1-1-2010

Attitudes of Southern Baptist Pastors Toward Professional Counseling

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Stanley Vespie

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2010

ABSTRACT

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M.S., Walden University, 2007
B.A., Carson-Newman College, 1981

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Psychology

Walden University
November 2010

ABSTRACT

While clergy are at the forefront of providing mental health counseling services, many lack confidence in their ability to provide adequate care for those suffering mental health issues and many, across denominations, question the validity and reliability of mental health counseling and are reluctant to make referrals to professional counselors. There remains a gap in the current research literature regarding the views of Southern Baptist pastors. Using conflict theory as the framework for this study, the purpose of this exploratory quantitative study was to determine how 225 Southern Baptist pastors' conservative views, church size, and educational level (the independent variables) impacted their attitude towards counseling (the dependent variable). Data were collected using the Religious Attitude Scale and the Attitude Toward Seeking Professional Help Scale. A three-way ANOVA was performed to measure interaction effects among the independent variables. The results of this research indicated that a pastor's level of education and conservative views, but not church size, had an impact on attitudes about counseling. While future research could better inform the kinds of education that influence counseling referrals from pastors, this research supports the idea that more educated pastors are more likely to use diverse resources for addressing congregants' issues of mental wellness. The results of this research can influence social change because Christians needing mental health counseling often go to their pastor for help. Providing further education to pastors about the benefits of professional counseling will result in improved mental health for those congregants and their families.

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UMI Number: 3432439

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Acknowledgments

Two quotes come to mind when I think about this work that I have completed. The first is from the Chinese philosopher, Lao-tzu (604 BC–531 BC) who said, "A journey of a thousand miles begins with a single step." The second quote comes from John Donne who said, "No man is an island." Both of these quotes summarize my educational journey. I have many people to acknowledge and thank for helping me take the steps necessary to complete this lifelong goal.

First, I would like to acknowledge the dedicated work of the three members of my committee, Dr. Savitri Dixon-Saxon, Dr. Ruth Crocker, and Dr. Reginald Taylor. Without their patience, guidance, and encouragement, I would not be receiving this degree. Dr. Dixon-Saxon, the chairperson of my committee, has guided me since I first proposed this idea as a thesis to the very end. She has been a shining light for me during difficult days that I have encountered. All three members of my committee are outstanding representatives of the Walden University family. I would also like thank Dr. Barbara Benoliel who reviewed my work and provided suggestions which help me express my thoughts in a succinct manner. Tobias Ball from the Walden University Writing Center also helped me with his valuable suggestions.

I would like to acknowledge the help of Mickey Crawford from the Alabama Baptist Convention. Mr. Crawford is a State Missionary and the Statistical Programmer for the Alabama State Board of Missions. He provided me with the information necessary to be able to make contacts with the participants. I am grateful to all those at the Alabama

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INTRODUCTION TO THE STUDY

Introduction

According to the National Institute of Mental Health (NIMH, 2008), mental

health disorders are common in the United States with an estimated 26.2% of Americans

18 and older – about one in four adults – suffering from a diagnosable mental disorder in

a given year. Furthermore, NIMH stated that mental disorders are the leading cause of

disability in the U.S. and Canada for ages 15-44 with nearly half (45%) of those with any

mental disorder meeting the criteria for two or more disorders. According to the U.S.

Department of Health and Human Services (SAMHSA, 2007), 24.3 million adults ages

18 or older suffer from Serious Psychological Distress (SPD) and only 44% received

treatment for the mental health problems in 2005. The prevalence of a Major Depressive

Episode (MDE) is also expressed in the statistical data with the SAMHSA stating that

15.8 million (7.2% of persons 18 or older) experiencing at least one MDE in the past

year. In 2006, an estimated 30.4 million adults reported having had at least one MDE.

Among adults who had MDE in 2006, 69.1% received treatment for depression. Women

who had MDE were more likely to receive treatment for depression than men (73.7 to

60.8% respectively).

People who experience mental health problems search for help from various

sources including physicians, mental health experts, and clergy. Many people turn to a

member of the clergy first for mental health counseling (Wang, Berglund, & Kessler,

2003). This finding was first discovered by Gurin, Veroff, and Feld (1960) who stated

that as long as 50 years ago, 42% of those with mental health issues first turn to their pastor for counseling. As pastors are thrust into the frontlines of combating the effects of mental disorders the role of professional mental health counseling, as seen by the clergy, arises as an important issue (Wang et al., 2003). Additional researchers have confirmed that millions of Americans with personal problems seek the help of clergy first or early on (Chalfant et al., 1990; Veroff, Kulka, & Douvan, 1981; Weaver, 1995).

For many years a wall of separation has existed between science and religion. The conflict between science and religion transcends the fields of psychology and religion (Simmonds, 2006). Some psychologists have viewed people who held any spiritual belief as deceived, at best, or even worse, psychotic (Vespie, 2007). Thirty years ago, Ellis (1980), popular psychotherapist, held the view that religion does not help a person avoid becoming anxious, depressed, or hostile, but seriously sabotages mental health. Despite Ellis` view of religion, over the last 20 years, opinions of psychologists toward spirituality reflect a greater acceptance as experts began to accept that a person's spiritual beliefs play an important role in that individual's identity (Vespie, 2007). A more tolerant view of religion and spirituality in counseling has allowed for an exploration of these views in therapeutic settings, as long as the therapist could justify such a strategy as being in the best needs of the client (Bartoli, 2007). However, there still remain questions concerning the way religious leaders view psychology. It is not known whether theologically conservative pastors view mental health counseling as a valid and reliable tool in assisting people with mental disorders.

As mental health counseling continues to evolve with a professional identity distinct from psychology, it may help in building understanding with clergy. The body of available literature showed a strained relationship between pastors and psychologists (Gorsuch & Meylink, 1988; Hulme, 1974; Mannon & Crawford, 1996; McMinn et al., 1998). The fact that these references are dated adds weight to the need for current research to be conducted in this subject area. While professional counseling is part of the behavioral sciences, it is distinct and different from psychology (Capuzzi & Gross, 2005). Many references are made to psychology in this paper because the available literature as related to pastors addresses the relationship between clergy and psychologist. While it is not impossible to uncover literature that discusses the relationship between pastors and professional counselors, the scarcity of such research indicates an even greater need for this research. The research that has already been conducted is addressed in the literature review. The primary goal was to determine the views of clergy toward professional counseling (Vespie, 2007). This is important because of the role pastors have in referring members of their congregation for counseling who may be suffering from a serious mental health illness (Oppenheimer, Flannelly, and Weaver, 2004). I specifically sought to discover if theologically conservative beliefs, educational level attained, and size of congregation, had an impact on a pastor's view of professional counseling.

In chapter 2, I examine several issues including the pastor's role in professional counseling, the different counseling approaches taken by pastors as opposed to professional counselors, and a definition of what constitutes Biblical counseling. In addition, the issue of collaboration between clergy and mental health professionals is

examined. The literature shows a gap in examining how theological views, educational level attained, and size of a pastor's congregation impact Southern Baptist clergies' views of professional counseling. Previous researchers have looked at these variables either separately or as how they relate to other denominations.

The National Comorbidity Survey, the first large-scale field survey of mental health in the United States conducted from 1990-1992, found that (a) roughly one in four adults in the United States who ever sought treatment for mental disorders did so from a clergy member; (b) each given year nearly one in four of those seeking help from clergy for a mental health problem have a serious mental illness (SMI); and (c) the majority of these persons are seen solely by clergy, and not by other health care providers or mental health professionals (Wang et al., 2003). Questions remain about whether or not pastors see professional counseling as a positive alternative for those in their congregations with mental health issues, if pastors can effectively identify mental health issues that should be referred, whether or not pastors are willing to refer when such issues are identified in one of their congregants.

<div align="center">Background of the Problem</div>

Between 94% and 96% of Americans believe in God (Hyman & Handal, 2006). According to Gallup data, 41% of U.S. adults stated they are born-again or evangelical Christians (Wiseman, 2005). The majority of Americans who believe in God are members of a religious community and pray regularly (Hyman & Handal, 2006). Almost half attend religious services regularly (Miller & Thoresen, 2003). In the past decade, psychologists have become more receptive to spirituality and religion (Hyman & Handal,

2006). One of the primary reasons for this shift is because psychologists have adopted a positive psychology approach which intersects with the religious perspectives held by the majority of Americans (McMinn et al., 2006). These authors stated that among the attributes positive psychology encourages and religiosity promotes are humility, gratitude, forgiveness, altruism, virtue, hope, and positive coping.

Rose, Westefeld, and Ansley (2008) made the point that while theologically conservative Christians believe secular counselors are less spiritually empathic than Christian counselors, they see Christian counselors as less flexible, more likely to try to influence clients' thoughts and behaviors, and more likely to try to shape the clients' values to be more in line with the counselors` own tenets. Guinee and Tracey (1997) found that highly religious Christians who are experiencing personal-social problems prefer Christian counselors over secular counselors while those Christians with less commitment prefer secular counselors to Christian counselors. These discoveries highlight that psychology and Christian faith are unique fields containing their own vocabularies, anthropologies, and worldviews. Certain concepts frequently used by psychologists (such as, theories of psychopathology or certain psychotherapy orientations) would be uncomfortable for Christian leaders (Guinee & Tracey, 1997). Likewise, many psychologists would have equal difficulty with formulating a diagnosis or treatment plan based on concepts held by Christian leaders such as, sin, and grace (McMinn, Ruiz, Marx, Wright, & Gilbert, 2006). While the two professions are unique and should not become so blended as to lose their distinction, an increased dialogue will potentially enhance the services offered to those in need of counseling (McMinn, Aikins,

& Lish, 2003). Because pastors have an important role in counseling their congregants, a study examining their views of professional counseling was needed.

From a historical perspective, "psychotherapy and religion have been largely separate enterprises, although both are primarily concerned with moral, cultural, and existential questions" (Quackenbos, Privette, & Klentz, 1985, p. 293). According to Domino (1990), the raucous relationship between psychotherapy and Christianity began with Pfister, a Swiss Protestant clergyman who had extensive correspondence with Freud. Freud's antireligious attitude, as expressed to his friend, created considerable consternation for Reverend Pfister (Irwin, 1973). According to McCann (1962) Freud often corresponded with Pfister who blended psychoanalysis into his pastoral congregation early in the twentieth century. Freud wrote:

> In itself, psycho-analysis is neither religious nor the opposite, but an impartial instrument which can serve the clergy as well as the laity when it is used only to free suffering people. I have been struck in realizing that I had never thought of the extraordinary help the psycho-analytical method could be in pastoral work, probably because wicked heretics like myself are far away from that circle (McCann, 1962, p. 54).

Not everyone agrees with Freud, who often receives intense criticism from Christians (Oates, 1995). Southern Baptists have taken the position they will no longer integrate secular psychology with theology because the Southern Baptist leadership holds the view that the two entities are in conflict (Winfrey, 2007).

The Southern Baptist Convention was founded in 1845 in Augusta, Georgia and has adopted a statement of faith called *The Baptist Faith and Message* (2000) which provides an outline of the fundamental belief system of this Baptist denomination. Southern Baptists believe the Scriptures were written by men divinely inspired and is

God's revelation of Himself to humanity (Baptist Faith and Message, 2000). They accept

the theological doctrine of the trinity, that is, God revealed himself in three persons, the

Father, the Son, and the Holy Spirit; but, that the trinity is without division of nature,

essence, or being. Southern Baptists believe that human beings are a special creation of

God and, by their free will choice sinned against God and must be redeemed. Redemption

is defined as the work of God whereby he pays for human beings' sins on the cross

through the death of his son, Jesus Christ. Southern Baptists define sin as the

transgression of God's commandments and are therefore human beings are born under

God's condemnation. Salvation is the work of God in a person's life in which a change of

heart takes place by the working of the Holy Spirit. The plan of salvation, according to

this sect of Christianity, comes from freely accepting Jesus Christ as Lord and Savior,

who died for humankind on the cross. Southern Baptists believe they have a duty to

evangelize the world through the preaching of the gospel and witnessing (Baptist Faith

and Message, 2000). The pastors who were surveyed in this research were those who

pastor churches who have adopted *The Baptist Faith and Message*, as their statement of

faith.

Oates, professor at Southern Seminary in Louisville, KY (1948-1974) pioneered a

curriculum that combines the historical traditions and beliefs of the Christian faith with

the tools of psychology that analyze human personality. This model is called pastoral

counseling (Herron, 2005). Moore, Dean of Southern Seminary's school of theology,

called Oates's approach a failed model and said that efforts to integrate theology and

psychology have gone bankrupt stating, "It is naïve about the prepositions behind secular

psychologies. You can't simply say you're going to integrate the science of psychotherapy with scripture because there are only sciences and theories of psychotherapy that are contradictory and incoherent" (Winfrey, 2005, p. 24). This dilemma which brought the Southern Baptist Convention to the tipping point of rejecting psychology's role in counseling has been a long journey. Nye, Savage, and Watts (2002) pointed out the controversy that was evident throughout the 20th century as theologically conservative Christian ministers took the extreme position of looking at psychology in counseling with suspicion, even hostility, because modern counseling sometimes appears to be based on values that are contrary with Christian beliefs. This demonstrates the theoretical basis for this research because previous researchers have discovered a conflict between Southern Baptists and secular psychology.

Fundamentally there are differences between psychology and pastoral counseling. At the core much of pastoral care is not focused on a presenting problem in the way secular counseling is; but, has the broader objective of facilitating Christian growth and development (Vespie, 2007). It is not possible to equate pastoral care with counseling because a pastor will naturally invoke distinctive Christian values and beliefs, including Christian activities such as prayer and church attendance, into a counseling approach (Nye et al., 2002). Potentially this could present a negative impact on an individual with mental health issues because the best care may be from someone who does not share the same theoretical orientation as the pastor. For example, the best professional care provided by a counselor may not include prayer in his or her practice therefore it is the patient who suffers if such care is denied (Tisdale, 2003). In addition, if theological or

Biblical conflicts exist when it comes to the issue of domestic violence against women because a theologically conservative pastor perceives the wife is not submissive enough to her husband, it may preclude females from receiving counseling concerning Post Traumatic Stress Disorder (PTSD). If divorce is perceived by the pastor as always being unacceptable, it could present a barrier to both men and women who face the prospect of the demise of a marriage. The Conflict Theory is demonstrated in such instances because to seek collaboration from professional counseling may, in the clergy's eyes, weaken their position as the lead counselor for a member of their congregation (Brade, 2009). Marx, the founder of Conflict Theory held the view that conflict between two entities not only entrenches each in their own belief system, but ironically empowers one another by continuing in a state of conflict (Brade, 2009).

In their research, Rose et al. (2008) suggested that spirituality in counseling is becoming an important issue in mental health counseling. The authors concluded that clients who consider themselves highly spiritual believe it is not only acceptable and preferable for spiritual issues to be discussed in therapy, but also that it is an important part of their therapy. This makes the training of future psychologists and counselors in the area of spirituality and religion important, but also highlights the need for collaboration with a better informed and better trained clergy. Another point to consider is the educational level of the pastor. Researchers have shown that pastors with more education are more likely to make referrals to a mental health counselor when they determine such action is necessitated (McMinn, Runner, Fairchild, Leflter, & Suntay, 2005).

Domino (1985) discovered that in a study of 112 pastors they were not able to recognize the symptoms of suicide any better than educated laypersons. Domino surveyed 157 pastors on their knowledge of psychotherapy, and discovered they possessed a less knowledge than mental health professionals such as psychiatrists, psychologists, and social workers. Lau and Steele (1990) discovered that pastors tend to counsel their own members and are inclined to make referrals for nonmembers. The determining factor for many pastors appears to be predicated on the membership status (Roberts, 1994).

While the interest in the relationship of psychology and Christianity has received attention in research in the past, the relationship between psychology and the theologically conservative branch of Christianity is narrower and has received less attention in research. In a more narrow sense, the views of Southern Baptists, who are the largest Protestant denomination in the United States ("The Largest Southern Baptist Communities," 2005), have received little attention from those conducting research in the field of psychology and religion. The purpose of this study was to conduct such research and bring to light the attitudes of theologically conservative pastors toward professional counseling.

