PERCEIVED RELATIONSHIP WITH GOD AS PREDICTOR OF ATTITUDES

TOWARDS SEEKING MENTAL HEALTH SERVICES

A Dissertation

by

SUSAN GAIL MATLOCK-HETZEL

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree
of

DOCTOR OF PHILOSOPHY

August 2004

Major Subject: Counseling Psychology

PERCEIVED RELATIONSHIP WITH GOD AS PREDICTOR OF ATTITUDES

TOWARDS SEEKING MENTAL HEALTH SERVICES

A Dissertation

by

SUSAN GAIL MATLOCK-HETZEL

Submitted to Texas A&M University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Approved as to style and content by:

_____
Donna S. Davenport
(Chair of Committee)

_____
Ludy T. Benjamin, Jr.
(Member)

_____
Michael Duffy
(Member)

_____
David Lawson
(Member)

_____
Victor Willson
(Head of Department)

August 2004

Major Subject: Counseling Psychology

ABSTRACT

Perceived Relationship with God as Predictor of Attitudes
Towards Seeking Mental Health Services. (August 2004)
Susan Gail Matlock-Hetzel, B.S.E., University of Central
Arkansas; M.Ed., Texas A&M University
Chair of Advisory Committee: Dr. Donna S. Davenport

This study explored the effects of a person's God
image and religiosity on his or her attitudes toward
seeking mental health services. God image for participants
was measured using the God Image Scale (Lawrence, 1997) and
the Loving and Controlling God Scales (Benson & Spilka,
1973) and religious devotion was measured using the
Religious Orientation Scale-Revised (Gorsuch & McPherson,
1989) and the Santa Clara Strength of Religious Faith Scale
(Plante, Yancey, Sherman, Guertin, & Pardini, 1999).
Attitudes toward counseling were measured using the
Attitudes Toward Seeking Professional Psychological Help
Scale-Short Form (ATSPPH-SF). Results indicated that
individuals who perceive God as present, benevolent, and
loving have more positive attitudes towards seeking
professional help. Individuals who report higher degrees of
intrinsic religiosity also indicated more positive

attitudes toward counseling. Further, religious devotion did not add meaningful predictive power to God image in predicting attitudes towards counseling. Finally, religious beliefs were demonstrated to be neither a strong nor statistically significant predictor of attitudes towards counseling.

DEDICATION

To Rod . . .

I get up and battle the day
Things don't always go my way
It might rain but that's okay
I get to come home to you.

Sometimes life may get me down
And I get tired of getting kicked around
I feel lost in this maddening crowd
But I get to come home to you.

Hanging out in our old sweatshirts
You let me complain about a hard day's work
I don't know what I did to deserve
To get to come home to you.

You are my best friend
And you are where my heart is
And I know at the day's end
I get to come home to you.
Oh, I love coming home to you.

John Michael Montgomery, 2002

ACKNOWLEDGEMENTS

Prior to beginning work on my dissertation, I had read many dissertations and I had heard many doctoral students profess that one does not complete a dissertation alone. I found myself vacillating between feeling how in the world am I going to do this, to thinking that the people who said or wrote those words were simply trying to brown nose. Something I, of course, would never do (wink, wink). Now that I am post-dissertation, I find that I cannot type those same words fast enough. The dissertation process has been one of tremendous self-reflection and self-doubt. I quickly realized that this was something that I could not do alone. The skills and talents needed to do this would most definitely come from God. As always, in His faithfulness, God opened my eyes to strengths He had placed in me and sent many people into my life to accomplish this task. I now find myself desperately wanting to thank each of you and yet feel that all I have to offer are a few paltry words.

After a change of committee chairs and a change of topics, my committees (past and present) should be given awards for patience and dedication. My committee chair, Dr. Donna Davenport, has consistently given me wise counsel in all areas, from diplomacy to editing. Her support has been

unfaltering and at times has been the only factor keeping me engaged in the process. I am honored to not only have worked with you on the dissertation, but to have shared life moments with you as well. You have taught me what mentoring is all about. I thank you.

To my committee members, Dr. Michael Duffy, Dr. David Lawson, and Dr. Ludy Benjamin, to say that I appreciate your help and support is an understatement. You each have challenged me to grow in ways in which I have never been challenged before, yet you supported me throughout with your encouragement and presence. I admire and owe each of you a debt of gratitude. I thank you.

To Dr. Jerome T. Kapes, your unending faith in me was like something I have never known. You took me under your wing when I needed guidance and continually challenged me to never settle for less. I thank you.

To Dr. Betty Milburn who so graciously gave of her time and expertise; to Bryan Anderson whose courageous words helped me to find my own words for this dissertation; to Dr. Edward "Chip" Anderson, I will forever be changed as a result of your words to me, "Susie, you are not doing this to get a degree, you are doing this to be faithful to God's calling in your life." I thank you.

To my much loved LeTourneau University family,

especially Doug, Bill, Corey, Treva, Steve, Brad, Brent, Harold, Stephen, Chad, Sandra, John, Isaiah, Frank, Terry, Wanda, Mary, Kim, Deadre, and Kelly. I will never find a group of people that make going to work so enjoyable. Your support and love has been overwhelming and a lifeline all at the same time. I thank you.

To the Peer Advisors, especially Jon, Luke, Peggy, Nicole, David, Daniel, Julie, Laura, Shari, Matt, Brook, Patrick, Deena, Amy, Charles, Britney, Colin, John, and Catrina, our friendships have brought me so much joy. You so willing gave of yourselves and allowed me to be a part of your worlds. I felt I let you down the most as time became scarcer in the dissertation process. Each of you makes me want to be a better person. I thank you.

