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EFFECTS OF RELIGIOSITY AND PROBLEM TYPE ON
COUNSELOR DESCRIPTION RATINGS: AN ALTERNATIVE POPULATION
STUDY TO GUINEE AND TRACEY (1997)

REV. VICTOR W. LANDERS, M.A.

AN ABSTRACT PRESENTED TO THE FACULTY OF THE GRADUATE
SCHOOL OF LINDENWOOD UNIVERSITY IN PARTIAL FULFILLMENT
FOR THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

1999

ABSTRACT

This analogue study reexamines the work of Guinee and Tracey (1997), repeating the interaction between precounseling information, religiosity, and problem type and its subsequent effect on counselor ratings of social influence and willingness to seek help. The author assessed members of a large rural county in the Mid-west using an inventory of Christian beliefs. After providing a presenting problem and reading self-descriptions of secular (nonreligious), spiritually-empathic, or Christian counselors, participants responded to the Counselor Rating Form-Short and Willingness to Seek Help scale. Based on a paired sample t test, the interactions between participant religiosity and counselor description is presented. The results of the responses based on presenting problem type are considered. Prediction of counselor social influence and willingness to seek help ratings with respect to the Christian counselor self-description are presented. Implications for research and practice are discussed.

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OF LINDENWOOD UNIVERSITY IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

1999

COMMITTEE IN CHARGE OF CANDIDACY

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DEDICATION

I wish to dedicate this thesis to the memory of my father Jerald W. Landers (1936-1981) who taught me to always greet others with a smile and a friendly hello even if they saw themselves as your enemy. I continue to discover his impact on my life as he taught, more often by deed rather than words, the many truths I hold so dear to my life. My aim in life is to hear him express his pride in my efforts when we meet in heaven.

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Chapter I

INTRODUCTION

The long running conflict between Psychology and Theology is alive and well in our generation. At the heart of this conflict is the quest for truth concerning the human condition and what if anything to do about it. Is there ultimate truth or are all truths subjective?

Many claim to know “the” answer while others allow this only as it pertains to a particular person or school of thought (Worthington, 1996). Lack of knowledge and understanding has perpetuated the “religiousness gap” first coined by Bergin in 1980. More recent studies seem to indicate a shift of thought. (e.g., Bergin 1991; Richards & Potts, 1995).

Many in the field of psychology accept and even value understanding the human condition from a theological point of view. (Bergin, 1991; Newberry & Tyler, 1997; McWhirter, 1989) Religious faith is now being incorporated into fields of study where it once was common to be cast out. (Blazer, 1998) A recent headline from the Faith and Medicine Connection, a publication of the National Institute for Healthcare Research hoping to interface between medicine and religion, states “Spirituality: A New Prescription for Depression”.

Beginning with Bergin (1980), the interest in religious issues in the field of mental health has been steadily increasing. Researchers are discovering the relationship among mental disturbance and religiousness (Bergin, 1983; Bergin, Masters, & Richards, 1987; Shafranske & Malony, 1990).

Understanding of the helpful association of different religious orientations and values and their effects on personality and mental health is increasing (Bergin et al., 1987; Richards, 1988). And the ability of religious values to influence counseling and counselor education is gaining popularity (Lovinger, 1984; Richards & Potts, 1995; Spero, 1985). While the field of psychology seems to be more open to religious reality of their clients, the religious conservative in our community is still highly distrustful of anything that even sounds like psychology.

The only army that shoots its wounded is the Christian army...Carlson (1998) states the following about Christians in the mission field:

1. We do not have emotional problems. If any emotional difficulties appear to arise, simply deny having them.
2. If we fail to achieve this first ideal and can't ignore a problem, strive to keep it from family members and never breathe a word of it outside the family.
3. If both of the first two steps fail, still don't seek professional help (p. 28).

The above mentioned facts raise the question, are religiously conservative people, from a large county in the Mid-west, willing to seek help for various mental health problems they face? And if they are willing, is it helpful if the therapist reveals, in their pre-counseling information, that they are Christian?

Guinee and Tracy (1997) completed a study that seemed to indicate that counselor self presentation was of less impact on the client's willingness to seek help than validation of a client's religious/spiritual disclosures. "This study also

demonstrates that theologically liberal and (nonreligious) non-Christians may have more difficulty working with a Christian counselor than theologically conservative Christians have with non-Christian counselors". (Guinee & Tracy, 1997, p. 72)

Guinee & Tracy (1997) conducted their research on a population with a group of the 210 participants ranging in age from 18-22 years. This author is interested to replicate this study to calibrating previous findings to a broader age range sample in this specific population. The new results may indicate a difference in the clients' willingness to seek help (WHS) based on counselor self-presentation information. A more mature Mid-west population sample also may indicate a continuation of the previously stated bias found among highly religious individuals to rate the Christian counselor higher on the Counselor Rating Form-Short (CRF-S) showing a greater prediction of social influence.

HYPOTHESES

Stated in the null: there is no difference among either group of high or low religiosity in the participants responses to counselor self-presentation whether secular, spiritually empathetic, or Christian.

Stating the hypothesis directionally the results will show that:

1. Among highly religious individuals, there will be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for the secular counselor self-presentation to the spiritually empathetic counselor self-presentation.

2. Among highly religious individuals there will be a significant difference

of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for spiritually empathetic counselor self-presentation to the Christian counselor self-presentation.

3. Among highly religious individuals there will be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for secular counselor self-presentation to the Christian counselor self-presentation.

4. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for secular counselor self-presentation to the spiritually empathetic counselor self-presentation.

5. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for spiritually empathetic counselor self-presentation to the Christian counselor self-presentation.

6. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the CRF-S for secular counselor self-presentation to the Christian counselor self-presentation.

7. Among highly religious individuals there will be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for the secular counselor self-presentation to the spiritually

empathetic counselor self-presentation.