<div align="center">Statement of the Problem</div>

The research problem investigated in this study was to determine if the theologically conservative beliefs held by Southern Baptist pastors influences their current views about professional counseling as a means of help for their congregants. The role of religion and spirituality in human development has been examined by previous

researchers. At least two researchers looked at the integration of spirituality into the field of psychology (Duffy, 2006; Hodge & McGraw, 2006). Other literature examined how the ministry affects a pastor psychologically (Doolittle, 2007; Miner, 2007). The body of literature examined how psychology has benefited by integrating spirituality into counseling. While it is possible to discover both positive and negative views of the role of spirituality in psychology, the literature is relatively silent concerning ministers' views of psychology in counseling. Because the majority of state governments legally empower pastors to practice counseling without a license, it was important to gain insight to their views of psychotherapy (Vespie, 2007). Gorsuch and Meylink (1988) and Myers (2000) focused on clergy across denominational lines. Because Southern Baptists represent the largest Protestant denomination in the United States ("The Largest Southern Baptist Communities," 2005), it is important to determine the pastors' views of professional counseling from this particular theological orientation.

Although the literature addressed the views of theologically conservative pastors for psychology, there is a gap in the research literature regarding the views of theologically conservative pastors about professional counseling. While literature exists examining how the educational level of clergy affects their willingness to make psychological referrals (Rumberger & Rogers, 1988), there is a gap in the literature in regards to how the educational level attained by theologically conservative Southern Baptist pastors affects the attitudes of those pastors toward professional counseling. Specifically, this study sought to discover if pastors allow their theologically conservative views to influence their views in a negative manner toward professional counseling. In

addition, I sought to determine if the educational level attained makes any difference in a pastor's willingness to make a referral. Previous research, as will be demonstrated in the review of literature, showed that pastors who hold theologically conservative views of the Scriptures tend to have negative attitudes toward professional counseling. Likewise, previous researchers showed the educational level a pastor attains influences pastors' views of professional counseling (Rumberger & Rogers, 1988). One additional variable examined was the size of the congregation pastors serve because past research demonstrates this also influences clergy's attitudes toward professional counseling. It is clear that highly religious Christians have sought counseling services from members of the clergy rather than from secular providers. However, when problems extend beyond the scope of clergy expertise, it is necessary to seek help from a mental health professional (Belaire & Young, 2002). For the good of the client two things must take place. First, the clergy must be willing to make referrals when counseling moves beyond the scope of his or her expertise, particularly in the area of serious mental health issues. Second, secular counselors must be amenable to highly religious individuals (Belaire & Young). The research of Belaire and Young focused on the expectations of therapy that conservative Christians received from non-Christian counselors. They discovered those categorized as highly conservative had high expectations of in-session religious behavior from counselors. Using a one-way analysis of the variance (ANOVA), the results were statistically significant, $F(1, 83) = 4.927$, $p = .029$ (p. 182). While this research gives insight to the views of highly conservative congregants, it does not give insight to the views of the clergy. I sought to discover whether conservative theological Southern

Baptist pastors are willing to make referrals for members of their congregation who need or desire mental health counseling.

Purpose of the Study

The purpose of this research was to discover if the theological beliefs, educational level attained, and size of congregation affect the views of Southern Baptist pastors toward professional counseling. Specifically, the views of pastors currently serving as pastor of a Southern Baptist Church in the state of Alabama were surveyed. A quantitative research method was used based on the assumption that theologically conservative beliefs of pastors, educational level attained, and size of congregation creates a correspondingly negative view of counseling.

Research Questions and Hypothesis

I expected that there would be a positive and significant relationship between theological beliefs, the size of church and the pastors' views of mental health counseling. Conversely, I expected that the higher the educational level of the pastor the more positively he will view mental health counseling.

Research Questions

1.   Do Southern Baptist male pastors' theological beliefs, achieved educational level, and the number of members in a congregation affect the pastors' attitude toward clinical counseling?

2.   Is there a significant theological belief by education level by size of congregation interaction effect on pastor's attitude toward counseling?

Null Hypothesis One

The theological beliefs of Southern Baptist pastors, as measured by The Religious Attitude Scale (Poppleton & Pilkington, 1963), will have no impact on their views of the role of clinical counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970).

Alternative Hypothesis One

The theological beliefs of Southern Baptist pastors, as measured by The Religious Attitude Scale (Poppleton & Pilkington, 1963), will have a direct impact on their views of the role of clinical counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970). Specifically, this researcher expected that pastors with conservative theological views will hold a more negative view of professional counseling than pastors who possess liberal theological views.

Null Hypothesis Two

The educational level attained by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have no affect on their views of the role of clinical counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970).

Alternative Hypothesis Two

The educational level attained by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have a direct relation to their views of the role of clinical counseling as measured by the

Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970). Specifically, this researcher expected that pastors with less education will hold a more negative view of professional counseling than pastors with a higher level of education.

Null Hypothesis Three

The size of congregation served by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have no affect on their views of the role of clinical counseling.

Alternative Hypothesis Three

The size of congregation served by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have a direct relation to their views of the role of clinical counseling as measured by the Attitudes Toward Seeking Professional Psychological Help Scale (Fischer & Turner, 1970). Specifically, this researcher expected that pastors from smaller churches will hold a more negative view of professional counseling than pastors from pastors with larger churches.

Null Hypothesis Four

A significant theological belief by education by size of congregation interaction will have no effect on Southern Baptist pastors' attitude toward professional counseling.

Alternative Hypothesis Four

A significant theological belief by education by size of congregation interaction will have an effect on Southern Baptist pastors' attitude toward professional counseling.

Specifically, this researcher expected that when the three independent variables of conservative theological beliefs, educational level, and size of congregation are examined, a significant interaction will exist between the variables.

Theoretical Framework

The theoretical framework for this research is Conflict Theory which was first introduced by Marx (1818-1883). The theory states that society and organizations function so that individuals and groups formed by those individuals struggle to maximize their benefits (Brade, 2009). According to Turner (1975), human beings are prone to conflict so conflict is inevitable. Collins (1974) summarized Conflict Theory by stating:

> Every individual maximizes his subjective status according to the resources available to him and to his rivals. One's subjective experience of reality is the nexus of social motivation; that everyone constructs his own world with himself in it; but this reality construction is done primarily by communication, real or imaginary, with other people; and hence people hold the keys to each other's identities…. Add to this an emphasis from conflict theories: that each individual is basically pursuing his own interests and that there are many situations, notably ones where power is involved, in which those interests are inherently antagonistic…. The basic argument, then, has three strands that men live in self-constructed subjective worlds; that others pull many of the strings that control one's subjective experience; and that there are frequent conflicts over control.... Life is basically a struggle for status in which no one can afford to be oblivious to the power of others around him (p. 56-61).

Conflict Theory is relevant to the current study because of Southern Baptist clergy's attitudes surrounding professional counseling. Those members of the clergy who hold conservative theological views tend to have a conflict with psychologists, even to the degree not being willing to work in a professional collaborative manner (Mannon & Crawford, 1996). Meissner (2009) summed up the primary basis of the conflict between psychology and theology by focusing on the intellectual traditions regarding the concept

of God from a religious perspective which relies on a revelation through faith. In contrast, the philosophical reflection of psychology "approaches the problems of understanding the world and the meaning of experience without any appeal to faith or the knowledge based on faith and revelation" (p. 211). Furthermore, Meissner pointed out the conflict between theology and psychology as being one of a basic belief system. For example, for the person who has a religious orientation, "God is assumed and accepted as existing, creating, acting in the world, and revealing religious truths" (p. 211). In psychology, none of those assumptions are made because reliance is placed on the unaided and independent capacity of the human mind to operate minus any knowledge of the existence and nature of God (Meissner, 2009). Meissner called this conflict a "parting of the ways" (p. 211).

Oppenshaw and Harr (2009) interviewed 24 clergy in rural and urban settings from a variety of religious faiths and discovered that clergy will make referrals to mental health professionals whom they know and trust and are perceived to be spiritually sensitive to congregants' beliefs. The conflict is evident because mental health professionals do not see spiritual matters as significant as the general population (Bergin & Jensen (1990). Bergin and Jensen found that 72% of the general population claimed religious faith, but only 29% of mental health professionals view religious matters as important for therapeutic work with clients. Though the data are dated by nearly 2 decades, it does illustrate that a conflict between clergy and professional counselors has existed in the past. These researchers showed that a pastor desires some semblance of control over who a member of his or her congregation may see for professional counseling. This struggle for control is because many times the goal of a pastor and a

professional counselor intersect when it comes to the welfare of the client. Coming to a compromise as to who will best meet the mental health needs of the person in question is often difficult to settle. It is often the person in need who is the one caught in the middle of the conflict. The Conflict Theory provides a sociological context for the conflict between theologically conservative Christianity and psychology.

<div align="center">Variables</div>

The research questions include three independent variables: the pastor's theological beliefs, educational level achieved, and size of the pastor's church. The dependent variable is pastors` views toward clinical counseling. Definitions have been developed for each variable. For example, the independent variable of conservative theology was developed by examining the belief system held by pastors through the use of the Religious Attitude Scale (Poppleton & Pilkington, 1963). The independent variable of church size was determined by asking the pastors surveyed the average Sunday morning attendance during the past twelve months. Once the surveys were complete, comparisons were made between larger churches versus smaller churches. The churches were dichotomized based on the pastors' self-reported demographic data (M = 110). Churches with more than 110 Sunday morning average in attendance were considered large; churches with less than 110 Sunday morning average in attendance were considered small. The independent variable of educational level was categorically measured by no high school, high school, undergraduate degree, graduate, and post graduate degrees achieved by the self-reported demographic data provided by pastors surveyed (Vespie, 2007). Only those who have completed a degree were considered for

this study with the exception afforded to those who have not completed high school. If a person has completed some college work without receiving a degree (e.g., a pastor who has completed some college credits but has not received an associate's or bachelor's degree) he was considered a high school graduate.

The Significance of the Study

This study generates many benefits. This research showed that pastors with lower educational levels have a negative attitude toward professional counseling, confirming what previous research has suggested (Rumberger & Rogers, 1988). The groundwork is laid for doing further research on the subject. Specifically, qualitative research could be conducted that would address why pastors are reluctant to refer their parishioners for professional counseling (Vespie, 2007). My review of the literature suggests a bias against counseling; but, the reasons are not clear. The findings of this quantitative research provide an understanding of pastoral views toward professional counseling which may lead to further qualitative research to provide an understanding as to why such negative views exist. Previous studies are deficient because of small sample sizes or are outdated which legitimately brings into question their present day validity (Mannon & Crawford, 1994; Rumberger & Rogers, 1988; Shabez, 2003). More than one-third of the references cited in this research predate the year 2000. This void in the research reveals a need for additional research in this area.

The social change implications of this study could provide a bridge between pastors and counselors to collaborate as professionals in assisting people with their mental health. First, the research provides professional counselors an understanding how

the educational level attained by a pastor may impact his or her views of collaboration. If a professional counselor is aware that a pastor has a college education versus a high school education, then he or she may find that collaboration is more likely. However, if the counselor knows a pastor has a high school education, then he or she will understand that more groundwork may need to be laid before collaboration is possible. Second, the research provides pastors a better understanding of the importance of being educated to the benefits of professional counseling. The insight provided by this study could make it possible for building a trusting, co-professional relationship between counselors and clergy. With this in place, practitioners could then collaborate about cases as needed. Clergy could provide input to counselors who may not be familiar with spiritual issues and counselors could provide support to pastors who may need assistance with issues with which they are not familiar (Tisdale, 2003).

With the completion of this research, a foundation is laid for gathering more data into the mindset of Southern Baptist pastors. Further research can be conducted into the referral methods of such pastors discovering their willingness, or lack thereof, to make referrals for professional counseling. Because Southern Baptists make up the largest protestant denomination in America, large numbers of people may be potentially impacted through further research and educational programs.

<div align="center">Definitions of Terms</div>

Conservative beliefs: Christian beliefs and practices as measured by the Religious Attitude Scale (Poppleton & Pilkington, 1963). This scale assesses the degree of agreement with a series of statements regarding general tenets of conservative

Christianity, as well as the necessity of religion for life, well-being, and moral development (Luckow, 2000).

Counseling psychology: According to Day and Rottinghaus (2003), mental health counselors are committed to helping persons with normal mental health to enhance quality of life while clinical psychologists tend to deal primarily with mental illness. Lopez et al. (2003) proposed that counseling psychologists have five foci in the professional infrastructure: (a) the profession works primarily with clients in the normal functioning range devoting energy to promote psychological health and wellness, (b) focus on individual's assets and strengths bringing hope and optimism to promote change and help them lead satisfying lives, (c) counselors tend to focus on brief interventions lasting up to 12 to 15 sessions, (d) an emphasis on the person and his or her environmental interactions so as to consider the influence and role of the clients' situation on their lives, and (e) education and career development. These five criteria provide a working definition of clinical counseling thus allowing for an examination of Southern Baptist pastors' views of psychology in pastoral counseling.

Pastor: At the Southern Baptist Convention in June 2000, delegates approved a new Baptist Faith and Message statement which reads, "both men and woman are gifted for service in the church, the office of pastor is limited to men as qualified by Scripture" (Baptist Faith and Message, 2000 ¶ 15). The term pastor will be limited to males holding the executive position of authority for overseeing the operations and functions of a Southern Baptist church and regularly delivering sermons to the congregation.

Religion: According to Hill and Pargament (2008), throughout history, the term religion has had both an individual and institutional construct; however, in more modern times the term has come to be defined as "fixed system of ideas or ideological commitments" (p. 3). For the purposes of this study, this will be the definition used throughout this paper. It must be noted, however, that previous research cited in the literature review uses the term religion in a narrower construct to refer to a particular denomination or sect (Hyman & Handal, 2006). The term that has been generally adopted to define the human piety exhibited by individuals is the term spirituality (Pargament, 2008). The difficulty in making such a fine distinction between the two terms may imply a polarization in which spirituality is seen as good and religion is seen as bad (Pargament, 2002).

Southern Baptist: A person who identifies himself or herself as a Southern Baptist is a person who is a member of a Southern Baptist Church. The Southern Baptist Convention (SBC) was founded in Augusta, Georgia in 1845 and is considered a denomination (similar to the Catholic, Presbyterian, and Methodist denominations). A person becomes a Southern Baptist by uniting with a Southern Baptist Church, one that is in cooperation with other Southern Baptist Churches. Typically church membership is based upon a person accepting Jesus Christ as Savior and being baptized, or immersed in water (Southern Baptists, 2009).

Spirituality: Usually considered a broader term in literature than religion (Hyman & Handal, 2006). The word spirituality is derived from the Latin *spiritus*, meaning breath or life force (Peres & Nasello, 2008).This definition provides the premise for

defining spirituality as one searching for the meaning and purpose of life and may include

a relationship with a transcendent being. Spirituality may be expressed through religious

involvement, which usually includes rituals, traditions, and participation in an organized

system of beliefs (Hage, 2006). Although spirituality is often associated with religious

involvement, it is possible a person may express spirituality separate from religion

(McMinn et al. 2006). For the purpose of this study spirituality is considered as how a

person relates to a transcendent being from the perspective of conservative Christianity.

Limitations

Because the nature of religious and spiritual beliefs is always in transformation, it

is difficult to conduct a study of this nature. One's attitudes toward counseling could

change due to a change in circumstances either within the church or in peoples' lives.

Because each pastor comes from different religious experiences, and some of the pastors

surveyed have graduated from different schools of theology with a wide variety of

religious beliefs, it is necessary to acknowledge that it is difficult to generalize and

classify pastors according to their religious beliefs (Vespie, 2007).

Pastors only revealed what they wish to reveal in this self-report survey.

Participants were aware they are participating in a survey measuring theological beliefs

and therefore may have been influenced by religious bias which may have lead to a

participant responding in a way he deemed he should rather what he actually believes

(Roberts, 1994).