To Connie, you have taught me how to be a friend and what a friendship is really supposed to be about. How can two people, seemingly unrelated, be such soul mates? Much love and gratitude for your sacrifice to me. I thank you.

Finally, to my family who has sacrificed the most in helping me finish this dissertation and degree. I want to give each of you my thanks but am finding myself feeling like I need to ask for your forgiveness. Forgiveness for all the missed family dinners and outings, for all the times I did not visit, for all the times my temper and lack

of patience got the best of me, for all the bad moods, for all the short words, and for all the selfishness. Each of you were the ones who were on the receiving end more times than not. Please forgive me. To my husband, Rod, I can find no words that adequately express my feelings for and about you. My love and dedication for TAMU goes deep, solely because that is where I met you. I love you. To my parents, John and Mary Matlock, you have always been and will continue to be the people I admire the most. The love you have for each other and for your family are such shining examples of what God intended for us all. I can only pray that I live up to your example. To my sister and brother, Pat Foster and Randy Matlock, I am blessed to have such a devoted and courageous sister and brother. I love, admire and respect you both. Alfred Adler and his birth order theory would say that the middle child is "sandwiched" out. That has definitely not been my experience. However, if I had to be sandwiched out by anyone, I am thankful it was by the two of you. To Jim, Kristi, Brooks, Vanessa, Kaitlin, J.R., Holli, Cody, and Hannah who are so much a part of me that I sit in amazement at God and how He so intentionally put our family together. I am humbled to call you my family. I thank you.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Historically, the disciplines of religion and
psychology have been like oil and water, with neither side
mixing well or integrating with the other. Mental health
professionals have the perceived reputation in some
religious communities of viewing religion as an irrelevant
(McCullough & Worthington, 1995) and as being mind-
controlling (Hannon, Howie, & Keener, 1994). Religious
persons often have the perceived reputation among mental
health professionals as being pathological (Freud,
1928/1961; Ellis, 1985) and subservient (Parker, 1987),
particularly fundamentalist Christians. These view points
result in overgeneralizations, polarizing positions, and an
underutilization of mental health services among religious
populations. The literature, however, documents that these
stereotypes are simplistic, and that there exists a much
broader spectrum of thoughts and ideas.

Views of religion and the religious client vary
greatly within the psychological community. While some
psychologists view religion with either apathy or

_____

This dissertation follows the style and format of the
Journal of Counseling Psychology.

antagonism, many others recognize the importance of religion and spirituality. Highlighting the positive contributions of religion, Guinee (2002) remarked, "Despite some clear ideological differences, today many psychologists and members of organized religions are working hard to accomplish good things together, to foster more mutual understanding, respect and, most importantly, serve the needy." Religion seems to be viewed as increasingly relevant in psychological and psychiatric settings (c.f. Hadden & Long, 1983; Masters, Bergin, Reynolds, & Sullivan, 1991; Watson, Hood, & Morris, 1988).

A resurgence of interest in religion and spirituality has contributed to a growing body of empirical research examining the connections between religious faith and health outcomes. This research suggests that religious commitment is generally associated with improved physical and mental health outcomes. For instance, higher levels of religious commitment were generally associated with lower levels of depression, anxiety, suicidality, and substance abuse, as well as higher levels of self-esteem, marital satisfaction, hope and meaning, social support, life satisfaction, and positive coping strategies for stress (Gartner, Lawson, & Allen, 1991; Plante, Saucedo, & Rice, (2001). What accounts for this association between

religious faith and mental health? Reviewing the research evidence, Koenig (1997) concluded that religious commitment often serves as a buffer against mental health problems through the development of a system of health-promoting beliefs and attitudes, promoting increased social support and interaction with others, and focusing on transcendent personal and interpersonal experiences.

Yet despite the relationship between positive mental and physical health and religious faith, research has consistently demonstrated an underutilization of mental health services among certain faith-based communities. Most of this research, which has been conducted almost exclusively with Christian samples, has concluded that some Christian communities are less receptive than the general population towards seeking mental health services (cf. King, 1978; Miller and Eells, 1998; Morgan, 1982). A number of explanations have been proposed to explain this reluctance to seek help for mental health services, including concerns about the counselor holding conflicting belief systems (Jeffries, 1992; Stafford, 1993), fears of losing one's faith during the counseling process (Worthington, 1986), beliefs that counseling is based upon nonsensical ideas conceived by individuals who are unable to manage their own lives (King, 1978), preferences to seek

help from within familial or religious circles (Misumi, 1993; Sell & Goldsmith, 1988), tendencies to define mental health difficulties as spiritual problems (Blakeney & Blakeney, 1992; Petet, 1981), as well as a general social stigma towards obtaining counseling that is also shared by many non-religious persons (Fischer & Turner, 1970).