8. Among highly religious individuals there will be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for spiritually empathetic counselor self-presentation to the Christian counselor self-presentation.

9. Among highly religious individuals there will be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for secular counselor self-presentation to the Christian counselor self-presentation.

10. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for the secular counselor self-presentation to the spiritually empathetic counselor self-presentation.

11. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for the spiritually empathetic counselor self-presentation to the Christian counselor self-presentation.

12. Among individuals with low religiosity there will not be a significant difference of the means at the 95% confidence interval of the difference when comparing the results of the WHS for the secular counselor self-presentation to the Christian counselor self-presentation.

Chapter II

REVIEW OF RELATED LITERATURE

Among religious conservatives a popular opinion appears with regularity. The Church is to be a “psychological free zone”. The previous quotation came from a flier for a Christian men’s conference held in Virginia. Viewed by some as an alternative faith, Psychology, the study of the human mind, and its secular humanistic view of humankind is to be shunned at all cost. Potential clients with strong religious beliefs compared to those with weak or no religious beliefs may be more apprehensive about utilizing a secular counselor. This counselor may not respect their spiritual needs, while meeting their mental health needs. It is not known if these differences can be extended to differences in counselor social influence and willingness to seek help ratings. A different concern exists with clients who hold to a liberal or nominal faith, they appear to be fearful of the religiously conservative therapist who finds it important to state their personal faith beliefs in their self presentation to the potential client.

The division between science and issues of a religious nature was broadened by the work of Charles Darwin. The impact Charles Darwin had upon people of faith and science may be best understood by Phillip Johnson (1991) who wrote:

In its mythological dimension, Darwinism is the story of humanity’s liberation from the delusion that destiny is controlled by a power higher than itself....The resulting “death of God” is experienced by some as a

profound loss, and by others as a liberation. But liberation to what? If blind nature has somehow produced a human species with the capacity to rule earth wisely, and if this capacity has previously been invisible only because it was smothered by superstition, then the prospects for human freedom and happiness are unbounded. That was the message of the Humanist Manifesto of 1933 (p.131).

Sigmund Freud (1934), in "The Future of An Illusion" called religion "the universal obsessional neurosis of humanity" and described religious teaching as "neurotic relics". Freud became an antagonist to the religiously conservative person by this and other statements.

The impact of scientists' antagonistic view toward the highly religious and vice-versa lead to a long period of religious issues not being valued. Allen Bergin (1980) began to explore the worthiness of religious values in psychotherapy. Since then interest in religious issues has found its way into the main stream. A recent article in the Harvard Mental Health Letter, February, 1999 issue Harold Koenig, M.D., wrote how religious faith contributes to recovery from depression :

The reports of patients suggest that it (religion) gives suffering a meaning and purpose or promotes a sense of control that stimulates recovery. We conclude that at least in the southeastern United States, where our studies were conducted, clinicians should support the healthy religious beliefs of older patients. They might even ask about those beliefs when they first see the patients. But they should always remember that their aim is to

encourage whatever gives the patient comfort and hope, not to impose their personal values or beliefs (p. 8).

Religious issues within the area of counseling have been of interest over the last several years since Bergin (1980). Numerous studies have provided research in the area of mental disturbance and religiousness (Bergin, 1983; Bergin, Masters, & Richards, 1987; Shafranske & Malony, 1990). At the same time there is a growing appreciation that religion may serve to assist the client in the therapeutic process. Hall, Tisdale & Brokaw (1994) found that:

Due to recent changes within the field of psychology, namely, the inclusion of religion as a human difference within the Ethical Principles of Psychologists and Code of Conduct, as well as the inclusion of "Religious or Spiritual Problem" as a v-code in the DSM-IV, the understanding and effective treatment of people of faith has been elevated as a clinical issue (p. 395).

How religious orientations and values impact on personality and mental health was correlated in studies of religion to treatment (Bergin et al., 1987; Richards, 1988). Eugene Kelly (1995) was quoted in *Counseling today* as stating:

A client's spiritual and religious beliefs and values, like any other set of personal beliefs and values, are potentially legitimate considerations in the counseling process (p. 3).

The inclusion of religious and spiritual issues in counselor education is encouraged. Vicky Genia (1994) presented that educational opportunities for

therapists should include the following components:

1. Psychology of religion ... to help therapists distinguish between the healthy and maladaptive aspects of their clients' religiosity.
2. Supervised experience in counseling religious clients...to maximize the benefits of this experience for students, practicum supervisors must be nonjudgmental toward religious experiences.
3. Religious counseling...which may increase secular therapists' effectiveness with religious clients.
4. Religious studies. Mental health professionals should have some general knowledge of the basic concepts and core beliefs of the world's major religions.
5. Continuing education. Secular psychotherapists can become more skilled in working with religious clients by attending workshops and conferences that focus on topics related to religion and mental health (p.396-7).

Furthermore Bergin (1991) stated:

...there is a spiritual dimension of human experience with which the field of psychology must come to terms more assiduously. If psychologists could understand it better than they do now, they might contribute toward improving both mental and social conditions. In the process, they will have to understand evil much better than they do, for this appears that evil is clothed in religious language, which makes matters confusing. Religion is

multidimensional, and some aspects of what is labeled religion are clearly not constructive.

Despite such difficulties, I am heartened by the existence of a growing clinical literature that provides descriptive evidence of the usefulness of spiritual dimensions in enhancing change...(p. 401).

It is clear that psychology needs to embrace the enhancement of change by utilizing religious values in the therapeutic counseling relationship (Bergin, 1988; Bergin et al., 1987; Lovinger, 1984; Richards & Potts, 1995; Spero, 1985).

Increasing ties between religion and secular counseling notwithstanding (Worthington, 1996), religiously conservative people still fail to utilize traditional counseling services (Larson, Donahue, Lyons, & Benson, 1989; Worthington, 1988). Meltz (1995) found from a sample of Christians and Jews that participants "who were more religious the more likely they were to prefer a religious counselor when in need of psychological help".