This study limited the survey to males and was therefore narrow in its inclusion. It

is possible that by limiting the population to males only that the conclusions drawn do not

provide an indication of the population as a whole, particularly because about 117 Southern Baptist Churches have women in key roles of leadership including the pastorate (Elliot, 2007).

The study was limited to the state of Alabama because of the researcher's difficulty in gathering data bases of the names of churches and addresses from other states from the Southern Baptist state associations in other states. While Alabama is the second largest state in terms of population of Southern Baptists, being able to draw broad conclusions about all Southern Baptists based on the survey done in one state is a limitation of this study.

It was necessary for this study to categorize a pastor as theologically conservative. The Religious Attitude Scale of Poppleton and Pilkington (1963) was chosen for this purpose. Religious attitude was dichotomized (high vs. low) by taking the original religious attitude variable and finding the median. Then scores that were above the median value were coded as "high" and scores that fell below median were coded as "low". Because no pastor scored below 103 on the Religious Attitude Scale, the scores of the participants were relatively high thus making the distinction between pastors' theological beliefs impossible to distinguish for this study.

I am Southern Baptist pastor who holds a Master's Degree in Theology from Dothan Theological Seminary. I have been a Southern Baptist Pastor for nearly 30 years. My score on the Religious Attitude Scale, when self-administered was 123 out of a possible 130. According to the scoring of this scale, this would categorize me as a conservative in theological beliefs. The possible bias I may bring to this study will be

controlled by using instruments which have good validity and reliability. I also have a Master's Degree in Mental Health Counseling from Walden University and a Master's Degree in Theology from Dothan Theology Seminary providing a unique opportunity to grasp the views of both theologian and psychologist.

Because the methodology chosen sought a representative sample, it is generally assumed that those who chose to respond were representative of theologically conservative pastors who work in churches within that denomination. It is possible that those who choose to participate were not representative of the 37,000 Southern Baptist pastors.

<div align="center">Summary</div>

The purpose of this research was to add to the current research on the relationship between pastors and professional counseling. The research on these questions is dated. While this was a limitation on the literature review for this particular study, it does reveal a need for follow up studies. Because members of the clergy are on the front lines of mental health services (Mannon & Crawford, 1996), it is important to determine their views toward additional mental health care if it is warranted. The literature review reveals a gap in research among Southern Baptist pastors. The Southern Baptist Convention is the largest Protestant organization in the United States with 37,000 churches ("The Largest Southern Baptist Communities, 2005). With over half the Southern Baptists living in five states (Texas, Georgia, North Carolina, Tennessee, and Alabama) and some of these states with a reported one-third of their population Southern Baptists ("The Largest Southern Baptist Communities," 2005), that research be conducted into the views

of ministers who work closely with this particular population. The goal of this research was to measure the views of Southern Baptist pastors toward mental health counseling for their congregants. Because many who live in the southern United States attend Southern Baptist Churches ("The Largest Southern Baptist Communities, 2005), this issue should be examined because of the mental health implications to a large portion of the population. Heretofore, the literature is silent, and additional research is warranted.

People who have serious mental health issues not only need spiritual guidance from a pastor, but also mental health counseling from professionals who are qualified. The state of Tennessee allows any minister to perform counseling services as part of his pastoral or professional duties but there is no stipulation concerning training or continuing education (Rules, 2001). The roles of a pastor and a mental counselor are distinct but sometimes the roles might become blurred because of misunderstandings or professional jealousy. This study was an attempt to take the first step in linking these two important professions for the benefit of society (Vespie, 2007).

The relationship between psychology and religion has always been filled with tension. This adversarial relationship is born out of both professions attempting to assist the same population from two different worldviews. Psychology sees humankind as a body and a soul, and has only recently begun to warm to the idea of a human being's spiritual nature. Religion sees humankind as a spirit and a body and has largely ignored the mental aspect of human beings. For religion mental health issues were explained by focusing on spiritual needs, while for psychology spiritual needs were explained through mental health needs, and the two seldom meet (Vespie, 2007).

While Biblical Counseling still has resisted psychology, other integrated theories allow room for psychological explanations that do not fit neatly into the Biblical model. For some Christians, it is the Bible or nothing. For other Christians, where the Bible is silent there is an exploration into psychological theories which do not compromise theological beliefs. Mental health professionals who identify themselves as Christians are still struggling to develop a model which is broadly accepted by both the religious and psychological world. It is a difficult tight rope to walk for those who wish to practice their profession as a mental health counselor and stay true to Biblical principles.

Chapter two addresses a review of the existing literature tracing the relationship between clergy and professional counseling. The chapter begins by examining the negative views of Freud and Ellis and contrasting it with the modern acceptance of religion and spirituality within the field of psychology and professional counseling. The pastor's role in professional counseling is examined as well as the different counseling approaches taken by pastors as opposed to professional counselors. Next, Biblical counseling is defined through an examination of current literature. Finally, the issues of collaboration between clergy and mental health professionals are examined.

Chapter three describes the methodology used to study the research questions. This chapter discusses the use of three way ANOVA analysis as a valid means to analyze the relationship, if any, between Southern Baptist pastor's theological views, educational level attained and size of congregation and how each affects the pastor's attitude toward professional counseling. The chapter includes a description of the sample population,

procedures, instruments, inclusion and exclusion criteria, analysis of the data, and ethical considerations.

Chapter four summarizes the results of the four hypotheses which were tested using a three-way ANOVA technique and also provides a description of the participants in this study. Chapter five provides an interpretation of the findings from this study, discusses the implications for social change and recommendations for action, and considers the limitations of the study and recommendations for future research.

CHAPTER 2:

LITERATURE REVIEW

Introduction

The relationship between psychology and Christianity has, until recent years, been adversarial. Psychology falls under the domain of science which by nature divorces itself from religion (Simmonds, 2006). While any conversation about the entities of science and religion stirs controversy, it is difficult to imagine anyone denying a wall of separation has been constructed between the two domains. At its genesis, psychology challenged religion with what Simmonds (2006) called a reductionist attitude to spirituality from within psychoanalysis. The father of psychology, Freud (1930), expressed his attitude toward religion by writing, "The whole thing is so patently infantile, so foreign to reality that to anyone with a friendly attitude to humanity it is painful to think that the great majority of mortals will never be able to rise about this view of life" (p. 74). He went on to call religion "the universal obsessional neurosis of humanity; like the obsessional neurosis of children, it arose out of the Oedipus complex, out of the relation to the father (1961/1927, p. 43). These sentiments created an atmosphere of antagonism which have lasted nearly a century. This gives weight for the use of Conflict Theory as the basis for doing the present research made in this proposal.

Ellis (2000), the founder of Rational Emotive Behavior Therapy (REBT), held a similar view toward religion believing that it sabotages mental health. In his early writings, Ellis (1980) stated, "Religiosity is, on almost every conceivable count, opposed to the normal goals of mental health" (p. 43). He went on further to describe those who

hold religious beliefs as "bigoted, obsessive-compulsive fanatics" and concludes that

religion is a "neurosis" (pp. 11-15).

Despite these views of two leading psychoanalysts, a more tolerant view of

acceptance has emerged in recent years as the science of counseling has come to accept

that a person's spiritual beliefs are an integral part of who he or she is as a human being

(Vespie, 2007). The purpose of this literature review is to examine if pastors are willing

to acknowledge a role for psychology in counseling. Specifically, the review seeks to

discover the role professional counseling plays in the minds of pastors who have

congregants in need of therapy. In other words, it is important to determine how people

of faith accept psychology, and how conservative pastors view mental health counseling.

The review will also seek to discover if pastors view professional counseling as a

reliable tool for assisting members of the congregation who have mental disorders

(Vespie, 2007).

To understand the problem as it relates between clergy and professional

clinicians, a thorough review of psychological and theological literature will be

presented. The review includes a discussion of the pastor's role in mental health

counseling, the different approaches of pastors and mental health professionals, theory

and the implications of Biblical counseling versus secular counseling, and the

implications of collaboration between pastors and professional counselors. This literature

review will lay a foundation for conducting research to measure the beliefs of

theologically conservative pastors in Southern Baptist Churches toward psychological

counseling.

Literature Search Strategy

The psychological and religious research literature published since 1990 was systematically searched along with any material prior to 1990 identified as relevant to understanding the genesis of the relationship between psychology and spirituality. Those studies conducted in the past 5 years were given special emphasis in order that the most recent research articles are considered. This critical literature review utilized electronic databases including PsycINFO, PsycARTICLES, ERIC, ALTA, Dissertation Abstracts International, and Academic Search Premier, SocINDEX, Psychology: A SAGE full-text Collection, and ProQuest Central. Key words used as search criteria were *minister, pastor, spirituality, religion, psychological counseling,* and *mental health counseling.*

Review of Literature

Although the clergy and mental health professionals have roles that occasionally overlap, researchers have shown the two disciplines perform distinct functions (Milstein, Kennedy, Bruce, Chelchowski, & Bone, 2005). According to Milstein, Manierre, Susman, and Bruce (2008), clergy and mental health professionals have two distinct roles when it comes to assisting those in need of professional counseling. Clergy, for example, expect at least weekly contact with congregants through the course of their lives. With that expectation comes the clergy's deep involvement in the life of the family across multiple generations including officiating weddings, dedicating babies, and conducting funerals. Govig (1999) held the view that the more a person can participate in weekly church services, the greater likelihood he or she is better functioning from both a spiritual

and mental health standpoint. In contrast, the less a professional counselor sees an individual, the higher the functioning level.

If a person is functioning normally the less they will need to see their therapist. More serious and persistent mental illnesses could require a clinical relationship that may last through the patients' life (Adair et al., 2003). The primary role of clinician is to provide treatment to assist clients to remove any dysfunction preventing them from obtaining their highest level of functioning (Milstein, 2008). According to Mattis et al. (2007), congregants call upon members of the clergy to help address spiritual concerns, for assistance with grief and bereavement, family problems, relationship concerns, and reproductive issues, such as pregnancy or abortion. The researchers stated:

> These findings reinforce the point that religion, religious institutions, and religious leaders play critical roles in addressing a range of mental, physical, and relational health needs, and material needs, and in maintaining the integrity of key societal institutions including families. (p. 255)

A limitation of the study, as acknowledged by the authors, is the lack of quantitative data which could provide information about the willingness of a congregant to seek help from ministers. Mattie et al. stated that the two factors missing from their research were "church size and structure or data on the level of education of ministers" (p. 257). These researchers stated that further research into the role of ministers in the mental health counseling field should include ministerial characteristics (for example, gender and education), and institutional characteristics (for example, size of congregation). I looked into both of these areas.

The Pastor's Role in Mental Health Counseling

With more than 37,000 Southern Baptist Congregations in the United States ("The Largest Southern Baptist Communities," 2005), the pastor serves as a de facto part of the continuity of health care in the United States (Wang et al., 2003). The principle finding of this study was that in the early 1990s, 23.5% of those seeking treatment for mental disorders did so from members of the clergy. This compares to those seeking assistance from psychiatrists (16.7%) and general medical doctors (16.7%). Of the 23.7% seeking initial assistance from the clergy for treatment, nearly one-quarter of those have serious mental disorders. According to Chaifant et al. (1990) four primary reasons exist for people seeking clergy in times of psychological stress: (a) they are seeking something other than general psychological help, (b) a person who is involved in church seeks help in a familiar environment, (c) a person perceives they are less likely to be labeled with the connotation of craziness by going to a church rather than a mental health clinic, and (d) those seeking the clergy desire spiritual counseling as well as psychological counseling.

Many people express spiritual and religious beliefs. Many individuals in psychological distress seek the help of clergy rather than psychologists (McMinn et al., 2006). These researchers did an email survey of Christian leaders and received 145 total responses from men and women working in college ministries, youth ministries, local churches, mission boards, and seminaries. Three opinion questions regarding psychology and Christianity were included in the questionnaire each rated on a Likert scale ranging from 1 (not at all) to 5 (completely). The researchers failed to provide the definition of 2,

3, and 4 on their scale. The first response item was "psychology is compatible with Christianity" received a 3.8 = (σ = 1.0). The second item, "psychologists can be helpful partners in Christian ministry" had a mean response of 4.2 (σ = 0.9) showing a moderate strong agreement. The final item, "most Christian psychologists have adopted a view of sin that is compatible with the biblical view" received a mean response of 3.3 (σ = 0.9). This suggests that these respondents generally accepted the idea of collaboration between clergy and mental health professionals however research is lacking as to the views of Southern Baptist pastors to participate in such collaboration because their views are unknown.

Gorsuch and Meylink (1988) discovered that only a small fraction of those seeking counseling from members of the clergy are eventually referred to mental health professionals. One of the reasons may be that psychologists have a tendency to strip people of terms such as good and bad, hoping to remove the concepts of shame and defeat; but, in turn rob those with a religious foundation, spiritual foundation, or both of obtaining grace and forgiveness. Stripping away the language of sin from clients who hold the beliefs congruent with the Christian religion may unwittingly take away a source of peace and hope by closing the door of forgiveness and grace (McMinn et al., 2006).

Removing such possibilities is problematic. Greenberg Quinlan Research, Inc. conducted a nationwide survey in October, 2000 that demonstrated that 82% of persons maintain that the state of their mental health is directly related to the state of their spiritual health (Woodruff, 2002). Woodruff supported the premise that Conflict Theory is the proper basis upon which to conduct this particular research into the attitudes of

Southern Baptist pastors toward professional counseling. The theologically conservative Southern Baptist pastor will likely resist any counseling he perceives as taking away a source of peace and hope for a member of his congregation by removing a fundamental tenant of the Baptist faith of forgiveness of sins and saving grace.

There is a strained relationship between religious and professional psychology (Jones, 1994; Koening, 1997; Weaver, et al. 1997). According to Plante (1999), the psychologist undervalues and often dismiss religion and faith with the common attitude conveyed among many professionals to that "no intelligent, thoughtful, modern, and scientifically minded person could ever believe in God or be religious in any way" (p. 541).

With a growing celebration of diversity in psychology, the zeitgeist in professional psychology is changing (Shabezz, 2002). While founders of psychotherapy like Freud and Ellis saw religious thought as a contributor to psychological disorders, an environment now exists that is open and accepting to religious values (McMinn, Chaddock, Edwards, Lim, & Campbell, 1998). This is primarily due to scientific evidence demonstrating that religion and spirituality can increase positive health outcomes for clients (Seeman, Dubin, & Seeman, 2003). Another factor that has led to a more open view of religion and spirituality in the science of psychology is the growing popularity of positive psychology (Snyder & Lopez, 2005). Positive psychology and religious perspectives find common ground on topics such as humility, gratitude, forgiveness, altruism, virtue, hope, and positive coping (McMinn et al., 2006).

The Different Approaches of Pastors and Professional Counselors

Clergy and professional counselors take different approaches with their congregants or clients. It is assumed the clergy approach to be based in theology while the professional counselor's approach would be based in psychology. The term "Christian psychology" does exist in the research literature. It is also true that Christian psychology and incarnational psychology are interchangeable terms in literature (Day, 2006). Day defined incarnational as "the resurrected Son of God, Lord Jesus Christ, immediately living, personally present and indwelling in the clinician and patient in whom Christ has been invited" (p. 536).

Two basic tenants are fundamental to the incarnational theory of psychology. First, humans are created in the image of God (Day, 2006). Second, humans were tempted by Satan and presently are in a state of sin and prone to temptations of evil (Day, 2006). In this psychological theory, neurosis and psychopathology are placed in the context of sin and are either conscious or semiconscious choices (Day, 2006). It is not unusual for an incarnational psychologist to accept demonic influence affecting one's choice, emotion, perception, cognition, and behavior (Sall, 1976). In the incarnational theoretical approach, the Christian psychologist or therapist is always in submission to the incarnate, living presence of Christ (Day, 2006).