In the attempt to explain the reluctance of religious persons to seek counseling, however, this body of research primarily has focused on attitudinal differences between religious persons and non-religious persons. Considerably less attention has been given to understanding the differences within groups of religious persons that may affect their attitudes towards seeking mental health services. While this research has generated some useful hypotheses for explaining the differential utilization of mental health services between religious and non-religious persons, the focus on between-group differences (to the exclusion of within-group differences among religious persons) has failed to address the complexity of the religious experience. As Keating and Fretz (1990) clearly argued, a more systematic study of the associations between levels of religiosity and attitudes towards counseling is needed to further our understanding of why many Christians underutilize mental health services. Worthington (1991) has

also drawn attention to the need for more research investigating the variability of help-seeking attitudes among religious persons, suggesting that the attitudes and expectations held by highly religious persons might be different from those held by moderately or low religious persons. Along similar lines, Miller and Eells (1998) suggested that future research in this area should focus not on the question, "Do [religious] individuals differ in their attitudes towards counseling?" but rather "What systematic differences exist?" among groups of religious persons (p. 250). In other words, current research should address differences within groups of religious persons in addition to differences between religious and non-religious persons.

One of the more common methods for conceptualizing systematic differences in religiosity among religious persons is the use of the religious orientation model developed by Allport (1950). This model, which represents the most dominant research paradigm in the psychology of religion, conceptualizes religious orientation as motivated by extrinsic and intrinsic forces. Extrinsic religiosity refers to motivation arising primarily from pragmatic and utilitarian needs. Extrinsic persons might endorse religious attitudes or engage in religious behaviors only

to the extent that doing so helps them to achieve some self-serving goal, such as establishing business contacts or acquiring social status and approval. On the other hand, intrinsic religiosity refers to religious motivation that is highly personal and internalized. Intrinsic persons hold deep religious convictions and incorporate their religiosity into every aspect of their lifestyle. In other words, intrinsics seek to live their religion whereas extrinsics seek to use their religion. Religious orientation has been shown to be a useful conceptual framework and intrinsic religious orientation is widely recognized as one of the best measures of genuine religious devotion (Rowatt & Kirkpatrick, 2002).

Although numerous studies have focused on religious orientation, as defined by intrinsic and extrinsic religiosity, as predictors of mental health outcomes, surprisingly little research has investigated the degree to which religious orientation influences attitudes towards counseling. In one of the few studies addressing this issue, Miller and Eells (1998) found that participants who endorsed higher levels of intrinsic religiosity reported more favorable attitudes towards counseling, higher levels of tolerance for the stigma associated with counseling, and greater openness about their own mental health

difficulties. The authors speculated, however, that the association between positive attitudes towards counseling and genuine religious devotion may be due in part to internalized attitudes of forgiveness and acceptance that are taught within the Christian faith. This possibility is consistent with Spilka and Mullin's (1977) depiction of the intrinsic person as someone who perceives God as a kind, gracious, and benevolent deity who is faithfully and lovingly involved in human affairs. Perhaps the perception of God as a loving, caring, and ever-present provider offers intrinsic persons more freedom in acknowledging difficulties and leads to a greater openness to counseling. However, the hypothesis that attitudes towards counseling among religious persons are influenced by their internal representation of God—often referred to in the literature as God image—was not directly assessed in their study and thus warrants further empirical investigation.

God image has been defined as one's personal perception or internal representation of God (Wulff, 1997). God image refers to a person's experiential understanding of God and his or her perceived relationship with God. For instance, some persons perceive God as a kind and forgiving deity who is lovingly present and immediately available, whereas others perceive God as wrathful, stern, vindictive,

and controlling. Unlike God concept, which refers to an intellectual understanding or "mental-dictionary definition of the word 'God'" (Lawrence, 1997), God image involves an intuitive sense and affectively-laden experience of God (Lawrence, 1991). Researchers have noted that persons who have experienced caring and accepting parental relationships are more likely to perceive God as loving, accepting, and forgiving (Dickie, Merasco, Geurink, & Johnson, 1993). In fact, recent research by Kirkpatrick (1992) has suggested that God image may represent a form of attachment to God that is similar to the model of infant attachment that was first outlined by Bowlby (1969/1982, 1973, and 1980) and later applied to the attachment process in adult relationships (Shaver, Hazan, and Bradshaw, 1988).

Because religion and a particular denomination can have such a large impact on a person's attitudes and behavior, it is important that scholars adequately measure religious affiliation as one dimension of religion (Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000). Rather than focusing on the specific measurement of religious denomination, psychologists have tended to study the influences of religious belief as a whole. Measurement of specific denominational differences has been primarily attended to by sociologists (Noffke & McFadden, 2001).

In summary, previous research has shown an overall positive association between religious devotion and attitudes towards counseling, but suggests that God image also may influence this relationship. Minimal research has investigated how a persons' religious affiliation may influence their attitudes toward seeking mental health services. The aim of the present study is to build upon previous research by investigating the degree to which attitudes towards counseling among religious persons are influenced by God image, religious devotion, and religious affiliation.

In the present study, God image will be assessed using the God Image Scale (Lawrence, 1997) and the Loving and Controlling God Scales (Benson & Spilka, 1973) and religious devotion will be measured using the Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989) and the Santa Clara Strength of Religious Faith Scale (Plante, Yancey, Sherman, Guertin, & Pardini, 1999). Attitudes toward counseling will be measured using the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF). The present study will seek to replicate the findings of Miller and Eells (1998) showing that intrinsic religious orientation is positively associated with overall attitudes towards counseling, but will also

investigate the additional contribution of God image to the prediction of attitudes towards counseling. Along these lines, the present study asks the following research questions:

1. To what degree does God image predict attitude towards counseling among religious persons?
2. To what degree does religious devotion predict attitude towards counseling among religious persons?
3. To what degree do God image and religious devotion interact to predict attitudes towards counseling among religious persons?
4. To what extent does religious affiliation predict attitudes towards counseling?