Conservative religious individuals believe that counselors are secular and because of this will tend to pathologize their strongly held religiously conservative beliefs (Collins, 1988; Houts & Graham, 1986; Lovinger, 1984; Worthington, 1986).

This opinion flies in the face of other studies as cited above (e.g., Bergin, 1991; Richards & Potts, 1995) that would indicate most clinicians are open to the benefits of religion to a client's mental health. This gap in understanding (called the religiousness gap by Bergin (1980)) promotes a belief in most conservative

religious clients that clinicians are not religious and see religion as unhealthy. Religiously conservative individuals may not be willing to seek counseling services from a traditional therapist who possesses little or no religious beliefs shown by Worthington (1996). Johnson and Ridley (1992) report many studies on counseling with religious individuals often do not include variables that reflect the diversity within the religious community. This criticism also can be found in review of multi cultural counseling research (e.g., Ponterotto, 1988; Kelly, 1994) where within group differences among samples of racial and ethnic minorities are often neglected. This perpetuates the "uniformity myth" (Kiesler, 1966) that all clients perceive counseling (and counselors) in the same manner.

Guinee and Tracey (1997) confirmed Keating and Fretz (1990) when they found that negative anticipations about counselors, held by theologically conservative Christians can be differentially affected by explicit precounseling information that ignores (i.e., secular counselor), shows empathy with (i.e., spiritually-empathic counselor), or identifies with their Christian beliefs.

The similar major finding of Singer (1997) was:

religion and degree of religiosity were not related to attitudes toward seeking psychological help. This study went on to state that the age of the subject as well as prior therapy were associated with subjects' attitudes toward seeking professional psychological help (p. 2140).

Guinee and Tracey (1997) suggested that providing potential clients with precounseling information may respond to their concerns about counseling as well

as help them form more accurate expectations about counseling, and researchers have demonstrated that the use of precounseling information can help potential clients make better decisions about entering counseling (Dauser, Hedsrtom, and Croteau, 1995; Lewis, Epperson, & Foley, 1989; Lewis, Davis & Lesmeister, 1983).

Of the two research questions addressed by Guinee & Tracey (1997) only the first is the focus of the author's study.

The research question to be examined is whether highly religious individuals responded to counselor self-presentation by allowing for more or less social influence from a Christian counselor, as measured by the CRF-S. Also are highly religious individuals more willing to seek help from Christian counselors than from a spiritually empathetic or secular counselor?

Chapter III

METHOD

POPULATION

The sample for this study was selected from a rural county in the Midwest. Participants were solicited from students enrolled in a community college night class and random solicitation in the authors realm of exposure. Thirty three participants came forward.

It was this authors intention to compare the results of Guinea & Tracey (1997) to this sample from a Mid-western county who are some what older and some what less academically motivated. While the previous authors gave some identified course credit to the participants this author allowed for volunteers to take the test packets with anonymity and gave 10 course points to the entire class regardless of participation.

The ages ranged from eighteen to fifty nine years of age. This contrasted greatly with the previous research where the age range was only from eighteen to twenty two years. The population of this county is predominantly Euro-American and highly diverse along educational and gross family income continua. Of the thirty three participants 11 were male and 22 were female, and all were of Euro-American background. The population was mainly Christian and a high number of Catholics were present. Sampling bias may occur from the educational levels of volunteers and their desire for further education. The sample did not allow for variance in religious orientation or presenting problem type.

INSTRUMENTS

The population sample was given a packet of instruments including the following forms: A demographic, an informed consent, a debriefing, the Shepard Scale, Religious orientation scale, personal problem list, Counselor Rating Form-Short (CRF-S), Willingness to Seek Help Scale (WHS), and three counselor self presentations: Secular, spiritual empathic, and Christian.

The counselor descriptions are similar to those used in other studies (Keating & Fretz, 1990; Pecnik & Epperson, 1985; Guinee & Tracey, 1997).

The description for the secular counselor was as follows (additions to the spiritual-empathetic description are noted in brackets):

My name is Dr. Jones I am a licensed psychologist with a Ph.D. in counseling psychology. I am 40 years old, and have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors (e.g., parental relationships, academic pressures, and self-esteem [spiritually-empathetic adds "relationship with God" here]). I have experience in both individual as well as group therapy, and my approach to counseling is client centered --- that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, academics, social pressures, moral/social rules,

and them move toward self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare and outline, which include asking for relevant information (e.g., parental information, academic progress, and personal issues [spiritually-empathetic adds “and religious faith/spiritual beliefs” here]). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing and relaxation training). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals and discuss what he or she can work on until the next session (Guinee & Tracey, 1997, p.66).

The Christian counselor description was the same as used by Guinee & Tracey (1997) who patterned it after Johnson and Ridley’s (1992) descriptions of the key similarities and differences between more traditional counseling descriptions and a Christian counselor description:

My name is Dr. Jones I am a Christian, licensed psychologist with a Ph.D. in counseling psychology. I am 40 years old, and have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors and spiritual factors (e.g., parental relationships, academic pressures, and self-esteem, and relationship with God). I have experience in both individual as well as

group therapy and my approach to counseling is Christ centered --- that is, I let the Spirit guide our work together, which helps us work on what is important. I believe clients make their greatest improvements as they sort out their relationship with Christ, relationship with Christians and non-Christians, the importance of family, relationships and academics.

Before the first session, I pray for the time we will spend together. I also like to carefully prepare and outline, which includes asking for relevant information (e.g., parental information, academic progress, and personal issues and spiritual issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing and relaxation training and scriptural reference). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals and discuss what he or she can work on until the next session (Guinee & Tracey, 1997, p.67).