According to Day (2006), there are seven divergent assumptions for the Christian psychologist which distinguishes him/her from traditional psychology. These seven assumptions are: (a) Human beings can make a free will choice to surrender to the incarnate lordship of Jesus Christ and receive salvation; (b) The patient is not merely a

client but a fellow believer and sinner. Mental illness is more than a sickness, it is sin that all human beings have in common. The individual is held responsible for his or her free-will choices; (c) The patient is a whole person, including spirit, soul, and body, and the therapist's actions and reactions should be made by an informed direction of the Holy Spirit and the Christian Bible; (d) All psychological theory, insights, sensitivities, and utility are subject to the ultimate authority of the Bible; (e) As the therapist submits to the control and direction of Jesus Christ, he/she is no longer in control of the session and therapy. One's own submission to this authority is part of the therapeutic process; (f) The therapist recognizes the role of evil in the life of the patient; and, (g) The therapist is required to view the client in three dimensions: the unconscious, the conscious (or ego), and the new person who is converted into a relationship with Jesus Christ and His kingdom. Incarnational psychology fits in the realm of Biblical counseling and is referred to as "Biblical psychology/psychotherapy" (Day, 2006, p. 543). This article demonstrated the fundamental difficulty in integrating Christian beliefs and mental health counseling. Because of the strong beliefs about the role of sin in a person's life, as well as the religious or spiritual beliefs of Jesus Christ, the Bible is given the superior position of authority. Day stated that "the Lord's guidance will allow the Christian counselor to plunder the treasures of pagan psychology" (p. 543). While there is no evidence to question the veracity of the author, such language is not helpful in bringing about integration between spirituality and counseling (Vespie, 2007).

The literature made a distinction between professional counseling and pastoral care. The foundation of psychotherapy is in psychological theory and science. Even in

those times that a professional psychologist, licensed counselor, or social workers

chooses to discuss sin and grace, reference scripture, and use prayer, there must be

rationale for the procedures within a treatment plan. Pastoral care has no such limitations

(Vespie, 2007). A pastor may choose to use spiritual practices, such as healing prayer or

theological approaches, such as biblical counseling, or even psychological theory but the

tendency for Southern Baptists is to ignore the psychological and emphasize the spiritual

(McMinn et al., 2006). The underlying and, often unspoken treatment plan is not

recognized as such because it is to "save the soul" or bring "conversion" to a system of

belief thus bringing a person into God's good graces and eventually to heaven.

Theological Beliefs of Pastors

Worthington and Scott (1983) discovered six fears conservative Christians have

about secular counselors. The Christian fears the secular counselor will (a) ignore

spiritual concerns, (b) assume that one's spiritual beliefs are either pathological or merely

psychological, (c) misunderstand their spiritual language and ideas, (d) make assumptions

about their views concerning issues important to them such as premarital sex or divorce,

(e) recommend therapies a Christian would consider immoral, or (f) make assumptions,

draw conclusions and give recommendations that are antibiblical. Many of these dated

concerns are offset today by willingness of psychology to accept a client's spirituality in

therapy. This does not mean that the changes adopted by the field of psychology have

been accepted in many fundamental Christian circles.

This raises the question proposed in this research concerning pastors' theological

beliefs and their willingness to make referrals for professional counseling. Because

pastors may perceive that a professional counselor may bring into question a congregants theological beliefs it is legitimate to question whether a pastor would make a referral for such counseling for a member of his congregation. Peters (1999) conducted a survey of 250 pastors measuring minister's positive or negative beliefs and opinions about counseling and psychology. The researcher wanted to know if a member of the clergy would be inclined to refer a troubled church member to a counseling or psychological professional. Using the chi-square test for independence, Peters indicated those

> Who were theological liberals and moderates (44%) overwhelmingly felt that referral was a positive option, while only 14% of conservative believed this was true. Twenty-four percent of theological conservatives disagreed that they would refer, while only 9% of liberals and moderates took this stance. (p. 88)

The chi-square results, x^2 (4, N = 75) = 16.950, p < .05, showed there was a relationship between a clergy members' theological beliefs and willingness to make a referral for professional counseling.

Educational Level of Pastors

According to Guinee and Tracey (1997), Christians believe that Christian or spiritually emphatic counselors are more sensitive to their belief systems than secular counselors. Mannon and Crawford (1996) found that many ministers are reluctant to consider referring church members for professional counseling because of a perceived threat that psychotherapy presents to the community of believers. In their analysis included sample size of 157 clergy with 70% being highly educated (master's degree or higher). In a one-way analysis of variance indicated a significant difference among clergy, base on mental health training, in their confidence to provide counseling on marriage and family issues (F = 4.124, *df* = 4, 146, p < .003). The Tukey post hoc test

confirmed that clergy who had a graduate degree in counseling or related field were significantly more confident (M = 6.569, N = 19) on marriage and family issues than clergy with no formal training (M = 5.273, N = 11), clergy who had attended some seminars or taken a few counseling classes in college (M = 5.354, N = 34), and clergy who had pastoral training (M = 5.487, N = 76). Only those who had an undergraduate degree in psychology or social work (M = 5.818, N = 11) were not significantly different from those clergy who had a degree in counseling or a related field (p. 220). This study supports the hypothesis that educational level attained will have an effect on a pastor's attitude toward professional counseling.

The perceived threat that pastors have toward psychologists (Mannon & Crawford, 1996) is based on the fact that a religiosity gap exists between the general public and psychologists (Lukoff, Lu, & Turner, 1992). Relative to samples of other academics, psychologists are less likely to claim a religious affiliation (Roper Center, 1991), to be less likely to express a belief in a personal God, to report lower levels of attendance at religious services, and have less knowledge of the Christian tradition (Ragan, Malony, & Beit-Hallahmi, 1980) than the general population.

According to Delaney, Miller, and Bisono (2007), American psychologists are "twice as likely to claim no religion, three times more likely to describe religion as unimportant in their lives, and five times more likely to deny belief in God than the general population, X^2 (1, N = 855) = 101.38, p < .001" (p. 542). The researchers also found that psychologists were also "less likely to have attended church, synagogue, or mosque with the last 7 days relative to the general population (33 % vs. 41%, X^2(1, N =

856) = 4.61, p = .032 (p. 541). The researchers also discovered that in their sample of 258

American psychologists, 27% stated they at one point believed in God but no longer hold

that belief. In the general population this same phenomenon only occurs in 4% of the

population (NORC-GSS, 2005, as cited in Delaney et al., 2007). Despite this reluctance

of expressing personal religiosity, eight in ten expressed the view that religion is

"beneficial to mental health, reported asking clients about their religion and spirituality,

and perceived spiritual or religious issues as relevant to treatment, X^2(4, N = 248) =

30.24, p < .001" (p. 542-543).

 While research supports the fear among Christians that secular psychologists will

misunderstand, erode, ridicule or ignore their religious faith (Keating & Fretz, 1990), the

general population have concerns about Christian counselors who are seen as less flexible

than secular counselors, more likely to attempt influence the clients' thoughts and

behaviors, and more likely to encourage the client to adopt the counselors' values (Lewis

& Epperson, 1991).

 One other consideration that the literature reveals is the importance of the types of

problems that clients bring to counseling because it does have an impact on their feelings

about spirituality and counseling (Rose et al., 2008). Christians with personal-social

problems prefer Christian counselors while those with educational-vocational problems

prefer secular counselors (Guinee & Tracey, 1997). A study by Propst, Ostrom, Watkins,

Dean, and Mashburn (1992) compared the treatment of religious Christians by religious

psychotherapists and nonreligious psychotherapists. Ironically, the study found that

nonreligious therapists achieved the best clinical outcomes for religious Christian

patients. The outcomes were consistent across 3-month and 2-year follow up studies. Such information supports the view that collaboration between clergy and mental health counselors – even those with secular views – can be healthy for congregants in need of professional counseling. According to Milstein (2003), collaboration of clergy and clinicians benefit a broader array of persons with emotional difficulties and disorders than they can working alone. The primary reason for better service is because of the blending of the two areas of expertise: clergy bring a knowledge of religion and clinicians bring a knowledge about mental health care.

Size of Church

Another variable that has proven to be a factor in the willingness of clergy to collaborate with psychologists is the size of the congregation served by the pastor. Gorsuch and Meylink (1988) discovered that clergy in larger churches were more likely to make referrals than pastors of smaller churches. The researchers attribute that trend to the different responsibilities and roles played by pastors of larger churches versus smaller ones. Rumberger and Rogers (1988) conducted a study identifying pastors of clients at a private Christian counseling service in order to discover the characteristics of a pastor who would interact with mental health professionals. The researchers discovered that well-educated pastors display openness to not only refer congregants but also to interact with professionals in the mental health field. At the same time they confirm there is a greater concern about compromising values among pastors of smaller churches if such collaboration or referrals take place. Futz (2002) surveyed 135 churches to discover the demographic variables that affect clergy referral for counseling problems. Using chi-

square analysis, the research showed that three demographic areas showed statistical

significance. Pastors over 40 years of age were more likely to refer for counseling

programs than those less than 40 years of age. Clergy with advanced training in

counseling were more likely to refer than clergy with minimal or no training. Clergy

serving larger congregations were more likely to refer than clergy serving smaller

congregations (chi-square = 10.99, df = 2, p = .005). Specifically the study shows that

pastors with congregations with less than 249 members made referrals for professional

counseling 50% of the time. Pastors with congregations numbering 250-999 referred for

counseling 61.8% of the time. Pastors with congregations of 1000 or more referred for

professional counseling 90.9% of the time. The congregations surveyed in Futz at least

fifty different denominations which were divided into six categories: Fundamental

Protestant, Conservative Protestant, Conventional Protestant, Non-denominational,

Catholic, and Other. This proposed research will focus only on Southern Baptists which

Futz categorized in the conservative Protestant group. A survey of 189 Southern Baptist

pastors in the state of Texas found that the size church membership and educational level

were statistically significant at the .05 level for making referrals with the larger the

church and higher level educational attained, the more likely a pastor would make a

referral for professional counseling (Colton, 1989). Although this study does answer one

of the research questions in this proposal showing that a pastor of a larger church is more

likely to make a referral than a pastor of a smaller church, the study was done in 1989

and updated research is needed due to the many social and theological changes affecting

the Baptist denomination since that time.

Biblical counseling

In contrast to psychological counseling is a growing movement toward "Biblical counseling" which is the preference of Southern Baptists as adopted in a position statement in 2002. This theory of counseling called nouthetic counseling and derived from the Greek word for "admonish" or "instruct," is traced in its modern revival to a pastor named Jay Adams (Winfrey, 2007). Johnson and Jones (2000) quote Adams as characterizing psychiatry and psychotherapy as "radically secular and fundamentally opposed to Christianity" (p. 36). Another leading advocate of Biblical counseling is David Powlison, editor of the *Journal of Biblical Counseling,* who does not believe that modern psychology contributes anything constitutive for wisdom and effectiveness in counseling (Powlison, 2000). Advocates of the Bible-only approach state that psychology drains away the "lifeblood of humanness…leaving a figment, a beast, an automaton, a humanoid, a counterfeit, a corpse" (Myers, 2000, p. 227). A pastor who adopts such views will find it difficult to refer a member of his congregation to a mental health professional for therapy.

According to Woodruff (2002), pastoral counseling focuses primarily on the functions of healing and reconciliation. The goal of this discipline is not only to make a person well, in regards to distress and brokenness, but also to make a person right, in regards to conflict and disruption in human relationships. In 1964 the American Association of Pastoral Counselors (AAPC) was established to set standards and provide credentials for the professional practice of pastoral counseling in the United States. The AAPC (2001) defines pastoral counseling as follows:

> Pastoral counseling is a unique form of counseling which uses spiritual resources as well as psychological understanding for healing and growth. It is provided by individuals who are not only mental health professionals but also by persons who have an in-depth religious and/or theological training (para. 1).

This once again highlights the different approaches taken toward an individual receiving counseling from the clergy versus a mental health professional. According to Gorsuch and Meylink (1988), the mental health professional role is one of detachment and sympathetic support that is primarily a one-on-one relationship based on a cash payment. The strength of this approach is it allows objectivity towards the situation and may allow for sensitive and/or embarrassing issues to be confronted by a counselor as opposed to a person's pastor whose role is more personal and might be less objective. The clergy however, offer strengths that a mental health professional would not be able to provide. For example, clergy usually have a long-term relationship with the person, allowing them to monitor the individual's progress and development. Another strength is through tradition and training, pastors are equipped to offer assistance during a unforeseen major crisis such as a death in the family. Each person must decide for himself/herself which professional would best fit his/her need – the clergy, the mental health professional, or collaboration between the two.

The clergy play an important role in providing mental health services. Weaver (1995) conducted a review of ten research studies and found that clergy spend about 7.5 hours per week in pastoral counseling with a total estimate of approximately 138 million hours of counseling services per year. In addition, because they tend to have long-term relationships with congregants, clergy are able to observe early signs of distress that may lead to mental health issues (Weaver, Revilla, & Koenig, 2002). It is this type of

knowledge which would best suit referral for individuals to mental-health professionals

when a clergy member encounters an issue for which he/she lacks competency to provide

adequate services (Oppenheimer et al., 2004).

While clergy see a variety of problems, relatively few referrals are made,

apparently because of a limited amount of interaction with mental health professionals

(Mannon & Crawford, 1996). According to Hall (2007), a therapist with extensive

training in psychoanalytic psychotherapy, without complimentary experience in spiritual

disciplines and spiritual direction, may reduce a client's "God" to an internalized mother

or father. Kirkpatrick (1995) describe the attachment theory which likens a religious

person's view of God to an attachment figure. Hill and Pragment (2008) explained this

view:

> As children look to their parents for protection, people can look to God as a safe
> haven, a being who offers caring and protection in times of stress. Attachment
> theory suggests that people who experience a secure connection with God should
> also experience greater comfort in stressful situations and greater strength and
> confidence in everyday life. Lower levels of physiological stress and lower levels
> of loneliness are other logical consequences of a secure tie to God (p. 7).

If a pastor perceives that a therapist will try to reduce God in the life of one of their

church members through such views as the attachment theory, it will be a roadblock to

the referral process. As a result, potential harm may result for the client who needs

assistance from a mental health professional. Bartoli (2007) makes the point that while

literature regarding spiritual and religious concerns and perspectives in clinical work has

dramatically increased in the past decade, few clinical or counseling programs offer

training about religious and spiritual issues in psychotherapy. As a result, the author

concludes that if the literature calling for change in the intellectual environment is not taught or read, it is unlikely to have an impact on psychotherapists` practice.

<p style="text-align: center;">Issues of Collaboration Between Clergy and Mental Health Professionals</p>

Schulte, Skinner, and Claiborn (2002) conducted a study of counseling programs which showed that there appears to be a disinterest or bias toward religious and spiritual issues demonstrated by curricular choices. There also appears to be a bias against psychology from a minister's perspective. While the two professions share many of the same goals for their clients (or congregation), each field views the other with suspicion and distrust. This is confirmed through a qualitative study conducted by McMinn et al. (2005) who discovered that the most dominant themes for lack of collaboration were suspicion and values-related tensions. One minister commented, "So much of psychological training seems to undermine God's role" (McMinn et al., 2005, p. 306). The psychologists responded with an equal suspicion because of the perceived narrowness of Baptist pastors' beliefs. A psychologist responded to the researchers by stating, "Why can't ministers stick to their own training and business. If they want to do psychotherapy let them get a graduate degree at an accredited program like everyone else. These guys are walking time bombs" (McMinn et al., 2005, p. 306). This seems to confirm the idea that some see clergy as "apprentice" psychologists rather than having an important role in the mental health field (Switzer, 1983). In the end, the study by McMinn et al. (2005) concluded that Southern Baptist clergy prefer counselors who use prayer and scripture in their counseling technique while psychologists prefer clergy who are highly educated, namely those with earned doctorates compared to those with

seminary training. McMinn, et al. provides the basis for the methodology adopted in this research including choosing those pastors affiliated with the Southern Baptist Convention which is in the conservative tradition of Christianity (Smith, 1990). In addition, Shabazz (2002) successfully used a survey method in researching members of the clergy's receptivity to building relationships with Christian psychologists. This proposed research therefore seeks to extend the research of McMinn et al. and Shabazz.