CHAPTER II

REVIEW OF THE LITERATURE

Recent years have witnessed a resurgence of interest in religion among the general public and within professional circles. The topic of religion very often elicits heated debate and controversy within the broader psychological community. In a recent interview, one past president of the American Psychological Association (APA) stated that the APA should strive to dismantle the entire system of organized religion: "it doesn't matter which religion, they are all patriarchal. And that is one of the major sources of social injustice in our society and in our world. Every major religion puts women down, grants women second-class status" (Murray, 2001). These remarks perhaps reflect a common (negative) position among some mental health professionals regarding religion.

Religion

The word religion itself connotes many ideas. The English word "religion" comes from a Latin word meaning to re-join or re-unite (Gandhimohan, 2000). Towler (1974) suggests that "common religion may be described as those beliefs and practices of an overtly religious nature which are not under the domination of a prevailing religious institution" (p. 148). Regardless of definition, Putnam

(2000) noted that religion is the voluntary institution with which Americans are the most actively affiliated.

Brown and Forgas (1980) aptly noted that the content of religion is well structured by contacts between what is institutional or orthodox and what is individual or personal, between what is tangible and intangible, and by positive and negative evaluations. Similarly, Lippy (1994) shared that a formal religious tradition provides a repository of beliefs from which individuals draw, but the particular beliefs that make a difference in a person' life and how that person uses those beliefs remain an individual matter. Accordingly, in the United States a variety of opinions abound as to what the concept of religion means and what involvement in religion entails. Lippy (1994) noted, "As people are bombarded with a dazzling array of belief systems that all claim to endow human experience with meaning, they simply pick and choose from among them to create a viable, but intensely personal—if not idiosyncratic—meaning system that works for them" (p. 4).

Religion can offer purpose in a person's life. For example, being active in a religion offers persons community and involvement with others who share a set of similar beliefs. Low and Handal (1995) found a statistically significant positive relationship between

religion and college adjustment for students in transition, namely college freshmen. A similar study by Low and Handal (1995) focusing on the relationship between religion and adjustment to college found that females scored significantly higher than males on the more subjective aspects of religion, (i.e., belief in God, feeling close to God). This finding had been indicated in previous research (Low & Handal, 1995; Argyle & Beit-Hallahmi, 1975).

Religious involvement can provide a person a place to find forgiveness and acceptance, which are both emotional and cognitive concepts. Brown and Forgas (1980) described religion as "an implicit yet organized cognitive domain for most people, and religious concepts are readily elicited" (p. 424). Commenting on the cognitive/intellectual aspects of religion, Zern (1989) reported results from a study of religiousness (defined as having a religious belief and/or participating in religious rituals) and academic accomplishment in college students. The results did not support Freud's assertion that intelligence is related to the abandonment of religion, but it also failed to provide empirical support to the argument that religiousness fosters cognitive achievement. In that same study, however, 75% of the relatively few students who actually became more religious over time did do better academically than the

typical college student in their cohort.

Religion can provide people with guidelines on how to live life according to the principles of a particular denomination or organization. Georgetown University psychiatrist Edward Sheridan, in an interview with the Alberta Report noted that, "Organized religion very powerfully curbs excessive zealotry. . . The more people are part of a community, the less prone they are to extremism of any kind" (McGovern, 1998).

Religion and Psychology

As noted earlier, negative attitudes held by mental health practitioners about religion are not modern phenomena. "The mental health field has a heritage of 100 years of ignoring or pathologizing spiritual experiences and religion" (Internet Learning Guide, 2002, ¶1). William James (1985), a former president of the APA wrote The Varieties of Religious Experience, which is "considered to be *the* classic work in the field" (Nielsen, 2000). James viewed religion as an important field of study. He made a distinction between institutional religion and personal religion, with most of his work focusing on personal religion. A problem that James had with religion was dogma. "Dogmatic thought, whether religious or scientific, was anathema to James". (Nielsen, 2000).

The Internet Learning Guide (2002) states that Sigmund Freud pathologized religion in <u>Future of an Illusion</u> as "A system of wishful illusions together with a disavowal of reality, such as we find nowhere else. . . but in a state of blissful hallucinatory confusion" (¶2). Freud's ideas about religion was based upon his conception of the id, the ego and the superego. He believed that religion reflects the child's relationship to the father (God is seen as the Father in many religions), so religion demonstrates an attempt to fulfill our wishes. Freud (2002) said, "Thus religion would be a universal obsessive neurosis of humankind. Just like the obsessive neurosis in children, it springs from the Oedipus complex, the relationship with the father" (p. 32).

Alfred Adler (1964) viewed religion from a more neutral stance, albeit an important one. A central tenet of Adler's theory of psychology is the notion that people struggle with feelings of inferiority. A common religious belief is that God represents perfection and omnipotence, and encourages people to be perfect. In Adler's perception, by striving to be perfect, a person can become one with God, thereby compensating for his or her imperfections and feelings of inferiority. Adler also discussed religion in terms of social interest. Rather than concerning himself

with whether or not God exists, Adler focused on God as a motivator for people (assuming they have power over their surroundings) to act in ways that benefit society.

In recent generations some psychologists apparently have maintained a negative view of religion. Blank (2004), noted, "Skinner called it (religion) a learned behavior that didn't need to be sustained. She further stated that Rogers personally grew up in a religious home but kicked that all aside because he didn't like anyone telling him what to do" (p. 36). Albert Ellis (1980) claimed that, "religion goes hand in hand with the basic irrational beliefs of human beings" (p. 15) and "in the final analysis, then, religion is neurosis" (p. 15).