The content validity of these counselor descriptions was examined in a pilot study. Twenty-eight counseling psychology graduate students from a program at a large, Midwestern university read a random selection of two of the three versions and completed a rating where they judged the extent to which the descriptions were similar on spiritual (e.g., counselor emphasizes spirituality as important) and nonspiritual (e.g., counselor is

experience) dimensions.

Significant differences were found between counselors for spiritual but not nonspiritual dimensions, lending support to the validity of the three different descriptions (p.67).

The Shepherd Scale: Separating the sheep from the goats. (1981)

Bassett, R.L., Sadler, R.D., Kobischen, E.E., Shiff, D.M., Merrill, I.J., Atwater, B.J., Livermore, P.W.

This measure of conservative/evangelical Christianity designed to differentiate Christians from non-Christians. It consists of 38 items and uses a 4-point response rating, labeled true (4), generally true (3), generally not true (2), and not true (1). Items are summed to attain an overall score that ranges from 38 (lowest degree of Christian orientation) to 152 (highest degree of Christian orientation).

Items for the Shepherd Scale were constructed by identifying passages in the Bible that described the qualifications, characteristics, and behaviors of Christians. Passages were grouped according to their central themes (i.e., basic beliefs, personal growth, relationship to God, relationship to Christians, and relationship to the world). Questions were written for each group of passages with the goal of capturing the essence of each passage and avoiding evangelical jargon or obscure terms.

In studies conducted by Bassett et al. (1981), the shepherd Scale was found to be internally consistent with a split half coefficient of .91 and a 2-week test-

retest correlation of .82 . Findings reveal relevant construct validity (a statistically significant Pearson product moment correlation (.65)) with an established measure of religious commitment by King and Hunt (1975).

The Personal Problems List (Guinee & Tracey, 1997) was designed for the previous study: its general purpose was to elicit a problem that participants could focus on when reading a counselor description. First, participants were asked to think about the most significant problem they had struggled with recently and write it down. Test-retest estimates obtained a Kappa of .75 . Second, participants were then asked to rate the severity of their problem, using a 7-point scale, with options ranging from not at all serious (1) to somewhat serious (4) to very serious (7); calculations revealed a mean of 5.43, a mode of 6, and a test-retest estimate (Kappa) of .65.

The Counselor Rating Form-Short (CRF-S) (Corrigan & Schmidt, 1983) originally developed by Barak and LaCrosse (1975), measures three dimensions of counselor social influence; expertness, attractiveness, and trustworthiness. The CRF-S consists of 12 adjectives that describe counselor behavior. Clients are asked to respond to each adjective using a 7-point response scale with options ranging from not very (1) to very (7). These responses are then summed to yield three subscale scores: expertness, attractiveness, and trustworthiness.

Using confirmatory factor analysis with simultaneous groups to validate the underlying factor structure of the CRF-S, Corrigan and Schmidt (1983) found support for the construct validity, and split-half Spearman-Brown reliabilities for

the CRF-S equaled or exceeded those obtained by LaCrosse and Barak (1976) for the longer CRF. (This form will be completed by the participant after each of the counselor self presentations is reviewed.)

The Willingness to Seek Help Scale (WSH) (Guinee & Tracey, 1997) was designed for the previous study and assessed participants' willingness to seek help from a counselor on the basis of the counselor's precounseling description. Participants were asked to focus on their problem and to respond to four different items (e.g., "I would want to seek help from this counselor") with options ranging from strongly disagree (1) to neutral (4) to strongly agree (7) on a 7-point scale. Furthermore, for this study a Cronbach alpha of .95 for the internal consistency estimate and a correlation of .66 with the CRF-S were obtained. The test-retest correlation was .97.

PROCEDURE

The data were collected from students enrolled in evening courses at a community college who voluntarily respond to the request to participate. Unlike the previous study no participants were eliminated. They participated by completing a packet of forms on their own. Those packets were then returned to the researcher. Since this investigation attempts to repeat previous findings a paired sample t-test was used to determine significant correlation of means between the three counselor self-presentations when participants were divided for religiosity.

Chapter IV

RESULTS-TEXT

This investigation focused on interactions among variables. A paired sample t test of the means was utilized to compare the response. Twelve paired sample t tests were conducted after the results were sorted by the median score (120) on the Shepard Scale.

Participants were divided into “low” and “high” groups on the basis of a sample median split Shepherd Scale score of 120. The Shepherd Scale was positively correlated (.727) to a Religious orientation form also completed by the participants.

The null hypothesis was negated when a statistically significant difference was found on five of the twelve paired sample t tests.

1. Among highly religious individuals there was no significant difference (.051) in their response to the CRF-S for the secular counselor and the spiritually empathetic counselor.
2. Among highly religious individuals there was a significant difference (.002) in their response to the CRF-S for the spiritually empathetic counselor and the Christian counselor.
3. Among highly religious individuals there was no significant difference (.009) in their response to the CRF-S for the secular counselor and the Christian counselor.
4. Among individuals with low religiosity there was no significant

difference (.087) in their response to the CRF-S for the secular counselor and the spiritually empathetic counselor.

5. Among individuals with low religiosity there was no significant difference (.378) in their response to the CRF-S for the spiritually empathetic counselor and the Christian counselor.

6. Among individuals with low religiosity there was no significant difference (.664) in their response to the CRF-S for the secular counselor and the Christian counselor.

7. Among highly religious individuals there was a significant difference (.021) in their response to the WSH for the secular counselor and the spiritually empathetic counselor.

8. Among highly religious individuals there was a significant difference (.001) in their response to the WSH for the spiritually empathetic counselor and the Christian counselor.

9. Among highly religious individuals there was a significant difference (.004) in their response to the WSH for the secular counselor and the Christian counselor.

10. Among individuals with low religiosity there was no significant difference (.383) in their response to the WSH for the secular counselor and the spiritually empathetic counselor.

11. Among individuals with low religiosity there was no significant difference (.913) in their response to the WSH for the spiritually empathetic

counselor and the Christian counselor.