Plante (1999) discussed his collaborative work as a psychologist with over 70 Roman Catholic priests with mental health issues including anxiety, depression, psychophysiological disorders such as irritable bowel syndrome and headaches, sexual abuse of minors, sexual involvement with consenting adults, alcohol problems, and sexual identity concerns. He states the priests are relieved and more open to seeking mental health counseling from him because he is a practicing member of the Roman Catholic Church who is also a psychologist. While his experience shows a working collaboration between the Roman Catholic Church and psychologists, the review of literature does not reveal any information about Southern Baptists and their views of professional counseling. This research sought to address this issue.

In the area of psychological counseling, Moran, Flannelly, and Weaver (2005) discovered a problem for clergy. Through an empirical study the researchers state that ministers in New York and Connecticut lacked confidence in their abilities to deal with issues such as depression, alcohol/drugs, domestic violence, severe mental illness, HIV/AIDS, and suicide. The National Institute of Mental Health discovered that clergy are more likely than both psychologists and psychiatrists combined to be approached for

help by a person who has a mental health diagnosis (Hollmann & Larson, 1993). The

research into the referral habits of ministers for members of their congregations with

mental health issues is varied and inconclusive and needs more study (Mannon &

Crawford, 1996). One of the drawbacks of Mannon and Crawford's study is that it was a

survey taken in the Northeastern United States which may not reveal the conservative

views which will be found in an area of the country known as the "Bible belt." The study

which this author conducted measured the views of the more conservative, fundamental

branch of Christianity because it is that particular population which was surveyed

(Vespie, 2007).

 McMinn et al. (2003) received input from a random sample of Christian clergy

(Roman Catholic and Protestant) and randomly selected psychologists with interests in

religious issues. Respondents rated both their best and worst collaborative experiences on

a 5-point Likert scale, ranging from 1 (not at all) to 5 (a great deal). Ninety-four clergy

and 145 psychologists responded to the survey. Five ideas proved to be important in

affecting a collaborative relationship which were:

 1. Communication. Nearly one-fourth of the clergy scored communication as

important factor in determining if the experience of collaboration was negative or

positive.

 2. Respect. A lack of respect was an obstacle for clergy in their negative

encounters and psychologists were slightly more likely than clergy to report feeling

respected by the other.

3. Offering complementary services. Many clergy believed psychologists could offer services for which they were not prepared to offer ($M = 4.5$ on a 5-point scale) but psychologists were not reciprocal in their belief that clergy could offer services for which they were unprepared ($M = 3.4$ on a 5-point scale).

4. Common values and goals. This idea proved to be more negative in scope than the others with 24% of clergy and 14% of psychologist respondents describing negative encounters involving a lack of common goals (p. 199).

5. Awareness of spirituality. While it is presumed that clergy are aware of spirituality, it was rated important to clergy for a psychologist to have spiritual awareness before collaboration could effectively take place. According to Chaddock and McMinn (1999), intensive forms of collaboration will probably not be acceptable to clergy if a psychologist is skeptical of religion or is uncomfortable with religious forms of spirituality.

The primary hindrance for clergies' willingness to collaborate with psychologists occurs when psychologists "lack a basic respect for clergy, have unresolved personal animosity toward religion, or are unwilling to communicate with clergy" (McMinn et al. 2003, p. 202). The issue of spirituality is important to clergy not only because of their own personal beliefs, but also because clients who deem spirituality as personally important to them indicate that religion is a salient to counseling for them (Rose et al., 2008). Therefore the first step for psychologists interested in collaborating with clergy members is to familiarize himself or herself with spiritual issues important to the clergy and respect the essential values and beliefs held by both clergy and clients (McMinn et

al., 2003). Although clergy are often overwhelmed with ministry demands and are unsure as to how to help congregants suffering with mental health disorders, they remain reticent to refer to psychologists (Gorsuch & Meylink, 1988).

Ministers are seen as the front-line "mental health workers for millions of Americans" (Weaver, Flannelly, Garbarino, Figley, & Flannelly, 2003, p. 217). According to Halligan (1997), the reason pastoral counseling is sought by many individuals is because it is "inherent in our humanity" (p. 307) to fear death and clergy as viewed as experts in spiritual understanding to assist people with the extinction of human existence. According to a research of the literature, clergy has offered counseling services to those with the following disorders: anxiety (Foskett, 2001), grief (Peltzer, 2005), premarital sexual issues (Barlow, 1999), domestic violence (Burris & Jackson, 1999), depression (Simoni & Ortiz, 2003), socioeconomic issues (Hawley, 2004), posttraumatic disorders (Shaw, Joseph, & Linley, 2005), suicide (Light, 1973), and spiritual well-being (Wong-McDonald & Gorsuch, 2004). The most important role of the pastoral counselor is in the realm of spirituality (Blunt, 2007). Despite the glaring need for collaboration between clergy and mental-health counselors' resistance remains. Owen (2003) wrote:

> "Christian" psychology has spread within the evangelical community, so has its influence over how we view sin. It modifies the biblical concept of man-the-sinner with a psychological one of man-the-victim. Further, it modifies the Bible's insistence that man is culpable for his sin with the assertion that man is often helpless to stop his sinful activity without the intervention of psychology (p. 28).

The resistance to collaboration is detrimental to the needs of those in the public who identify themselves as Christians but have need of mental health counseling. The person

who holds spiritual beliefs as important to his or her well-being may unduly suffer when collaboration between clergy and mental health professionals is not provided.

Overview of Previous Research Literature and Methodology

The review of literature raises several issues important for the proposed study: (a) an improvement has been made in training professional counselors to the importance and acceptance of a client's religiosity and spirituality; however, previous research shows a suspicion of clergy toward professional counseling, especially among theologically conservative Christians. This research addressed this question among conservative Southern Baptists; (b) Pastors have an important role in the life of their congregants when it comes to mental health services and may either encourage or discourage people of faith to seek needed counseling services. It was therefore important to discover the views of Southern Baptist clergy because it is the largest Protestant denomination ("The Largest Southern Baptist Communities", 2005). Presently, there is a gap in the literature that does not address the views of this particular denomination; (c) The research that does address clergies' views of professional counseling is limited in sample size, does not provide adequate methodology and statistical analysis to replicate the studies, or is dated therefore making it difficult to draw conclusions about the current views of Southern Baptist pastors. Despite these deficiencies, the literature does confirm the oft times strained relationship between clergy and professional counselors.

The Inferential Method for Research

Because the Southern Baptist Convention has 37,000 churches ("The Largest Southern Baptist Communities", 2005), the method of research required an inferential

method of study so that valid statistical conclusions may be drawn and make predictions of data collected. It was not possible to study every Southern Baptist pastor so a representative sample – or subset – of the population was recruited to participate in a self-administered survey. Random sampling was used in this research to allow all clergy serving as pastors of a Southern Baptist Church in the state of Alabama to have an equal chance for participating in the survey (Runyon and Haber, 1976).

<div align="center">Summary</div>

Because pastors have an important role in counseling their congregants, a study examining their views of professional counseling is needed. Previous studies (Gorsuch & Mylink, 1988; Myers, 2000) have focused on clergy across denominational lines. Because Southern Baptists represent the largest Protestant denomination in the United States ("The Largest Southern Baptist Communities," 2005), it is important to determine the pastors' views of professional counseling from this particular theological orientation. Recent research shows that the acceptance of professional counselors of spirituality is more pronounced than pastors' acceptance of making referrals for counseling. Among the variables that have proven to be influence a pastor's decision in making a referral is the size of his congregation, educational level (Fultz, 2002; Shabez, 2003), and theological beliefs (Peters, 1999). While the research conducted by Peters (1999) was not designed to specifically answer the referral patterns for professional counseling among Southern Baptists, his research showed that United Methodists and Evangelical Lutherans, were more likely to refer congregants for counseling than Southern Baptists. Again, this provides more of a basis for conducting this research

among Southern Baptists to discover if these three variables affect the pastor's attitude toward professional counseling. In chapter three I describe the methodology employed in this study.

Chapter 4 summarizes the results of the three hypotheses which were tested using a three-way ANOVA technique and also provides a description of the participants in this study. Chapter 5 provides an interpretation of the findings from this study, discusses the implications for social change and recommendations for action, and considers the limitations of the study and recommendations for future research.

CHAPTER 3:

RESEARCH METHOD

Introduction

This chapter includes a description of this study's purpose design, sample, instrumentation, data analysis, and ethical considerations. The practical implications of the study to bring about social change are discussed while integrating proposals for future research. Finally the chapter concludes with an integrative summary of the study with final thoughts.

Purpose of the Study

The purpose of this research was two-fold. First, I sought to discover if Southern Baptist pastors' theological beliefs, educational level, and size of their congregation impact their belief in their attitude toward professional counseling. Second, I sought to determine if there are any significant interaction effects among the independent variables in regards to their impact on the attitude toward professional counseling.

Research Design and Approach

The research questions are: (1) Do Southern Baptist male pastors' theological beliefs, achieved educational level, and the number of members in a congregation impact the pastors' attitude toward clinical counseling? (2) Is there a significant theological belief by education level by size of congregation interaction effect on pastor's attitude toward counseling? These questions called for an inferential study to determine the views of Southern Baptist pastors. Because the research examined different variables in a population at a particular point in time, the chosen design was a cross-sectional survey

method for this inquiry. A longitudinal study that follows participants over an extended period of time would not be proper for this particular study. According to Creswell (2003), survey methods are flexible and can be used to study attitudes, values, and beliefs. The survey method is also economically feasible, and relatively easy to administer while some of the disadvantages are there is historically a low response rate, poor turnaround time, an inability to gain further detail, and no assurance the person responding is qualified to answer the questions (Hackett, 1981). Hackett stated one method to reduce the problems inherent in survey data is to use questions which are properly constructed, sequenced, and spaced to enhance the reliability and validity of the survey results. The group surveyed was male clergy in the Southern Baptist Convention (SBC), which is a conservative branch of Christianity (Smith, 1990) who are actively employed in churches residing in the state of Alabama. This state was chosen because permission was granted by the state's executive director to release the information of the churches' addresses to the researcher and because it is the second most populous state of Southern Baptists in the United States. The data collection was through a self-administered survey (Fink, 1995).

<div align="center">Setting and Sample</div>

Although the SBC is considered to be a conservative branch of Christianity (Palmer, 1990), this research design required participants to be conservative pastors. Later in this chapter a description of an instrument will be discussed which provided the criterion for making such a determination. A power analysis was conducted using the G*Power calculator (Faul, Erdfelder, Lang, & Buchner, 2007). The test family used for

calculations was F tests with the statistical analysis ANOVA: Fixed effects, special, main effects and interactions. A priori power analysis was conducted to determine the proper sample size with a medium effect size (f = .25), alpha of .05, and Power (1 – B) being .80. The research has six degrees of freedom, and twenty groups. The output parameters show a Noncentrality parameter of 14.062500, Critical F = 2.14, Denominator df = 205, N = 225 and Actual power = 0.80. Pastors were selected through a database provided by the Alabama Baptist Convention. By using a random sample that gave every pastor in the state an equal chance of being selected for the research, it increased the probability of selecting an ethnically diverse group across socioeconomic and educational strata which enhanced external validity (Watchel, 2006).

With over 37,000 Southern Baptist Churches ("The Largest Southern Baptist Communities", 2005), using the traditional random sampling method proved to be a challenge. Because this research differentiated between those Southern Baptist pastors who are identified as conservative in theology and those who are theologically liberal, the challenge became more difficult. Therefore, using the research of McMinn et al. (2005) as a guide, a quota sampling method was utilized. A sample size of 225 pastors increased the likelihood of producing statistical data considered significant. Because a diverse model of the Southern Baptist population was needed, 225 pastors from the state of Alabama were selected in which 32.52% of the population identify themselves as Southern Baptist ("The Largest Southern Baptist Communities", 2005). A statistical majority does not necessarily equate to diversity in the population. This state did provide the best opportunity to survey a broad base of Southern Baptist pastors because of the

percentage of the population who identify themselves by this particular denomination. By targeting this state, a quota sample provided the best opportunity for discovering (a) theologically conservative pastors, and (b) measuring their views of clinical counseling. Pastors received two questionnaires: The Religious Attitude Scale (Poppleton & Pinkleton, 1963) and the Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner, 1970). In addition, each pastor received a letter of introduction explaining the research, a demographic sheet asking basic information from the pastor such as educational level attained and size of congregation, and a self addressed stamped envelope. The names of the 225 pastors were determined by using a random sample table, which assured that each Southern Baptist pastor in the state had an equal chance of being included in the survey.

Inclusion Criteria

All pastors in this study were male. Because one of the variables was determining the effect the pastor's educational level has upon his willingness to refer for psychological counseling, there was no minimum educational requirement for inclusion in this research. Only members of the clergy who serve as the senior pastor were included in the research. Only pastors currently serving in the state of Alabama were included in this research.

Exclusion Criteria

Females were excluded from this research based on the view of conservative Baptists that women are forbidden by Christian scripture to pastor churches (Hodge, 2007). Because the surveys were mailed or emailed to churches seeking responses from

the pastor of the church, those ordained ministers serving in any noncongregation

capacity, such as chaplains, professors, teachers, or in administrative capacities in state,

or local offices, were excluded from the study.

<div align="center">Instrumentation</div>

Demographics

A demographic questionnaire assessed basic information regarding participants'

age, education, years of experience, and size of congregation (see Appendix A).

Religious Attitudes Scale

The instruments used for this study was the Religious Attitudes Scale (Poppleton

& Pilkington, 1963) to identify pastors who have conservative theological views from

those who are more liberal in theology. The Religious Attitude Scale (see Appendix B)

was designed to measure British university student attitudes toward the Christian religion.

It assesses the degree of agreement with a series of statements regarding general tenets of

Christianity, as well as the necessity of religion for life well-being and moral

development (Luckow, 2000). The scale contains 21 statements concerning religious

beliefs. Participants indicate on a 5-point Likert scale (strongly agree = 5; agree = 4;

undecided =3; disagree = 2; strongly disagree = 1) how well each of the characteristics

describes themselves. Scores range from 40 (liberal) to 130 (conservative). Predictive

validity is reported as high (Russell & Ellis, 1993). For this study, scores were

dichotomized (high vs. low) by taking the original religious attitude variable and finding

the median. To determine the validity of the scale Poppleton and Pilkington divided

respondents into two groups based on reported religious activities and beliefs. The

proreligious group consisted of those who were active church members, attending more than three times a month, and saying private prayers more than once a week. The antireligious group consisted of those who identified themselves as either atheist or agnostic (Luckow, 2000). The high and low groups differed significantly at p<.01, with no overlap between groups (Roberts, 1994).

Conservative beliefs are those that will score high on statements contained within the scale such as "The miracles of the Bible really happened" (Poppleton & Pilkingon, 1963, p. 37) and "I believe that life without God is meaningless" (Poppleton & Pilkington, 1963, p. 37). High scores on statements such as "Religious faith is merely another name for belief which is contrary to reason" (Poppleton & Pilkington, p. 37) and "The truth of the Bible diminishes with the advance in science" (Poppleton & Pilkington, p. 37) would identify the pastor as liberal in his beliefs. Appendix B shows the weighted values given to each question. For example question 1, "To lead a good life it is necessary to have some religious belief" is scored in the following manner – strong agree (6), agree (6), undecided (5), disagree (4), strongly disagree (2). A person who answered either strongly agree or agree were scored with 6 points and be considered theologically conservative. A person who strongly disagreed received 2 points and was considered theologically liberal for this particular question. Each question was also measured by the Thurstone scale which provides the value of each item. The Thurstone scale was developed by Thurstone (n.d.) as a method of equal appearing intervals. The technique was developed to compensate for the limitations of the Likert scale in that the strength of the individual items is taken into account in computing the attitude score. The Thurstone

scale is also able to accommodate neutral statements (Thurstone scale, n.d.). The statements in the Religious Attitude Scale are given values scored 0 to 11 with lower numbers indicating proreligious questions and higher values indicating antireligious question. Question 1, "To lead a good life it is necessary to have some religious belief," has a score of 3.15 and is therefore considered a proreligious question. Question 19 states, "There is no survival of any kind after death" has a Thurstone score of 10.37 and is therefore considered an anti-religious question. The Thurstone values are shown in Appendix B following each question. The Thurstone scale and value for each answer to the question was not provided to pastors choosing to participate in the survey. Finke (1994) states that conservative churches require members to believe the divinity of Christ, the literal interpretation of the Bible, and a strict moral code which includes avoiding drinking, dancing, and attending movies that are not G-rated, as well as behaviors Christians should support such as evangelism. The instrument in this study accurately measured a pastor's theological beliefs based on Finke's criteria for what constitutes a theologically conservative congregation.