Some mental health providers have had a less negative view of religion, leaning more toward neutrality. Carl Jung, a pupil of Freud's, parted from Freud due to differences over the importance of sexuality and spirituality in one's psychological development (Nielson, 2000). Ironically, Nielsen (2000) stated that "Their parting is described as being quite intense, almost as though Jung were being excommunicated from Freud's 'church.'" Amaro (1998) reports that Jung viewed religion as "the-voluntary or involuntary-relationship between the person and the absolute and most powerful value, be it

positive or negative. This overpowering psychic factor is named God" (p. 3). Storr (1999) stated that in a letter to Freud, Jung discussed the possibility of joining a new society, Knapp's International Fraternity for Ethics and Culture. He quotes Jung as saying, "Religion can be replaced only by religion. Is there perchance a new [sic] saviour in the I.F.? What sort of a new myth does it hand out for us to live by? Only the wise are ethical from sheer intellectual presumption, the rest of us need the eternal truth of myth" (p. 535).

In The Individual and His Religion, Allport (1950) differentiated between a mature religious approach (open-minded)and immature religion (self-serving). Later, he developed scales to measure these approaches to religion, focusing on an intrinsic religious orientation (a genuine interest in religion itself) and an extrinsic orientation (religious behavior as a means to another end).

Eric Erikson held a positive view of the role of religion in psychology. He believed that religious rituals facilitate successful personality development because religions are the primary way that societies promote the virtues (positive resolution of an identity conflict) that coincide with the various stages of life, thus allowing a person to move to the next developmental stage (Nielsen,

2000).

Skinner's focus on behaviorism and psychology's focus on reductionist methods resulted in a lack of interest for religion by many psychologists. The decreased interest in religion by psychologists led to definite distinctions between the fields of psychology and theology. Beit-Hallahmi (1981) observed that after the 1930's, psychology became a special competitor to religion. Douglas (1963) stated, "The decline in the psychology of religion movement was arguably due to a theoretical shift in social sciences toward a more empirical and objective method" (p. 275). Homans (1970) noted, "As interest in religion declined among psychologists, the interests in religion held by members of the 'psychology of religion' movement were subsumed by the development of pastoral psychology" (p. 73).

When Gordon Allport introduced his concept of intrinsic vs. extrinsic distinctions in religious motivation in the 1950's, psychologists' interest in religion began to resume. According to Blank (2004) there was a dramatic increase in the relationship between religion and psychology in the 1970's.

There are a number of examples that demonstrate the current interest in religion and its interface with

psychology. In recent years, a number of journals have been established that report empirical studies of religion. These include the Journal for the Scientific Study of Religion, Review of Religious Research, and The International Journal for the Psychology of Religion. The American Psychological Association established Division 36 (Psychology of Religion) as the primary organization of psychologists who study religion. Interdisciplinary organizations also exist for persons (including psychologists) to report their research findings in the psychology of religion. These include Society for the Scientific Study of Religion and the Religious Research Association. The topic of religion was the cover story of the August 1996 issue of the APA Monitor. There are also a number of books published by the APA that address the role of religion in counseling (i.e. Handbook of Psychotherapy and Religious Diversity; Religion and The Clinical Practice of Psychology).

In spite of these apparent indicators of a current interest in the area of religion and psychology, some people remain dubious. Wulff (1998) stated that religion has never been wholeheartedly welcomed by psychology and that the psychology of religion is, and has always been, on the periphery of the field of psychology. Hood (1970)

agreed, indicating that the psychology of religion has not been able to achieve the type of status awarded to other subspecialties of psychology, such as counseling psychology, clinical psychology and others. Rather, interest in the psychology of religion persists because of the sustained efforts of only a few psychologists.

It seems clear that throughout American history psychology as a science and psychologists as professionals have been viewed as being secular. Although the field of pastoral counseling has emerged as a specialized area of counseling, organizations like the Christian Association for Psychological Studies have helped to bridge theology and psychology. As Blank (2004) notes, "secular psychologists began to finally figure out that religion was important. Even though many psychologists are not religious, they realize it is important to people, that they need to understand it in order to engage it, to study it" (¶8).

Religious practices by mental health professionals reflect both the positive and negative attitudes toward religion held by this group. A number of researchers have documented findings on the religious beliefs and practices of mental health professionals. Regan, Malony, and Beit-Hallahmi (1980) reported that psychologists are less

religious than the general academic population: 34% of the psychologists said they were atheists vs. 2% of the general population, and 23% for a comparable academic sample. Reporting the findings of a 1989 Gallup poll, McGovern (1998) indicated that psychiatrists and psychologists have much higher rates of atheism and agnosticism than the general population: 28% of clinical psychologists and 21% of psychiatrists identified themselves as atheist, agnostic, humanist or "none" compared to 6% of the general population. Neeleman and Persaud (1995) stated that religion is minimally important in the lives of psychologists and psychiatrists. Shafranske (1996) noted that only 26% of counseling and clinical psychologists reported religion to be very important in their lives.

Other studies have indicated that religion does play an important role for some mental health professionals. Shafranske and Maloney (1990) found that the majority of psychologists held some type of religious belief and the majority affiliated with organized religion. In their sample, 65% of the psychologists reported that "spirituality" was personally relevant to them, and 53% agreed that religious beliefs are generally desirable for people. They indicate that most of the research on this topic suggests that mental health professionals have a

sizable personal investment in religion although that investment tends to be less conventional and more personal (Smith, 1999).