12. Among individuals with low religiosity there was no significant difference (.583) in their response to the WSH for the secular counselor and the Christian counselor.

As demonstrated by FIGURE 1, the WSH test for the highly religious group produced a statistically significant difference going across from the secular counselor self-presentation to the spiritual-empathetic self-presentation to the Christian counselor self-presentation. The low religiosity group had no significant difference to any of the counselor self-presentations. The social influence determined by the CRF-S test showed that the highly religious group rated the secular counselor the lowest and the Christian counselor the highest. The low religiosity group rated the spiritual-empathetic counselor the highest and the Christian counselor a close second.

FIGURE 2 demonstrates significant interactions that occurred with respect to counselor description, religiosity, and problem type. It is important to note that the educational-vocational problem presented by the low religiosity group rated all three counselors significantly higher than any other problem and religiosity group. While the personal-social problem type, low religiosity group showed a significant decrease in influence of the Christian counselor the educational-vocational high religiosity group showed an increase in the influence of the Christian counselor. The personal-social problem, highly religious group showed an increase in influence from secular to spiritual-empathetic to Christian counselor.

Significant differences were noticed in the comparison of the original study and results with this specific population sample when utilizing the same testing instruments.

RESULTS-FIGURES

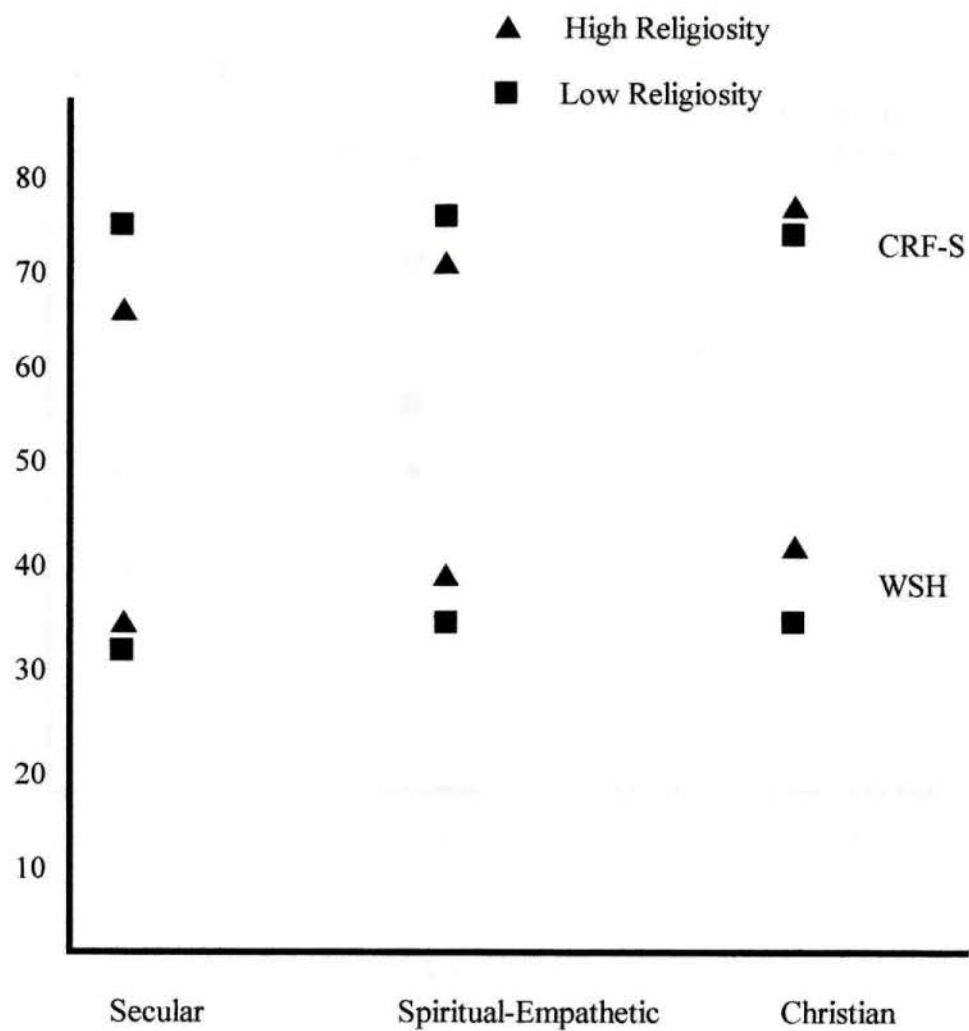


FIGURE 1

Significant Interaction Between Counselor Description and Participant Religiosity in Prediction of Counselor Social Influence (CRF-S) and Willingness to Seek Help (WSH) Ratings.

