particular counselor?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Very Influential</th>
<th>Influential</th>
<th>Not Very Influential</th>
<th>Irrelevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexuality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist Expertness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Political Belief</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

The Religious Attitude Inventory

Respond to each of these items on a 1 to 5 scale:

1 means that you strongly disagree with a given statement.

2 means that you tend to disagree more than agree with a given statement.

3 means that you neither agree nor disagree with a given statement.

4 means that you tend to agree more than disagree with a given statement.

5 means that you strongly agree with a given statement.

1. God made everything, the stars, the animals, and the flowers.

2. The gift of immortality has been revealed by prophets and religious teachers.

3. The church has acted as an obstruction to the development of social justice.

4. There are many events which cannot be explained except on the basis of divine or supernatural intervention.

5. The church is a monument to human ignorance.

6. The idea of God is useless.

7. God hears and answers one's prayers.

8. The soul is mere supposition, having no better standing than a myth.

9. The universe is merely a machine. Man and nature are creatures of cause and effect. All notions of a deity as intelligent Being or as a "spiritual force" are fictions, and prayer is a useless superstition.

10. It is by means of the church that peace and good-will may replace hatred and strife throughout the world.

11. God created man separate and distinct from the animals.
12. The church is a harmful institution, breeding narrow-mindedness, fanaticism, and intolerance.

13. Christ, as the Gospels state, should be regarded as divine, as the human incarnation of God.

14. There is no evidence in modern science that the natural universe of human destiny is affected by faith or prayer.

15. The notion of retribution in a future life is due to wishful thinking.

16. The good done by the church is not worth the money and energy spent on it.

17. The orderliness of the universe is the result of a divine plan.

18. The church is a stronghold of much that is unwholesome and dangerous to human welfare. It fosters intolerance, bigotry, and ignorance.

19. The existence of God is proven because He revealed himself directly to the prophets described in the Old Testament.

20. The church is the greatest influence for good government and right living.

21. God is only a figment of one’s imagination.

22. Man is a creature of faith and to live without faith in some Supreme Power is to suffer a homesickness of the soul.

23. God will, depending on how we behave on earth, reward or punish us in the world to come.

24. People who advocate Sunday observance are religious fanatics.

25. It is simple-minded to picture any God in control of the universe.

26. The church is the greatest agency for the uplift of the world.

27. The idea of God is mere superstition.
Appendix F—Continued

28. The world was created in six solar days.

*29. The idea of God is unnecessary in our enlightened age.

30. God has good reason for everything that happens to us, even though we cannot understand it sometimes.

31. The soul lives on after the body dies.

32. The existence of God is shown by the fortunate results through approaching Him in prayer.

*33. The country would be better off if the churches were closed and the ministers were set to some useful work.

*34. The so-called spiritual experience of men cannot be distinguished from the mental and emotional, and thus there can be no transference from this world to a so-called spiritual one.

35. The first writing of the Bible was done under the guidance of God.

*36. The church is hundreds of years behind the times and cannot make a dent on modern life.

37. Belief in God makes life on earth worthwhile.

38. God cares whether we repent or not.

*39. Man cannot be honest in his thinking and endorse what the church teaches.

*40. There is no life after death.

41. Since Christ brought the dead to life, He can give eternal life to all who have faith.

*42. The church represents shallowness, hypocrisy and prejudice.

43. There is an infinitely wise, omnipotent creator of the universe, whose protection and favor may be supplicated through worship and prayer.

*44. The paternal and benevolent attitude of the church is quite distasteful to a mature person.
Appendix F—Continued

  **45.** The church deals in platitudes and is afraid to follow the logic of truth.

  **46.** God protects from harm all those who really trust him.

  **47.** Immortality is certain because of Christ's sacrifice for all mankind.

  **48.** There is a far better way of explaining the working of the world than to assume any God.

  **49.** It seems absurd for a thinking man to be interested in the church.

  **50.** The idea of God is the best explanation for our wonderful world.

*These items are negative, and the weights for their alternatives must be reversed for purposes of scoring.*
Appendix G

Informed Consent Agreement

Name of Subject: ____________________________

1. These research forms are being used to further our knowledge in the area of client-counselor relations. There should be no harm whatsoever in completing these forms.

2. I hereby give consent to Steven Wyatt to use the four forms I am filling out for research purposes only. I understand that this information is confidential and that my name will be removed from these instruments after they are organized together.

3. I have seen a clear explanation and understand the nature and purpose of the procedure as well as the discomforts involved and the possibility of complications which might arise. I have seen a clear explanation and understand the benefits to be expected. I understand that the procedure to be performed is investigational and that I may withdraw my consent for status. With my understanding of this, having received this information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedure designated in paragraph two, above.

_________________________________________
Date

Signed: ___________________________________
Subject

Signed: ___________________________________
Witness
References