This notion of a covert form of religiosity surfaced in a number of studies on the religious beliefs and practices of mental health practitioners. Regan et al. (1980) qualified their results by noting that their findings did not preclude a "covert religiosity"–or belief in a personal god by the psychologists in the study. They further emphasized that there may be a de-emphasis on "overt" (church-going) behavior by psychologists. Bergin and Jensen (1990) concurred, noting that although some mental health professionals are overtly religious, many more may be less traditionally religious.

Religion and mental health have a lengthy, and complex history. The two concepts have, over time, been intertwined, been viewed as separated constructs, and have overlapped. Similarly, mental health professionals, including prominent psychologists, have over time both eschewed religion and alternately recognized its importance. Mental health practitioners have displayed a repertoire of religious practices, clearly different from the general publics.

Although professionals' beliefs and religious

practices have fluctuated, the American public has continually held religion to be an important factor in their lives and have regularly engaged in religious activities. Indeed, the fact that religion is such an integral part of the lives of the American people likely has contributed to the resurgence of attention to religion by psychologists and other mental health providers.

As an example of recent change, the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) lists "Religious or Spiritual Problems" as a viable diagnostic category along with other conditions that may be a focus of clinical treatment. This manual, written primarily by psychiatrists, illustrates the increased interest that medical science has in religion and spirituality.

Religion and Medicine

Historically religion and medicine were often connected in treatment. Myers (2000) noted that "Religious and healing efforts were often conducted by the same person; the priest was also the healer. Maimonides was a twelfth-century rabbi and a renowned physician. Hospitals were first established in monasteries, then spread by missionaries" (¶17).

Like the chasm that developed between mental health

and religion during periods in history, however, so medicine and religion have diverged. As Western Medicine developed to include the advent of penicillin and other medications, people turned from relying on God to heal their sick and turned to the antibiotics and vaccinations of physicians.

Following the similar trajectory of mental health and religion, religion and medicine have been reuniting in recent years. Sloan, Bagiella and Powell (1999) states, "As interest in alternative and complementary medicine has grown, the notion of linking religious and medical interventions has become widely popular, especially in the USA. For many people, religious and spiritual activities provide comfort in the face of illness" (¶1). They further state that "reports continue to indicate interest in this subject among both physicians and the general public" (¶1). Since 1995, Harvard Medical School has attracted, on an annual basis, close to two thousand health professionals in North America to attend its conferences on "Spirituality and Healing in Medicine" (Levin, Larson & Puchalski, 1997).

There is abundant research noting the positive impact of religion on physical health. For example, religious activity has been found to be beneficial in persons with cardiovascular disease. Zuckerman, Kasi and Osterfield,

(1984) researchers from the Johns Hopkins University School of Public Health, found that cardiovascular diseases were significantly reduced in early old age by those who had attended church on a regular basis over their lifetime. Maramot (1982) found that regular church attendance reduced blood pressure by a significant degree. Levin and Schiller (1987) reported that smokers who attended church on a regular basis decreased the risk of having an early stroke by 700%.

Thompson (1997) studied women with gynecological cancer and found that 93% of the women said that faith helped them to cope, 75% admitted that religion played a significant place in their lives, and 49% said they felt they had become more religious following the onset of cancer. Thompson also reported that following this study, for the first time ever in a major OB-GYN journal, it was recommended that doctors support patients in their religious coping.

McGovern (1998) reported that Dr. Harold Koenig at Duke University Medical Center found that those who attended church were 50% less likely to have the kind of elevations of a blood protein that indicated an impaired immune system. A Dartmouth Medical Center study demonstrated that one of the best predictors of survival

among 232 heart surgery patients was the degree to which they drew comfort and strength from religious faith and prayer (Lauer, 2003). At the University of Miami, a research study showed that long-term AIDS survivors were more likely to be involved in religious practices and volunteer work (Lauer, 2003). Studies showing the positive impact of religious activity on health issues including colitis, cancers of many different types, chronic pain, headaches, and infertility are plentiful.

Not all of the research on the connection between religion and health has been positive. McGovern (1998) reported that approximately 5% of the medical research studies show a negative effect from religion. It should be noted that these studies are correlational in nature. However, the evidence is strong enough that religion impacts medical health that more than half of the medical schools in the United States now offer courses on how to talk to patients about faith and illness (Kalb, Underwood, Pierce, Raymond, Hontz, Springen, & Childress, 2003).

Religion and the General Public

Just as the definitions of religion and people's ideas about it are diverse, so too, are the religious practices of the American people. Polls in the 1970's showed that although 41% of the adult population of the United States

did not identify themselves as members of an organized religion, they nevertheless claimed to espouse strong religious beliefs on a personal level (Princeton & Gallup, 1978). Roof and McKinney (1987) reported that the trends during the 1970s and 1980s among mainline religious bodies in the United States showed a decrease in membership and an increase in membership among groups once consigned to the periphery.

According to Hout and Fischer (2002), people disengage from organized religion when they leave home, but recommit when they start their own family. In agreement, Lippy (1994) stated that "although many persons will become involved with a formal religious institution at least while they are rearing children, most assume that no single group captures the whole of religious truth; hence they are more likely to have a practical rather than affective relation to a denomination or similar body. They will remain part of the group while it functions to give some semblance of meaning, provides an experience of community, or offers opportunities for social contact. But they will not retain long-term loyalty once the group ceases to function in these ways" (p. 230). Lippy (1994) further reported that many persons who once maintained formal religious affiliation cease to do so, while others who had previously

eschewed membership in a religious institution take on such commitment. Renouncing religious afiliation does not mean that people necessarily abandon religious belief; they may instead develop personally tailored religious world-views independent of religious institutions.