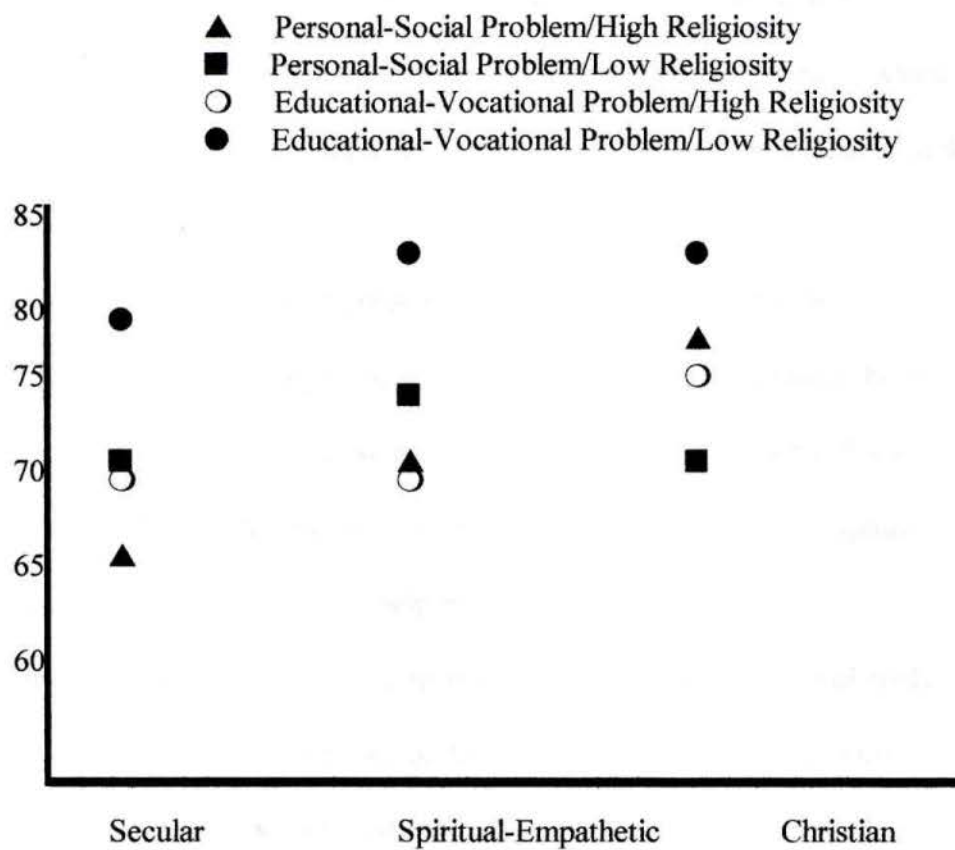


FIGURE 2

Significant Interaction Between Counselor Description, Participant Religiosity, and Problem Type in Prediction of Counselor Social Influence Ratings

Chapter 5

DISCUSSION

Participant religiosity contributes significantly to the prediction of counselor social influence and willingness to seek help. When the sample is divided into high and low religiosity groups the highly religious were more willing to seek help from the spiritual-empathetic counselor and even more willing to seek help from a Christian counselor.

The highly religious were consistent with their rating of the three counselors for influence as they were willing to seek help. As mentioned above this is in contradiction to the original study which found no significant difference between the secular and the spiritually-empathetic counselor. Highly religious individuals are more willing to seek help from even a spiritual-empathetic counselor than a secular counselor. This is in contradiction to the original study.

The low religiosity group rate all three counselors very similarly with regard to willingness to seek help and only a slight increase for the spiritual-empathetic counselor. The low religiosity group rated the counselor influence of all counselor presentations similar with only a mild increase in the spiritual-empathetic counselor. Guinee & Tracey (1997) point to the youthful nature of their population sample as a possible difference from previous studies. The results of this study confirms this concern.

Recent studies find that counselors, in general, respect the function religion serves in others' lives. They express competence in dealing with religious issues in

counseling (Bergin, 1991; Elkins & Shafranske, 1987; Johnson & Ridley, 1992; Richards & Potts, 1995). Less religious counselors place themselves on provider panels as Christian counselors because they are spiritually-empathetic. Highly religious clients in one large county in Missouri are still very uncomfortable with any counselor other than a self-presenting Christian. They rate the three counselor self-presentations in ascending order from secular to spiritually-empathetic to Christian in both the areas of willingness to seek help and ability of the counselor to have social influence.

Unlike the previous study there is a relationship between the religious orientation of the participant and the response to the counselor self-presentation. Participants who score lower on religiosity rate the Christian counselor the same as the secular counselor and the spiritually-empathetic counselor, only slightly higher. This is consistent when the highly religious are shown to rate the Christian counselor the highest and the spiritually-empathetic higher than the secular counselor.

This study shows that highly religious individuals are still apprehensive about the ability of all counselors to be of help and influence. Consistency with the previous study is found in that the low religiosity group has as much trouble going to a Christian counselor as they would with a secular counselor, for a personal-social problem. The same group would rather go to a spiritually-empathetic counselor or a Christian counselor for an educational-vocational problem. It seems clear that the Guinee & Tracey (1997) data are influenced by the age and

educational pursuits of its participants.

Further research is needed to demonstrate to the Church that there is help for personal-social and educational-vocational problems. How might Christian counselors educate the church that mental health is a legitimate method for God to help His followers? How does an insurance panel assure that a counselor who checks a box on a form is really a Christian counselor?

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APPENDIX

1. AGE: _____

2. GENDER (CIRCLE ONE): MALE FEMALE

3. RACE (CIRCLE ONE): AMERICAN:
 EUROPEAN
 AFRICAN
 MEXICAN
 ASIAN
 FOREIGN

(SPECIFY): _____

4. LEVEL OF HIGHEST EDUCATION: _____

5. DO YOU BELONG TO A PARTICULAR RELIGION? (CIRCLE ONE):

YES NO

6. PLEASE LIST THE RELIGION YOU IDENTIFY WITH? (IF ANY):

7. DO YOU REGULARLY ATTEND ITS SERVICES? (CIRCLE ONE):

YES NO

8. IN ADDITION TO SERVICES, LIST ANY OTHER INVOLVEMENT IN
THIS ORGANIZATION:

9. HAVE YOU EVER SOUGHT A PROFESSIONAL PSYCHOLOGISTS

HELP (I.E., HAD COUNSELING) ? (CIRCLE ONE): YES NO

Informed Consent Form

To the participant;

Thank you for agreeing to participate in this study. Please understand that your participation is voluntary, and at any time throughout the study, you have the right to withdraw participation. Further, your answers will remain confidential.

You will fill out different surveys, read a description of a counselor, and then fill out a few additional surveys. Please complete the pages one at a time, and in order. Take your time and do the best you can.

I understand these rights as explained to me.

(Signature)

Debriefing Form

I am a graduate student in counseling. Of special interest to me is how you think about counseling, particularly with respect to religious beliefs, for both the potential client and the counselor. The counselor description you read is one particular way a counselor might describe their style, depending on how much they ought to emphasize religious issues in therapy. It is my hope that the research I am conducting will allow the field of counseling to better comprehend and be more sensitive to the needs of religious clients.