Poppleton and Pilkington (1963) used two methods to measure reliability. First the scale was divided into three sections that were then correlated. Results showed that the sections correlated above .95, suggesting a good internal consistency. Second, Cronbach's formula for the coefficient alpha revealed a score of .97, again indicating a good reliability of the scale (Luckow, 2000).

The Attitude Toward Seeking Professional Psychological Help Scale

The Fischer-Turner Attitude Toward Seeking Professional Psychological Help Scale (see Appendix C) is a continuously scored scale of 29 statements that provided insight to a pastor's attitude toward seeking professional psychotherapeutic help for psychological distresses (Roberts, 1994). Examples of the statements in the scale are, "Although there are clinics for people with mental troubles, I would not have much faith in them (item 1)", and "Emotional difficulties, like many things, tend to work out by themselves (item 9)." Pastors will rate the items on a 4-point scale (3 = agree; 2 = probably agree; 1 = probably disagree; 0 = disagree). After the reverse-scoring of 18 items (1, 3, 4, 5, 6, 8, 10, 13, 14, 15, 17, 19. 20, 21, 22, 24, 26, & 29), a summation of the scores for all the 29 items nets the total score, a composite measure of participants' help-seeking attitude. With the negative items reversed for scoring (agree = 0; probably agree = 1; probably disagree = 2; disagree = 3), a scoring range of 0 to 87 is possible. A high total score represents a positive attitude toward seeking professional help in mental health services (So, Gilbert, & Romero, 2005). Fisher and Turner (1970) reported an internal reliability of .86 for the standardization sample (n = 212) and .83 for a later sample (n = 406). The test-retest reliabilities (r) at varying intervals of five days, two weeks, four weeks, six weeks, and two months were .86 (n = 26), .89 (n = 47), .82 (n = 31), .73 (n = 19), and .84 (n = 20) respectively (So et al., 2005).

Fisher and Turner (1970) also discussed four distinct subscales that measure different factors. Factor I identifies an awareness or personal need for professional help. A high score on this subscale demonstrates an awareness of the need for support in times

of emotional problems. Factor II assesses stigma tolerance which estimates one's forbearance of any shame attached to seeking psychological counseling. A high score would mean the participant is indifferent to the stigma while a low score would mean less forbearance. Factor III assesses interpersonal openness. Participants rate their willingness to reveal problems to others, including a mental health counselor. High scores mean that a person is willing to be more forthcoming than a person with lower scores. Factor IV reveals confidence in mental health professionals. Fischer and Turner noted that this factor correlated fairly high (.58) with Factor I and that a combination of these two factors make up the essence of an attitude toward seeking help from a mental help professional. So et al. (2005) replicated Fischer and Turner's (1970) finding of high correlation between need-recognition and confidence in the helper stating, "our data showed similar results in our African American college sample that Factor IV (Confidence in Mental Health Professions) correlated fairly high (.66) with Factor I (Need Recognition)" (p. 814).

The Religious Attitude Scale (Poppleton & Pilkington, 1963) is a brief, self-administered scale and should take approximately 15 minutes to complete. No directions are required for its administration, but scoring involves weighted responses, and therefore a key is necessary (Luckow, 2000). The key is included in the example provided in Appendix B.

Shabazz (2003) discovered that factors such as age, level of education, and congregational size may affect collaboration. This provides data which I was able to replicate in regards to level of education, but not the size of congregation. McMinn et al.

(2005) were not able to replicate that data in their particular study but do provide the instrument necessary for this research. Likewise, previous research indicated that clergy with more education are more likely to refer church members for counseling than those who are either untrained or have minimal training (Fultz, 2002; Thomas, Quinn, Billingsley, & Caldwell, 1994). The study of McMinn et al. (2005) did not find any support for such a relationship between education level and likelihood for referral, $r = 0.05$, not significant. Mannan and Crawford (1996) suggested that clergy from larger congregations are more likely to refer than those in smaller congregations. McMinn et al. (2005) did not find it true in their study, $r = 09$, not significant. Even though no replication was found, this instrument proves valid in measuring such attitudes, which is important for this proposed research design.

Procedures

Participants were recruited through a data base provided by the Alabama Baptist Convention (a state convention associated with the national Southern Baptist Convention). The Alabama Baptist Convention (ABC) has 75 local associations which 2,954 local churches. Through a database provide by the Executive Board of ABC, the name of each church was chosen using the random sample method provided in SPSS 16.0. In order to receive a sample size of 225, 1000 packets were mailed (or emailed if the pastor chosen has an email address) to the churches. The packet included a cover letter (see Appendix D), the two instruments used in the study (The Religious Attitude Scale and The Attitude Toward Seeking Professional Help Scale), a questionnaire gathering demographic data, and a self-addressed stamped envelope. Pastors were given

30 days to reply before the study was closed. Because an insufficient number of replies were returned after 30 days, a second mailing of 250 letters and emails were sent using the same random sample method used in the first mailing in order to secure a sufficient number of participants. A third mailing of 250 letters and emails were sent using the same random sample method as in the first mailing. A sufficient number of 225 pastors responded as a result of the third mailing. The second and third wave of pastors was chosen by random sample of the remaining 1,954 from the database provided by the Alabama Baptist Convention. This number represented those pastors that had not been received the initial mailing. The number 250 was chosen based on the percentage of respondents to the initial mailing and the number of participants needed to have a sufficient number to complete the study.

Included in the mailing was an explanation of the study and a request for participation. Participants were provided a statement describing the extent to which confidentiality of records for identifying the subject will be maintained. They were also provided contact information for answers to pertinent questions about the research and research subjects' rights (Citro, Ilgen, & Marrett, 2003). All participants were informed that if they wished to withdraw from the study, I would honor their request, and all data collected from the participant would be withdrawn from the final report. Participants were also provided a link to The Survey Monkey on the Internet so the surveys could be completed online. Pastors were given opportunity to receive a copy of the study upon completion. Participants were to either complete the survey online or by completing the paper copies mailed directly to them and returning them in the self-addressed stamped

envelope. Eighty-eight participants responded by using The Survey Monkey via the
Internet; 137 participants responded by mail.

The raw data for the research are available through tables in the research showing
the number of mailings, responses to both questionnaires, as well as the results of the
study. In addition copies of the questionnaires are available for review in the appendices.
An example of The Religious Attitude Scale and the Attitude Toward Seeking
Professional Psychological Help Scale used in this research design is provided in
Appendix B and C.

<div align="center">Variables</div>

This study had three independent variables that were used to discover a pastor's
views of clinical counseling. These independent variables were: (a) the theological view
of the pastor, (b) size of the church, and (c) educational level attained by the pastor. The
variable, theological view of pastor has two levels, theologically conservative or
theologically liberal based on the scoring on The Religious Attitude scale. Scoring on the
scale is a minimum of 40 and a maximum of 130. Scores were dichotomized to high and
low scores based upon the responses the pastors provided. When the surveys of the 225
pastors were returned (M = 125), those scoring below 125 were deemed low scores and
those scoring above 125 were deemed high scores. Pastors with high scores were defined
as theologically conservative, one who attempts to uphold the teachings of the Bible
against Modernism (Eerdmans, 1984). The second variable was size of church. Rather
than begin with an arbitrary number which would be considered detailed quantitative
data, the pastors were asked to provide the exact size of their congregation. This allowed

for flexibility to dichotomize the data into two categories after the survey was complete (M = 110). Churches with an average attendance of below 110 were considered small churches while churches with an average attendance over above 110 were considered large churches. Finally to identify the educational level attained by the pastor, participants were asked to provide demographic information which revealed their highest degree of education earned. The possible answers were high school diploma, college degree, master's degree, and doctorate. A space was also provided in the event a pastor did not graduate from high school. If a pastor attended college or graduate school, he only indicated what degree he had completed.

<div align="center">Research Questions and Hypotheses</div>

I expected there would be a positive and significant relationship between theological beliefs, the size of church and the pastors' views of mental health counseling. Conversely, the author expected that the higher the educational level of the pastor the more positively he will view mental health counseling.

Research Questions

1.   Do Southern Baptist male pastors' theological beliefs, achieved educational level, and the number of members in a congregation affect the pastors' attitude toward clinical counseling?

2.   Is there a significant theological belief by education level by size of congregation interaction effect on pastor's attitude toward counseling?

Null Hypothesis One: The theological beliefs of Southern Baptist pastors, as measured by The Religious Attitude Scale (Poppleton & Pilkington, 1963), will have no impact on their views of the role of clinical counseling.

Alternative Hypothesis One: The theological beliefs of Southern Baptist pastors, as measured by The Religious Attitude Scale (Poppleton & Pilkington, 1963), will have a direct impact on their views of the role of clinical counseling. Specifically, this researcher expected that pastors with conservative theological views will hold a more negative view of professional counseling than pastors who possess liberal theological views.

Null Hypothesis Two: The educational level attained by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have no affect on their views of the role of clinical counseling.

Alternative Hypothesis Two: The educational level attained by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have a direct relation to their views of the role of clinical counseling. Specifically, this researcher expected that pastors with less education will hold a more negative view of professional counseling than pastors with a higher level of education.

Null Hypothesis Three: The size of congregation served by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have no affect on their views of the role of clinical counseling.

Alternative Hypothesis Three: The size of congregation served by Southern Baptist pastors, as reported in the demographic information provided by the pastors responding to this research, will have a direct relation to their views of the role of clinical

counseling. Specifically, this researcher expected that pastors from smaller churches will hold a more negative view of professional counseling than pastors with a higher level of education.

Null Hypothesis Four: A significant theological belief by education by size of congregation interaction will have no effect on Southern Baptist pastors' attitude toward professional counseling.

Alternative Hypothesis Four: A significant theological belief by education by size of congregation interaction will have an effect on Southern Baptist pastors' attitude toward professional counseling. Specifically, this researcher expected that when the three independent variables of conservative theological beliefs, educational level, and size of congregation are examined, a significant interaction will exist between the variables.

The research question addressed the affect of three independent variables upon a pastor's view of clinical counseling. It was important for the research to determine if the theological beliefs, educational attained by a pastor, the size of the pastor's congregation, negatively affect his views of clinical counseling. It was hypothesized that pastors with conservative theological views will have a more negative assessment of clinical counseling than those with more moderate theological views. It was also hypothesized that pastor's with a lower level of educational attainment will have a higher negative view of clinical counseling than those with a higher educational degree. Finally, it was also hypothesized that pastors with smaller congregations will have a higher negative view of counseling than those pastors who serve larger congregations.

Data Analysis

Tables are provided to indicate the descriptive statistics (i.e., mean, standard

deviation) for pastors' conservative beliefs, size of church, and level of education

attained. This allows an examination of each of the three independent variables in this

research. Data were entered into SPSS 16.0 for Windows. Descriptive statistics were

conducted on the demographic and research variables. Discrepant cases, which included

surveys that were incomplete and illegible were discarded from the data but are noted as

to the total number ineligible for use in the analysis.

According to Disch (n.d.) the proper method for analyzing this data is a three-way

analysis of variance (ANOVA) because these research questions sought to discover the

mean differences between three groups. The ANOVA test revealed if the overall

ANOVA F test was statistically significant. The assumptions of the ANOVA test are

three-fold: (a) the observations within each sample are independent. The scores of one

pastor in the surveys are not related to the scores of another pastor taking the survey, (b)

the populations from which the samples are selected are normal and, (c) the population

from which the samples are selected must have equal variance. Since the sample sizes

were equal because the pastors who filled out the surveys provided information for all

three of the independent variables. The ANOVA test provides a means for minimizing

Type I error rate because only one statistical test will tell the researcher if there are

differences between the variables. Each of the three independent variables were measured

in categorical data. The beliefs of the pastors were categorized by either conservative or

liberal as measured on a score by using The Religious Attitude Scale. The educational

level attained were categorized by the demographic data collected as pastors self-report

the level of education they have completed (no high school diploma, high school

diploma, college graduate, master's degree, doctorate). The size of congregation was

categorized by the demographic data collected as pastors self-reported the average

number of people attending the Sunday morning worship service. The churches were

divided into categories of large and small based on the final numbers reported by those

pastors responding to the survey. The dependent variable – pastors' attitudes toward

professional counseling – was measured in quantitative data through scores from the

Attitudes Toward Seeking Professional Psychological Help Scale (Fisher & Turner,

1970).

By using SPSS 16.0, I show through the use of tables and charts the "cell means

for all combinations of variables and compute F values and associated significant values.

These values will indicate if there are significant main effects and/or if there are

significant interactions between variables" (George & Mallory, 2008, p. 179).

Threats to Statistical Conclusion Validity

Threats to statistical conclusion validity are conditions that inflate type I and II

error rates. Three common threats are: (a) reliability of the instrument as it pertains to the

sample in this research, (b) sample size, and (c) violation of the assumptions regarding

the three-way ANOVA. These threats to reliability were addressed in this research by

utilizing the following methodology: (a) By using SPSS 16.0, the research helped

discover relationships of variables that otherwise might be missed. For example by using

the graphics and reporting capabilities of SPSS, I was able to effectively communicate

complex ideas that come from using the three-way ANOVA methodology.

(b) Sample size. By conducting a priori power analysis, a proper sample size of 225

pastors was chosen for this research. (c) Assumptions regarding the three-way ANOVA

are: there will be a normality of the dependent variable in the population and, an

assumption of homogeneity of variances of the groups is equal in the population.

<div align="center">Ethical Considerations</div>

Because pastors hold an important position in their local congregations, careful

consideration was given to the possible effects this study could have upon those who

choose to participate. An informed consent letter was included in the packet of materials

sent to each pastor which discussed the procedures for participation in the study,

confidentiality issues, the voluntary nature of the study, the risks and benefits of

participating in the study, as well as the method of contacting the researcher with any

individual questions regarding the study. A copy of the informed consent is found in

Appendix D which informs participants that this study will remain confidential and only

the researcher will have access to the records. Participants were notified they were free to

withdraw from participation any time during the study. The demographic data collected

did not include asking the participants name so that participants may remain anonymous.

Data, once it was collected will be kept for five years as recommended by Sieber (1998).

The survey sheets are maintained within a locked file case which will be placed in a

locked filing cabinet. I am the only person who has access to the survey sheets. The data

collected will be stored on a flash drive. The information on the flash drive will be

encrypted and password protected and kept in the same locked case along with the survey sheets. I am the only one with access to the password to the flashdrive information. After 5 years, the survey sheets will be shredded and the flash drive content shredded using a software program which allows the shredding of information on data drives. Walden University's approval number for this study was 01-07-10-0320577.

Summary

This chapter contained a specific plan by which to research the attitudes of Southern Baptist pastors toward professional counseling. A power analysis indicates a sample size of 225 is required to conduct this research so that statistical analysis may be conducted to determine if the independent variables of theological beliefs, size of congregation, and level of education creates a correspondingly negative view of counseling. A three way analysis of the variance was used to conduct the data analysis to measure the mean difference of each of the variables and to determine if there was a relationship between the independent variables and the dependent variable. The ANOVA test revealed if the overall ANOVA F test was statistically significant. Two instruments were used to determine the theological beliefs of the participants in the study and to determine their attitudes toward professional counseling. The two instruments were: (a) The Religious Attitude Scale (Poppleton & Pilkington, 1963) and (b) The Fischer-Turner Attitude Toward Seeking Professional Psychological Help Scale (1970). Chapters 4 and 5 report the results, provide a summary, and draw conclusions.