Overall, Americans value the role of religion in their lives. Commager (1973) reported, "Gallup surveys continue to indicate that one-third of the American people regard religious commitment as the most important dimension of their lives. Another third regard religion as a very important, though not the single most dominant, factor in their lives" (p. 175). The Princeton Religion Research Center (1995) reported Gallup results that remained consistent over four decades of scientific polling. These findings indicated that 92% of Americans report a religious preference with the predominant faith being Christianity (at 83%). Ninety-six percent indicated a belief in God or a universal spirit.

In accordance with these findings, it has been noted that the majority of Americans have been raised with a religious upbringing. About 6.5% of adults in the late 1990's indicated that they were raised without religion, up from 2.5% in the early 1970's (Hout & Fischer, 2002). Although the number of persons being raised without any

form of religion has increased over time, the majority of people in the country continue to be raised with some form of religion.

Similar findings were reported by McGovern (1998). A 1997 Gallup poll for CNN and USA Today found that 96% of Americans believed in God or a universal spirit and 61% claimed that religion was very important in their lives. Thirty percent attended church or synagogue at least once a week, and 43% attended often. McGovern also reported that a CBS News poll of 1000 adults found that 59% of Americans said that religion was very important or extremely important in their daily lives and that 60% prayed at least once a day. Bryjak (2003) reported that a recent international survey by the Pew Research Center found that 6 in 10 Americans agreed that religion played an important role in their lives, "by far the highest of any modern industrial society investigated" (p. 22).

In terms of specific affiliation, Acomb (2001) reported the results of a poll for ABC News and Beliefnet, which indicated that the religious affiliations in our nation are as diverse as the country itself. More specifically, 53% of those surveyed identified themselves as Protestant, 22% said they were Catholic, 13% claimed no religion, 8% said "other Christian", and 4% said they were

"non-Christian".

As for the youth in this country, Smith, Denton, Faris, and Regnerus (2002) noted that the largest block are Catholic (24%), followed closely by Baptists (23%). Church of Christ, Methodist, and other Protestant groups follow with small minorities of the total population. Adventists, Congregational, Eastern Orthodox, Muslim, Christian Science, United Church of Christ, Hindu, Unitarian, Quaker, National Baptist and Baha'i each represented less than 1% of youth. Thirteen percent of American youth claimed to have no religion in 1995, an estimate closely proportional to the size of nonreligious adults. Smith et al. (2002) further stated, "The number of American adolescents within the Christian tradition has been gradually declining over the last two and one-half decades. The number of youth in the "other religion" category has grown between 1976 and 1996 by 5%, which may be due in part to immigration from other countries. The number of youth reporting "none" for religion has increased by 5%" (p. 614). The majority of church-attending youth claim that they go to religious services not only because their families make them, but because they themselves want to (Gallup, 1999).

The religious trends of Americans seem to have undergone changes over time. Numerous researchers reported

that, as of the mid-1990's, over the last half century,

traditional religious affiliation, understood as membership

in an organized religious group and maintenance of loyalty

to that body, had become less important to ordinary

Americans (e.g. Wuthnow, 1988; Roof & McKinney, 1987; Roof,

1993). In addition, more than eight hundred new religions

were documented in the United States in the twentieth

century (Melton, 1993). As Lippy (1994) reported, "as more

formal religious alternatives become available, beliefs,

values, and practices emerging from them will gradually

diffuse throughout the larger culture" (p. 233). Hout and

Fischer (2002) noted that the proportion of adults with no

religious preference doubled from 7% in 1991 to an

unprecedented 14% in 1998. In addition, these authors

report that the proportion of religionless adults (those

disengaged from organized religion) with an unfaltering

belief in God surged between 1991 (13%) and the year 2000

(29%).

Interestingly, the idea of "popular religion" has been

reported in different eras. Schneider and Dornbusch (1958)

commented that popular religion was seen as a practical,

technique-laden approach to being religious, one that

emphasized the function of religion in enabling ordinary

people to deal with the problems they confronted in daily

life. It brought them inner happiness and emotional security. Popular religion was linked to sentiment or feeling more than to formal, reasoned doctrine and practice.

Lippy (1994) stated that popular religion exists alongside formal religious belief and practice. Popular religion points to the ways in which individuals take religious belief, interpret it in practical terms, and put it to work to do something that will give order and meaning to their lives. Lippy goes on to say that, however defined, popular religion has to do with what ordinary people believe and practice and how they incorporate such into their own lives.

Although religious practices in America have changed, America is, and has always been, a religious country. Historian Paul Johnson (1976) stated, "Today it is generally accepted that more than half the American people still attend a place of worship over a weekend, an index of religious practice unequaled anywhere in the world, certainly in a great and populous nation" (p. 463).