Your participation in this study has been valuable to me, as it helps add to the growing body of research of counseling individuals, as well as helping me finish my Masters degree work. If you would like a summary of the results of this study (upon completion), please complete the bottom portion of this summary and return it to me. I would be more than happy to discuss any questions you might have concerning this questionnaire, as well as my research in general. Thank you for participating!

Sincerely,

Victor W. Landers M.A.
The Christian Counseling Center, Inc.
P.O. Box 481
Washington, MO 63090

*Please send me a summary of the study upon completion:

Name & Address: _____

SHEPHERD SCALE

You will read 38 statements. For each statement, think about how much you agree or disagree with that statement. There are no right or wrong answers; I am simply interested in your opinions. Place your response to the left of each item below, using the scale you are given here.

1	2	3	4
Not True	Generally Not True	Generally True	True
_____ 1.	I believe that God will bring about certain circumstances which will result in the judgement and destruction of evil.		
_____ 2.	I believe I can have a personal presence of God in my life.		
_____ 3.	I believe that there are certain required duties to maintaining a strong Christian life-style (e.g., prayer, good deeds, helping others).		
_____ 4.	I believe that it is possible to have a personal relationship with God through Christ.		
_____ 5.	I believe that by following the teachings of Jesus Christ and incorporating them into my daily life, I receive such things as peace, confidence and hope.		
_____ 6.	I believe that God raised Jesus from the dead.		
_____ 7.	I believe that God will judge me for all my actions and behaviors.		
_____ 8.	I believe that by submitting myself to Christ, He frees me to obey Him in a way I never could before.		
_____ 9.	I believe in miracles as a results of my confidence in God to perform such things.		
_____ 10.	Because of God's favor to us, through Jesus Christ, we are no longer condemned by God's laws.		
_____ 11.	Because of my personal commitment to Jesus Christ, I have eternal life.		
_____ 12.	The only means by which I may know God is through my personal commitment to Jesus Christ.		
_____ 13.	I believe that everyone's life has been twisted by sin and that the only adequate remedy to this problem is Jesus Christ.		
_____ 14.	I am concerned that my behavior and speech reflect the teachings of Jesus Christ.		
_____ 15.	I respond positively (with patience, kindness, self-control) to those who hold negative feelings toward me.		
_____ 16.	I do kind things regardless of who's watching me.		
_____ 17.	Status and material possessions are not of primary importance to me.		
_____ 18.	I do not accept what I hear in regard to religious beliefs without first questioning the validity of it.		

SHEPHERD SCALE (Continued)

- _____ 19. I strive to have good relationships with people even though their beliefs and values may be different from mine.
- _____ 20. It is important to me to conform to Christian standards of behavior.
- _____ 21. I am most influenced by people whose beliefs and values are consistent with the teachings of Christ.
- _____ 22. I respect and obey the rules and regulations of the civil authorities which govern me.
- _____ 23. I show respect toward Christians
- _____ 24. I share things I own with Christians
- _____ 25. I share the same feelings Christians do whether it be happiness or sorrow.
- _____ 26. I'm concerned about how my behavior affects Christians.
- _____ 27. I speak the truth with love to Christians.
- _____ 28. I work for Christians without expecting recognition nor acknowledgments.
- _____ 29. I am concerned about unity among Christians
- _____ 30. I enjoy spending time with Christians.
- _____ 31. My belief, trust, loyalty to God can be seen by other people through my actions.
- _____ 32. I can see daily growth in the areas of knowledge of Jesus Christ, self-control, patience and virtue.
- _____ 33. Because of my love for God, I obey His commandments.
- _____ 34. I attribute my accomplishments to God's presence in my life.
- _____ 35. I realize a need to admit my wrongs to God.
- _____ 36. I have told others that I serve Jesus Christ.
- _____ 37. I have turned from my sin and believe in Jesus Christ.
- _____ 38. I daily use and apply what I have learned by following Jesus Christ.

PLEASE GO ON TO THE NEXT PAGE

RELIGIOUS ORIENTATION SCALE

You will read 20 statements. For each statement, think about how much you agree or disagree with that statement. There are no right or wrong answers; we are simply interested in your opinions. Place your response to the left of each item below, using the scale you are given here.

1	2	3	4	5
Strongly Disagree				Strongly Agree
_____ 1.	I enjoy reading about religion			(Intrinsic)
_____ 2.	Church attendance is good for making friends			(Extrinsic)
_____ 3.	One's belief is not as important as being good.			(Extrinsic)
_____ 4.	I occasionally ignore my religious beliefs to make a good impression			(Extrinsic)
_____ 5.	Private thought and prayer is important			(Intrinsic)
_____ 6.	I like to attend church frequently			(Intrinsic)
_____ 7.	I often sense God's presence			(Intrinsic)
_____ 8.	Prayer is for gaining relief and protection			(Extrinsic)
_____ 9.	I live my life by my religious beliefs			(Intrinsic)
_____ 10.	Religion mainly offers comfort in sorrow			(Extrinsic)
_____ 11.	Religion addresses the meaning of life.			(Intrinsic)
_____ 12.	I prefer Bible study over church socials			(Intrinsic)
_____ 13.	Prayer is for peace and happiness			(Extrinsic)
_____ 14.	Religion does not affect my daily life.			(Extrinsic)
_____ 15.	Going to church is mainly to see friends.			(Extrinsic)
_____ 16.	My whole life is based on religion.			(Intrinsic)
_____ 17.	I attend church to see people I like			(Extrinsic)
_____ 18.	I pray because I have been taught to.			(Extrinsic)
_____ 19.	Praying alone is as important as church prayers.			(Intrinsic)
_____ 20.	There are more important things in my life than religion.			(Extrinsic)

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PERSONAL PROBLEMS LIST

1) Think about the biggest problem you have faced recently. You will soon read a description of a counselor and the counselors style of counseling. We will want you to think about that same problem as you are reading the description.