CHAPTER 4:

RESULTS

Introduction

The purpose of this study was to quantitatively examine whether the theological beliefs of Southern Baptist pastors in the state of Alabama, the size of the congregation, and the level of education obtained by the pastor had an impact on their views on professional counseling. Three hypotheses were tested using a three-way ANOVA technique. This chapter summarizes the results of this analysis and also provides a description of the participants in this study.

A priori power analysis was conducted to determine the proper sample size with a medium effect size (f = .25), alpha of .05, and Power (1 – B) being .80. The research has six degrees of freedom, and 20 groups. The output parameters show a Noncentrality parameter of 14.062500, Critical F = 2.14, Denominator df = 205, N = 225 and Actual power = 0.80. Over a 2 month period in the spring of 2010, 1,500 pastors were invited in three waves to participate via email addresses and individual mailings to pastors serving churches in the state of Alabama. Of the 1,500 contacts, 283 responded to the invitation indicating their willingness to participate in the survey. Of these, 225 (79%) successfully completed and returned the packet. Table 1 summarizes the demographic characteristics of the study sample. Table 2 summarizes the number of participants contacted by mail and my email.

Table 1

Demographic Characteristics of Study Sample (N=225)

Characteristic	*n*	%
Educational Background		
No High School	4	2
High School	53	24
Bachelor's Degree	59	26
Master's Degree	65	29
Doctoral Degree	44	19
Total	225	100
Age		
20-29	11	4.9
30-39	24	10.6
40-49	46	20.4
50-59	60	26.7
60-69	51	22.7
70-Above	29	12.9
No Reply	4	1.8
Total	225	100.0

Nearly half the participants (49%) of the study participants were between the ages of 50 and 69. The fewest number of participants were within the age bracket of 20-29. Four participants did not answer the demographic question concerning age, which was not required to be part of the study. The study participants were well-educated with nearly 74% obtaining a bachelor's degree or higher and almost 50% obtaining a master's degree or higher.

Table 2

Participants Contacted by Mail and by E-mail (N=1500)

Mailings	*n*	Respondents	% of Response
Mailing 1			
Regular Mail	663	118	17
Email	337	77	23
Mailing 2			
Regular Mail	164	23	14
Email	86	21	
Mailing 3			
Regular Mail	225	40	17
Email	25	4	02
Totals			
Regular Mail	1,052	181	17
Email	448	102	23
Overall Total	1,500	283*	19

Note. 225 participants correctly filled out the returned packets

Participants in this study successfully returned the instrument measuring their attitudes toward professional counseling by responding to 21 statements on The Religious Attitude Scale (Poppleton & Pilkington, 1963). Scores on this instrument range from a low of 40 to a high of 130. The highest score by a participant was 130 (N = 56) and the lowest score by a participant was 103 (N = 1). Table 3 shows the scores of the 225 participants.

Table 3

Scores of Participants on the Religious Attitude Scale

Score	N	%
130	56	25
129	10	04
128	18	08
127	7	03
126	19	08
125	17	08
124	11	05
123	2	01
122	3	01
121	6	03
120	27	12
119	7	03
118	7	03
117	4	02
115	8	04
114	2	01
111	1	005
110	5	02
108	2	01
106	12	05
103	1	005
Total	225	100

Reliability and Internal Consistency of Instruments

Cronbach's alphas were conducted to assess the reliability and internal consistency of the religious attitudes scale and attitudes toward seeking professional psychological help. The results of the Cronbach's alphas are presented in Table 4 and reveal excellent alphas.

Table 4
Cronbach's Alphas for Research Variables

	α	Items
Religious Attitudes Scale	.939	21
Attitudes Toward Seeking Professional Psychological Help	.877	29

Evaluation of the Assumptions

Shapiro-Wilk tests were conducted to assess the assumption of normality. The results of the Shapiro-Wilk tests were significant on perceptions of clinical counseling for low religious attitude, large church size, and no high school diploma groups suggesting that the assumption of normality was violated. However, Stevens (2002) stated "that non-normality has only a slight effect on the Type I error rate, even for vary skewed distributions…the F statistic is robust with the respect to the normality assumption" (p. 75). Levene's test was conducted to assess the assumption of homogeneity of variance. Levene's test of equality of variances was not significant, $F (17, 189) = 1.23$, $p = .245$, suggesting the assumption of homogeneity of variance was met.

Results

A three-way analysis of variance (ANOVA) was conducted to assess if church size (small vs. large), religious attitude (high vs. low) and education level (no high school vs. high school vs. college vs. masters vs. doctorate) had significant impacts on views toward professional counseling. The results of the ANOVA reveal no significant church size main effect, $F (1, 189) = 1.25$, $p = .264$, suggesting no differences exist on clinical counseling by church size. The results of the ANOVA revealed a significant education

main, F (4, 189) = 1.25, p = .006, (Partial η^2 = .07). The effect size was small suggesting

that the differences observed were smaller than typical. A Scheffe post hoc test was

conducted to examine where mean differences lie and revealed high school had a smaller

mean (M = 50.96, SD = 9.94) on clinical counseling compared to college (M = 59.73, SD

= 10.04) and doctorate (M = 58.29, SD = 10.89).

The results of the ANOVA revealed a significant religious attitude main effect, F

(1, 189) = 9.95, p < .01, (Partial η^2 = 0.05) low religious attitude had a larger mean (M =

57.62, SD = 10.27) compared to large religious attitude (M = 55.02, SD = 11.95), (Partial

η^2 = 0.06). The effect size was small suggesting that the differences observed were

smaller than typical. The results of the interaction effects are summarized in Table 5 and

means and standard deviations are presented in Table 6.

The results of the ANOVA revealed that no significant interaction exists between

church size and education, F (3, 189) = 1.12, p = .342, and church size and religious

attitude, F (1, 189) = 0.18, p = .674. However, significant interaction effects were

identified existing between education and religious attitude, F (4, 189) = 0.18, p < .05,

(Partial η^2 = 0.06). The effect size was small suggesting that the differences observed

were smaller than typical. To examine where mean differences lie independent sample t

tests were conducted. The results of the t tests revealed that for high religious belief, no

high school had a smaller mean (M = 31.00, SD = 0.00) compared to high school (M =

49.97, SD = 9.68), college (M = 58.77, SD = 9.49) masters (M = 57.17, SD = 13.27) and

doctorate (M = 56.43, SD = 11.94) also high school had a smaller mean compared to

college and doctorate. The results of the t tests revealed that for low religious belief, high

school had a smaller mean ($M = 52.27$, $SD = 10.35$) compared to college ($M = 60.57$, SD

$= 10.95$) and doctorate ($M = 60.53$, $SD = 9.28$).

Table 5

Three-way ANOVA on Clinical Counseling by Church Size, Education and Religious Attitude

Source	F	p	Partial η²	Power
Church Size	1.25	.264	0.01	0.20
Education	3.74	.006	0.07	0.88
Religious Attitude	9.95	.002	0.05	0.88
Church Size * Education	1.12	.342	0.02	0.30
Church Size * Religious Attitude	0.18	.674	0.00	0.07
Education * Religious Attitude	2.85	.025	0.06	0.77

Table 6

Means and Standard Deviations on Clinical Counseling by Church Size, Education and Religious Attitude

Education	Religious Attitude	Small Church			Large Church			Total		
		M	*SD*	*n*	*M*	*SD*	*n*	*M*	*SD*	*n*
No High School	Low	72.00	-	1	-	-	-	72.00	-	1
	High	31.00	0.00	2	-	-	-	31.00	0.00	2
	Total	44.67	23.67	3	-	-	-	44.67	23.67	3
High School	Low	50.55	11.07	11	54.00	9.79	11	52.27	10.35	22
	High	50.28	9.96	25	48.00	8.64	4	49.97	9.68	29
	Total	50.36	10.15	36	52.40	9.59	15	50.96	9.94	51
College	Low	60.19	10.45	16	61.00	11.11	14	60.57	10.59	30
	High	54.82	9.72	11	61.67	8.49	15	58.77	9.49	26
	Total	58.00	10.33	27	61.34	9.67	29	59.73	10.04	56
Masters	Low	55.63	6.00	8	56.18	9.00	17	56.00	8.04	25
	High	60.89	12.72	9	55.57	13.48	21	57.17	13.27	30
	Total	58.41	10.20	17	55.84	11.55	38	56.64	11.12	55
Doctorate	Low	55.67	8.14	3	61.44	9.43	16	60.53	9.28	19
	High	52.57	11.98	7	58.13	11.90	16	56.43	11.94	23
	Total	53.50	10.62	10	59.78	10.69	32	58.29	10.89	42
Total	Low	56.49	10.39	39	58.38	10.03	58	57.62	10.17	97
	High	52.56	11.67	54	57.39	11.83	56	55.02	11.95	110
	Total	54.20	11.27	93	57.89	10.91	114	56.24	11.20	207

Summary

The statistical analysis of the study data supported hypothesis 1 that theological beliefs would have a direct effect on a pastor's attitudes toward professional counseling. The data supported hypothesis 2 showing that the level of education attained by a Southern Baptist Pastor had an impact on his attitudes toward professional counseling.

The statistical analysis of the study data failed to support hypothesis 3 that church size would have a direct effect on the pastor's attitudes toward professional counseling. The data also fails to show significant interaction between church size and religious attitude as well as no significant interaction between church size and educational level attained by the pastor; however, date confirms Hypothesis 4 that educational level attained had a significant relationship of pastors' attitude toward professional counseling by showing a significant interaction between educational level and religious attitude.

The following chapter will summarize the study and present conclusions about the findings. Chapter 5 will also discuss the social change implications of these findings, the limitations of the study, and future recommendations for continued research in this area.

CHAPTER 5:

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Introduction

This study was carried out to measure the attitudes of Southern Baptist Pastors residing in the state of Alabama toward professional counseling. Specifically, I sought to determine if the pastors' theologically conservative beliefs, educational level attained, and size of congregation would have an effect on the individual pastor's attitude toward professional counseling as measured by Religious Attitude Scale (Poppleton & Pilkington, 1963). Since pastors pastor serves as a de facto part of the continuity of health care in the United States (Wang et al., 2003), and nearly one-quarter of the population first go to their pastor for mental health counseling (Chaifant et al., 1990), this study was designed to measure the pastor's attitude toward professional counseling . In addition, according to Gorsuch and Meylink (1988), only a small fraction of those seeking counseling from members of the clergy are eventually referred to mental health professionals, it was important to discover the pastor's attitude toward professional counseling. According to Oppenheimer et al. (2004), members of the clergy are front-line mental health workers because many people struggling with psychological help first seek assistance from their pastor.

Summary and Interpretation of Findings

Over the past decade, researchers have published a number of articles about the collaboration between psychologists and clergy (e.g., McMinn et al. 2003; Milstein et al. 2008); however, most of the collaboration is unidirectional with the clergy making most

of the referrals to psychologists. Many barriers exist to explain the lack of collaboration including a lack of trust and disparate values that may exist between members of the clergy and psychologists (McMinn et al., 1998). This study was designed to discover if theologically conservative beliefs of Southern Baptist pastors affected their attitudes towards psychological counseling. According to Richards (2009), clergy are able to provide clients full access to "the social and spiritual resources of their religious beliefs and community during treatment" (p. 390). The important role clergy have in the mental health treatment of members of the community means that discovering pastors' views of professional counseling is important so the best treatment for clients is possible.

<div align="center">Theologically Conservative Pastors</div>

Hypothesis 1 was used to test if Southern Baptist pastor's theologically conservative views had an effect on their attitudes toward professional counseling. The findings of this study demonstrated that participants' theologically conservative beliefs did have a significant effect on their views of professional counseling. Participants expressed their theological beliefs by completing the Religious Attitude Scale (Poppleton & Pilkington, 1963) which was designed to determine the conservative theological beliefs of those who were administered the instrument (Luckow, 2000). Participants in this study scored 81.5% and higher and therefore were considered theologically conservative. Eighteen participants had the mean score of 125 which is 95.2% of the perfect of 130. While it could be anticipated that in the southern United States known as the "Bible Belt" one would find a majority of theologically conservative pastors, I did not expect to discover all 225 participants would score 103 (81.2%) and higher on the Religious

Attitude Scale. Nevertheless pastors who scored higher than 125 on the Religious

Attitude Scale had a more negative view than pastors who scored lower than 125 on the

instrument. This study supports previous research which has shown that pastors with

conservative views have a more negative attitude toward professional counseling than

pastors with liberal views (Peters, 1999).

<div align="center">Educational Level</div>

Richards (2005) stated there is great variability in educational requirements for

pastors ranging from no formal theological training to formalized theological training

which ranges in length from 3 to 6 years leading to a graduate degree (e.g., Master of

Theology, Master of Divinity, Doctorate of Ministry, etc.). From my own personal

experience as a pastor for more than 30 years, most Southern Baptist Churches do not

have written educational requirements for being employed as a pastor. Many churches

may have preferences or unwritten rules in which the congregation may prefer a pastor

with a seminary degree. It is unusual for a church to have such requirements. This may be

because such requirements may be viewed as inferring with the leading of God in

bringing the right person to the church, regardless of degree.

Hypothesis 2 was used to test if the educational level attained by Southern Baptist

pastors would have an effect on their views of professional counseling. Previous

researchers have shown that pastors with more education are more likely to make

referrals to a mental health counselor when they determine such action is necessitated

(McMinn et al., 2005). The results of this study support these findings. Pastors with a

high school education are less likely to have a positive view of professional counseling

than pastors with a high level of education. Since only 4 participants reported not having

a high school education, a conclusion about the effect of no high school education on the

views of psychological counseling is inconclusive; however, the scores of the 4

participants (M = 45.00, SD = 19.34) does lay enough of a foundation for further

research.

This study adds to the research done previously by Rumberger and Rogers (1988)

that the educational level of clergy affects their willingness to make psychological

referrals. Furthermore it confirms Colton's (1989) study of Southern Baptist Pastors in

the state of Texas, that educational level of a pastor does affect his attitude toward

professional counseling.

<center>Size of Congregation</center>

Previous discovered that clergy of larger churches were more likely to make

referrals than pastors of smaller churches (Colton, 1989; Fultz, 2002; Gorsuch &

Meylink, 1988). This study fails to confirm previous research showing that the size of

church had no significant effect of pastors' attitudes toward professional counseling.

<center>Attitudes by Theological Beliefs by Education by Church Size</center>

Hypothesis 4 examined the three independent variables of theological beliefs,

educational level attained by the pastor, and the size of the congregation on the pastor's

attitude toward professional counseling. The results of the study showed no significant

interaction exists between the educational level attained by the pastor, the size of the

congregation, and his attitudes toward professional counseling. These data show an

interaction between education and attitudes toward professional counseling. Pastors of

higher levels of education are more likely to have a positive view of professional

counseling than pastors with lower educational levels. Oppenhemier et al. (2004) stated

that a lack of education by clergy is an obstacle which often thwarts collaboration with

counseling professionals. This research confirms that members of clergy with higher

educational levels do have a more positive attitude toward professional counseling.

<center>Implications for Social Change and Recommendations for Action</center>

A bridge that allows pastors and counselors to collaborate as professionals in

assisting people with their mental health is needed. Delaney, Miller, and Bisono (2007) in

discussing spirituality among psychologists stated, "American psychologists, as

represented in this survey of APA members, remain far less religious than the population

they serve" (p. 538). The researchers concluded that as a result of psychologists' lack of

religious belief, members of the clergy are reluctant to make referrals for professional

counseling unless it is a faith-based service. This current study shows that a lack of

education on the part of clergy could inhibit his willingness to make a referral for a

member of his congregation. Lish, McMinn, Fitzsimmons, and Root (2003) suggested

ways in which professional counselors can work better with clergy including handling the

referral when it is made in a professional manner, which is with unconditional positive

regard for the pastor's role in counseling regardless of the counselor's personal belief

system. It is important that the lack of education on the part of a member of the clergy not

be a roadblock to a member of the church getting needed counseling services. In the end,

any professional jealousy by either the clergy or the professional counselor only hurts the

person needing the counseling services. Dutcher (2009) stated, "Mental health

professionals are fighting against long-standing negative perceptions. It is imperative that collaboration with clergy be considered when thinking about client care, just as collaboration with physicians or other professionals is often implemented" (p. 36). Since the clergy in this study who demonstrated a negative attitude toward professional counseling do not possess higher degrees of education, it is imperative that the professional counselor take the approach of providing the clergy with information about his or her practice, theoretical orientation, and ethical requirements of accepting a client's spirituality.