2) PLEASE WRITE DOWN THE PROBLEM YOU WILL FOCUS ON:

3) Please indicate whether you see this as a

PERSONAL - SOCIAL PROBLEM

(i.e. related to thoughts/feelings about yourself or others)

or

PLEASE CIRCLE ONE!

EDUCATIONAL - VOCATIONAL PROBLEM

(i.e. academic and/or career-related problem)

4) Please indicate, using the scale below, how serious this problem has been for you. (Circle One)

1	2	3	4	5	6	7
Not at all serious			Somewhat Serious			Very Serious

PLEASE GO ON TO THE NEXT PAGE

COUNSELOR DESCRIPTION - SECULAR

Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Remember to focus on your problem and pretend that this counselor will be assigned to you to help with your problem.

My name is Dr. Jones I am a licensed psychologist with a Ph.D. in counseling psychology. I am 40 years old, and have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors (e.g., parental relationships, academic pressures, and self-esteem). I have experience in both individual as well as group therapy, and my approach to counseling is client centered --- that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, academics, social pressures, moral/social rules, and them move toward self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare and outline, which include asking for relevant information (e.g., parental information, academic progress, and personal issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing and relaxation training). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals and discuss what he or she can work on until the next session.

PLEASE GO ON TO THE NEXT PAGE

COUNSELOR DESCRIPTION -SPIRITUAL EMPATHIC

Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Remember to focus on your problem and pretend that this counselor will be assigned to you to help with your problem.

My name is Dr. Jones I am a licensed psychologist with a Ph.D. in counseling psychology. I am 40 years old, and have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors and spiritual factors (e.g., parental relationships, academic pressures, and self-esteem, and relationship with God). I have experience in both individual as well as group therapy, and my approach to counseling is client centered --- that is, I let the client guide the session. Basically, that means I trust the client to present and discuss his or her concerns, and I allow the client to decide what he or she feels is most important to talk about. I believe clients make their greatest improvements as they sort out the importance of parental dependence, relationships, religion and/or spirituality, academics, social pressures, moral/social rules, and them move toward self-guidance and self-fulfillment.

Before the first session, I like to carefully prepare and outline, which include asking for relevant information (e.g., parental information, academic progress, and personal issues and religious faith/spiritual beliefs). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing and relaxation training). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals and discuss what he or she can work on until the next session.

PLEASE GO ON TO THE NEXT PAGE

COUNSELOR DESCRIPTION -CHRISTIAN

Please read the following description carefully. It was written by a counselor to inform potential clients how this counselor approaches therapy. Remember to focus on your problem and pretend that this counselor will be assigned to you to help with your problem.

My name is Dr. Jones I am a Christian, licensed psychologist with a Ph.D. in counseling psychology. I am 40 years old, and have been counseling for the past ten years. I feel that most problems clients have result from social, environmental, and psychological factors and spiritual factors (e.g., parental relationships, academic pressures, and self-esteem, and relationship with God). I have experience in both individual as well as group therapy, and my approach to counseling is

Christ centered --- that is, I let the Spirit guide our work together, which helps us work on what is important. I believe clients make their greatest improvements as they sort out their relationship with Christ, relationship with Christians and non-Christians, the importance of family, relationships and academics.

Before the first session, I pray for the time we will spend together. I also like to carefully prepare and outline, which includes asking for relevant information (e.g., parental information, academic progress, and personal issues and spiritual issues). I let the client know about my approach to counseling and some important methods we might try (e.g., testing, imagery, role-playing and relaxation training and scriptural reference). I encourage the client to let me know who he or she is, what he or she feels is important, and address any questions/concerns he or she may have. I end the session by helping the client reappraise his or her problems, set some goals and discuss what he or she can work on until the next session.

PLEASE GO ON TO THE NEXT PAGE

COUNSELOR RATING FORM - SHORT

I am interested in your opinions of the counselor you just read about. Please answer the questions below using the following scale to indicate your reactions to this counselor. Please *continue focusing on the problem you previously wrote down* as you evaluate this counselor.

1	2	3	4	5	6	7	8
Strongly Disagree			Neutral				Strongly Agree
_____	1.	This counselor seems friendly					(Attractiveness)
_____	2.	This counselor seems sociable.					(Attractiveness)
_____	3.	This counselor seems experienced					(Expertness)
_____	4.	This counselor seems prepared					(Expertness)
_____	5.	This counselor seems honest.					(Trustworthiness)
_____	6.	This counselor seems sincere.					(Trustworthiness)
_____	7.	This counselor seems likeable.					(Attractiveness)
_____	8.	This counselor seems warm.					(Attractiveness)
_____	9.	This counselor seems to be an expert.					(Expertness)
_____	10.	This counselor seems skillful.					(Expertness)
_____	11.	This counselor seems reliable.					(Trustworthiness)
_____	12.	This counselor seems trustworthy.					(Trustworthiness)

PLEASE GO ON TO THE NEXT PAGE.

WILLINGNESS TO SEEK HELP SCALE

I am interested in your opinions on the counselor you just read about. Please answer the questions below using the following scale to indicate your reactions to this counselor. Please *continue focusing on the problem you previously wrote down* as you evaluate this counselor.

1	2	3	4	5	6	7
Strongly Disagree			Neutral			Strongly Agree

- _____ 1. I would want to seek help from this counselor.
- _____ 2. This counselor could really help me.
- _____ 3. I would feel very positive about working with this counselor.
- _____ 4. I do not see this counselor as being very helpful.
- _____ 5. This counselor would understand my spiritual needs.
- _____ 6. The religious values of this counselor are important to me.
- _____ 7. I was able to keep my problem in mind while I was reading about this counselor.
- _____ 8. This counselor seems representative of counselors in general.