State legislatures currently require professional counselors to receive continuing education to maintain their license to practice their vocation. This research demonstrates that the more education a pastor receives the more positive his attitudes toward professional counseling. More education and training is needed for pastors in the area of counseling. Oppenheimer et al. (2004) indicated that clergy spend an average of 15% of their working time in pastoral counseling. Based on a 50 hour work week this comes to almost 8 hours a week providing counseling to members of the congregation. While it may not be politically viable because of church-state issues for the government to make such requirements of pastors, perhaps a voluntary program could be initiated which would provide for counseling training for pastors who desire such services.

In addition, just as state legislatures require professional counselors to receive continuing education to maintain their license to practice their vocation, perhaps this research will demonstrate the need for pastors to receive continuing education in counseling. While it may not be politically viable because of church-state issues for the

government to make such requirements of pastors, perhaps a voluntary program could be initiated which would provide for counseling training for pastors who desire such services. It is possible to be identified as a pastoral counselor and not have any type of state certification or licensure (Pastoral Counseling, 2007). It is also possible that such information could be used by denominational leadership to encourage further education in counseling for pastors.

Perhaps the most important social change from this study is that it demonstrates the need for more evidence-based information for pastors in regards to the benefits of professional counseling for members of their congregations. The research shows that attitudes toward professional counseling changes positively with more education the pastor receives. This research can be used to inform the Southern Baptist Convention leadership of the need for continuing education opportunities, specifically in regards to referring members of their congregation for professional counseling. This additional support could be prove to a catalyst for offering more support to people who are experiencing some disability from mental illness, are experiencing difficulties because of drug or alcohol abuse, or marital and family issues. This pathway could make it possible for building a trusting, co-professional relationship between counselors and clergy. With this in place, practitioners could then collaborate about cases as needed. Clergy could provide input to counselors who may not be familiar with spiritual issues and counselors could provide support to pastors who may need assistance with issues with which they are not familiar (Tisdale, 2003).

This study validates the theoretical framework upon which this research was conducted, namely that a conflict does exist between members of the clergy who have conservative views, who lesser education and professional counseling. Conflict Theory held the view that conflict between two entities not only entrenches each in their own belief system, but ironically empowers one another by continuing in a state of conflict (Brade, 2009). I have heard many sermons vilifying psychology and secular counseling as evil and something to be avoided. As long as this conflict exists, congregants needing professional counseling may be harmed. The pastor may discourage professional counseling from the pulpit, and the psychologist may view the theological beliefs of the client with suspicion.

<div align="center">Limitations and Future Research</div>

Religious and spiritual beliefs are always evolving as one adjusts for strategies "dealing with the limitations of the life cycle, biological fragility, and non-existence" (Shaw, 2005, p. 351). While pastors surveyed in this study would disagree with the possibility of nonexistence espoused by Shaw, the physical, mental, and spiritual changes which naturally occur through the life-span require reevaluating one's own belief system. A person's faith naturally waxes and wanes as a result of circumstances and aging. Because of this ebb and flow of spirituality and religion, it is difficult to conduct a study of this nature. One's attitudes toward counseling could change due to a change in circumstances either within the church or in peoples' lives. Because each pastor comes from different religious experiences, and some of the pastors surveyed graduated from different schools of theology or from secular schools with no affiliation with religion, it is

necessary to acknowledge that it is difficult to generalize and classify pastors according to their religious beliefs (Vespie, 2007).

Pastors only revealed what they wished to reveal in this self-report survey. Participants were aware they were participating in a survey measuring theological beliefs and therefore may have been influenced by religious bias which may have lead to a participant responding in a way he deems he should rather what he actually believes (Roberts, 1994). This study limited the survey to males and was therefore narrow in its inclusion. It is possible that by limiting the population to males only that the conclusions drawn will not provide an indication of the population as a whole, particularly because about 117 Southern Baptist Churches have women in key roles of leadership including the pastorate (Elliot, 2007).

The study was limited to the state of Alabama because of the researcher's difficulty in gathering data bases of the names of churches and addresses from other states from the Southern Baptist state associations in other states. The original intent was to survey pastors from several states, but confidentiality issues prevented a release of pastor's names and addresses from other Southern Baptist State Conventions. While Alabama is the second largest state in terms of population of Southern Baptists, being able to draw broad conclusions about all Southern Baptists based on the survey done in one state is a limitation of this study.

With the completion of this research, a foundation is laid for gathering more data into the mindset of Southern Baptist pastors. This study reveals that pastors with high school educations have a negative attitude toward professional counseling than pastors

with college and graduate degrees. Further research can be conducted into discovering the reason why pastors' hold positive and negative attitudes toward professional counseling. A qualitative study which allows for open ended questions, collects important meanings, and creates an agenda for change or reform (Creswell, 2003) could provide much needed data for implementing social change. This research brings attention to the need for collaboration between pastors and professional counselors.

The Southern Baptist Convention is the largest protestant denomination in America with 37,000 churches in all 50 states. Large numbers of people could be impacted through further research and educational programs that bridge the gap that now exists between clergy and professional counselors. As both a pastor and a professional counselor, I have experience in both communities. The gap that exists is puzzling because many of the basic ethical requirements of counselors would be welcomed by most pastors. A pastor and counselor both work to promote the welfare of the people they serve. A pastor and counselor both act to avoid bringing harm to those they serve. Both professionals practice confidentiality unless so doing will bring harm to the person they serve, for example the threat to do self harm or harm others. The American Counseling Association (ACA) encourages and promotes the interaction with colleagues and other professionals to develop positive working relationships to enhance services to clients (ACA Code of Ethics, 2005). If both pastors and counselors will take the necessary steps to bridge the cooperation gap that currently exists, it will be a benefit to both congregants and clients who may be one in the same.

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APPENDIX A: DEMOGRAPHICS

This research requires certain demographic data. Please answer the following questions so that certain variables in the research may be understood. Thank you.

I. Age (circle one)   under 30   30-39   40-49   50-59   60-69   70 +

II. Experience (Years served as pastor of a church) _____

III. Educational Level Attained (Please check the highest degree earned)

_____ high school   ___ College   ___ Masters   ___ Doctorate

_____ did not complete high school   _____ other (please specify)

Please specify in which field(s) degree was earned _____

_____

IV. Size of Congregation

Please indicate the average monthly attendance for the Sunday morning worship service. (If you have multiple morning worship services, please combine the number. For example if the attendance at the 8:00 am service is 300 and the attendance at the 11 am service is 700, you would report the average attendance as 1,000).

Average monthly attendance to the morning preaching service(s) _____

APPENDIX B: RELIGIOUS ATTITUDE SCALE (POPPLETON & PILKINGTON, 1963)

Below are 21 statements that concern religious beliefs. Please indicate the extent to which you agree or disagree with each of them. On the right-hand side of the page you will find five alternative answers. Place an "X" opposite each statement in the column that best represents your opinion.

For example:	strongly agree	agree	undecided	disagree	strongly disagree
More time in broadcasting should be allotted to agnostic speakers			X		

Please do not leave out any statements even if you find it difficult to make up your mind.

	strongly agree	agree	undecided	disagree	strongly disagree
1. To lead a good life it is necessary to have some religious belief (3.15)	6	6	5	4	2
2. Jesus Christ was an important and interesting historical figure, but in no way divine (9.84)	2	2	2	5	7
3. I genuinely do not know whether or not God exists (5.59)	2	2	4	6	6
4. People without religious beliefs can lead just as moral and useful lives as people with religious beliefs (6.90)	2	4	5	6	6
5. Religious faith is merely another name for belief which is contrary to reason (10.05)	2	2	4	5	7

	strongly agree	agree	undecided	disagree	strongly disagree
6. The existence of disease, famine and strife in the world makes one doubt some religious doctrines (7.43).	2	2	4	6	6
7. The miracles recorded in the Bible really happened (1.22)	6	6	4	2	2
8. It makes no difference to me whether religious beliefs are true or false (6.20)	3	3	3	4	5
9. Christ atoned for our sins by His sacrifice on the cross (0.62).	7	6	4	2	1
10. The truth of the Bible diminishes with the advance in science (9.00)	2	2	3	6	6
11. Without belief in God life is meaningless (0.73)	7	6	4	2	1
12. The more scientific discoveries are made the more the glory of God is revealed (1.47).	6	6	3	2	2
13. Religious education is essential to preserve the morals of our society (2.64)	6	5	4	2	2
14. The proof that Christ was the Son of God lies in the record of the Gospels (1.53).	6	6	3	2	2
15. The best explanation of miracles is an exaggeration of ordinary events into myths and legends (8.71)	2	2	4	6	6
16. International peace depends on the worldwide adoption of Christianity (2.06).	6	6	5	3	2

	strongly agree	agree	undecided	disagree	strongly disagree
17. If you lead a good and descent life, it is not necessary to go to church (7.33).	2	3	4	6	6
18. Parents have a duty to teach elementary Christian truths to their children (2.70).	6	5	3	2	2
19. There is no survival of any kind after death (10.37).	1	1	2	5	7
20. The psychiatrist rather than the theologian can best explain the phenomena of religious experience (8.88).	2	2	3	6	6
21. On the whole, religious beliefs make for better and happier living (3.32)	6	5	3	2	2

APPENDIX C: ATTITUDES TOWARD SEEKING PROFESSIONAL

PSYCHOLOGICAL HELP SCALE (FISCHER & TURNER, 1970)

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

	Agree	Probably Agree	Disagree	Probably Disagree
1. Although there are clinics for people with mental troubles, I would not have much faith in them.				
2. If a good friend asked my advice about a mental problem, I might recommend that he/she see a psychiatrist, psychologist, or counselor.				
3. I would feel uneasy going to a psychiatrist, psychologist, or a counselor because of what some people would think.				
4. A person with strong character can get over mental conflicts by himself or herself, and would have little need of a psychiatrist, psychologist, or counselor.				
5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.				
6. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.				

	Agree	Probably Agree	Disagree	Probably Disagree

7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.

8. I would rather live with certain mental conflict than go through the ordeal of getting professional treatment.

9. Emotional difficulties, like many things, tend to work out by themselves.

10. There are certain problems which should not be discussed outside of one's immediate family.

11. A person with a serious emotional disturbance would probably feel most secure in a good mental hospital.

12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.

14. Having been a psychiatric patient is a blot on a person's life.

	Agree	Probably Agree	Disagree	Probably Disagree

15. I would rather be advised by a close friend than by a psychologist even for an emotional problem.

16. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

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

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

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

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

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

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

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

	Agree	Probably Agree	Disagree	Probably Disagree

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

25. At some future, I might want to have psychological counseling.

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

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

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

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

APPENDIX D: INFORMED CONSENT FOR SOUTHERN BAPTIST PASTORS

ATTITUDES TOWARD PROFESSIONAL COUNSELING STUDY

Dear Pastor:

You are invited to participate in a research study of Southern Baptist pastors and professional counseling. You were selected as a potential participant in this study because you are a Southern Baptist pastor. Please read this form and ask any questions you may have before agreeing to be in this study. This study is being conducted by Stanley Vespie, a doctoral candidate at Walden University.

Purpose: The purpose of this study is to determine if there is an association between your attitudes toward professional counseling and your theological beliefs, size of congregation, and level of education.

Procedures: If you agree to participate in this study please read this informed consent form, and complete the demographic sheet, and the two survey instruments enclosed in the packet. The demographic information asks general information about your educational level, size congregation, and age. No personal information, including your name, is required. The first survey is the Religious Attitude Scale, consists of 21 questions, to determine your theological beliefs. The second survey, Attitudes Toward Seeking Professional Psychological Help Scale, consists of 29 questions regarding your attitudes toward professional counseling. Together, you should be able to complete both surveys in about 30 minutes. You can complete both surveys and mail them back to this researcher in the self-addressed stamped envelope included in your packet with 30 days

of receiving this packet. You may also choose to participate by completing the surveys on the Internet at the following address: **https://www.surveymonkey.com/s/V7Y5SRZ**.

Confidentiality: The records of this study will be kept private. In any sort of report that might be published, I will not include any information that will make it possible to identify a participant. Research records will be kept in a locked file; only the researcher will have access to the records.

Voluntary Nature of the Study: Your participation in the study is voluntary and you are free to withdraw at any time during the process of completing the surveys. Your decision to participate in this study will not affect your relationship with your church in anyway. The name of your church will not be revealed. If you decide to withdraw your participation you may do so without affecting your relationship with your church.

Risks and Benefits of being in the Study: There are no physical risks and no benefits to participating in the study. There is no compensation offered in participating in this study.

Potential Benefits: This research seeks to improve the mental health services provided to individuals and seeks to improve professional counselor's ability to collaborate with pastors in providing mental health counseling for congregants.

Contacts and Questions: The researcher conducting this study is Stanley Vespie. He can be reached by email at stanley.vespie@waldenu.edu. The researcher's advisor is Dr. Savitri Dixon-Saxon who can be reached by email at Savitri.DixonSaxon@waldenu.edu. If you wish to talk privately to a representative from Walden University about this research, you may contact Dr. Leilani Endicott at 800-925-3368, ext. 1210. Please keep a

copy of this form for your records. Walden University's approval number for this study is **01-07-10-0320577** and it expires on **January 6, 2011.**

If you would be interested in receiving a copy of the results of this study, please provide a mailing address on the form provided in your packet. Your name or the address of your church is required so that you may maintain your anonymity in this study.

Potential Conflicts of Interest: This research anticipates no conflict of interest between the researcher and participants.

Statement of Consent: To protect your privacy, signatures are not being collected for this study. Your completion of the surveys either by returning them through the mail or completing them online will indicate your consent to choose to participate. This provides you complete anonymity.

CURRICULUM VITAE

Stanley P. Vespie

vespie353@yahoo.com

(205) 269-2148

Work History:

Perry County Schools   07/08-Present

1056 Squirrel Hollow Rd.

Linden, TN

Professional Counselor

- Providing counseling services for students
- Providing academic support for students
- Providing behavior modification counseling for special education students

Tom's Creek Baptist Church   12/08-Present

107 Tom's Creek Road

Linden, Tn 37096

Pastor

- Preparing and delivering sermons and teaching lessons weekly
- Administering church functions
- Visitation
- Counseling services to congregants

- Fox Army Hospital, Behavioral Medicine Division   06/07-11-07

4100 Goss Rd

Red Stone Arsenal, AL

Intern   for Dr. David Ferguson, Psychologist

- Providing counseling services for soldiers (active duty and retirees) and their families
- Co-facilitating a PTSD Group
- Writing clinical notes for patients served
- Developing a PTSD Booklet to provide information to new members
- Providing triage services for walk-ins and telephone emergencies
- Providing support services to professional staff as directed or requested

Perry County Schools   08/06-05/07

333 South Mill St

Linden, TN 37096

Classroom Teacher

- Teaching U.S. History, World History, and Contemporary Issues
- Junior Class Sponsor
- Disciplinary Committee Member

Lighthouse Baptist Church   07/95-11/06

329 Longview Drive

Wartburg, TN 37887

Pastor

- Preparing and delivering sermons and teaching lessons weekly
- Administering church functions
- Visitation
- Counseling services to congregants

Education:

Carson Newman College, B.A., Political Science, July 1981

Bethany Bible Seminary, M.Div., Theology, May 1992

Walden University, MS Mental Health Counseling, 2005-2007

Walden University, PhD, Psychology, 2007-Present