There are also perceived commonalties about people who are considered to be religious. Dr. Robert Putnam, a Harvard University professor, in a study of 30,000 people, found that people with religious ties scored higher in

measures of trust of others and were likely to have a wider, more diverse circle of friends than people without religious beliefs and connections. He also noted that persons with strong religious views and connections tended to rate lower than average in tolerance for people with ideas different than their own (Schwin, 2001). Ashby and Huffman (1999) wrote that religious persons may be perfectionistic in adaptive ways (i.e., high personal standards, but not in maladaptive ways (i.e., discrepancy, procrastination, and anxiety). Brennan and London (2001) suggested that "There is a positive association between religiosity and "niceness", perceived cooperativeness in interviews." (p. 129)

Various aspects of religion have been described by Low and Handal (1995) with regard to unidimensional versus multidimensional conceptualizations. For example, religion has been explained in terms of single facets, such as church attendance versus inclusion of many facets of religion (Glock, 1962). Religion has also been defined in subjective (focus on personal experiences of faith) versus objective definitions (institutional experiences of faith)(Spilka, Hood, & Gorsuch, 1985). In addition, religion has been defined in terms of intrinsic versus

extrinsic motivations in seeking religion (Allport & Ross, 1967).

Religiosity/Religious Devotion

One aspect of religion which "requires a multidimensional conceptualization" (Peacock & Poloma, 1998) is religiosity, also called personal religious devotion. Schafer (1997) reported several religiosity or religious devotion variables that reflect different aspects of the religious experience. These variables include: belief in God, importance of religion, being a born-again Christian, dependence upon a larger power, belief in heaven and hell, belief in life after death, degree of spirituality, having a clear sense of meaning and direction, more frequent attendance at religious services, and more frequent prayer.

Reporting on the results of a survey measuring these variables, Schafer (1997) found that uncertainty about the existence of God resulted in lower personal distress than either belief or nonbelief. Greater importance of religion in respondents' lives was associated with higher personal distress, contrary to expectation. Having a clear sense of meaning and direction was strongly associated with lower personal distress. In another study completed by Peacock and Poloma (1998), a person's perceived closeness to God

was found to be a strong indicator of life satisfaction.

Hunsberger (1985) theorized that there are differing trends in religiosity following the teen years. They suggest that one possible trend is for there to be a sharp decline in religious activity during the twenties, followed by a continuous increase from age 30 onwards. Another possible trend is that very little change in religious activity takes place with age. A third possibility is that there is a continuous decline of religious activity with increasing age.

Kahoe (1974) reported that studies have shown that intrinsic religiosity is related to internal locus of control. Intrinsic religiosity also has been shown to be related to a sense of purpose in life (Crandall & Rassmussen, 1975), to control of alcohol consumption (Patock-Peckham, Hutchinson, Cheong, and Nagoshi, 1997) and to empathy (Watson, Hood, Morris, & Hall, 1984). "The Intrinsic score reflects a kind of religiosity marked by inner conviction, spiritual experience and resistance to social pressures contrary to one's beliefs" (Bergin & Jensen, 1990).

Extrinsic religiosity has been correlated with shame and neuroticism (Chau, Johnson, Bowers, Darvill, & Danko, 1990), to trait anxiety (Baker & Gorsuch, 1982), and to

depression (Genia & Shaw, 1991). Johnson, Ridley, DeVries, and Pettorini, (1990) have linked extrinsic religiosity with irrational beliefs and Donahue (1985a) linked extrinsic religiosity with dogmatism and a fear of death. "The Extrinsic score reflects a dependency upon religion for emotional support and for social approval and social influence" (Bergin & Jensen, 1990).

According to Donahue (1985a) research indicates that *I* (intrinsic) is a good, unidimensional, nondoctrinal indicant of religious commitment. *E (extrinsic)* on the other hand, seems to measure the "sort of religion that gives religion a bad name: prejudiced, dogmatic, fearful". (p. 416)

Persons with intrinsic orientation are people who find their primary meaning in religion. They are people who could be described as living their faith (Knox, Langehough, Walters, & Rowley, 1998). Kaldestad (1996) described the person scoring highly on the Intrinsic scale as one who has his/her Christian belief as the meaning and the goal of his/her whole life. Highly Intrinsic people have religion integrated in their personality. Kaldestad says that the opposite is true for persons scoring high on the Extrinsic scale. These people do not have religion highly integrated into their live or their personality. Highly extrinsic

people view religion as instrumental and as serving a utilitarian purpose. These people use religion to get assurance, consolation, relief and social acceptance. They may compromise with their religion in order to promote their own social or economic interests.

Richards (1991) conducted research which suggested that greater intrinsicness was associated with more religious well-being and guilt proneness. Greater intrinsicness was also associated with less functional, attitudinal, and emotional separation from one's parents. Greater extrinsicness was related to more shame proneness. Greater extrinsicness was also associated with less functional separation from one's mother and less conflictual separation from one's mother and father.

There has been a criticism raised concerning the validity of the *I* scale. The criticism that this scale is denomination-specific was first raised by Feagin (1964) in order to explain the low standard deviations and high *I* subscale scores in his Southern Baptist sample. Strickland and Weddell (1972) studied both Baptists and Unitarians and found that Baptists did tend to be intrinsically oriented and Unitarians were more extrinsically oriented. These researchers suggested that the scales "might have considerable drawbacks" (p. 398) when used with

nontraditional groups. Donahue (1985b) found only four studies which reported means or medians on the Allport *I* and *E* scales. His findings were that both high *I* and low *E* means were associated with conservative Protestant samples.

One group of researchers, when speaking of interdenominational differences in mean scores, stated that to find higher *I* and lower *E* scores among any group that reports high religious commitment (for example, students at a conservative denominational college) would be expected (Dodrill, Bean, & Bosrom, 1973). Donahue (1985a) reported that smaller, more sect-like groups would be expected to have higher *I* and lower *E* scores than larger denominations due to their more stringent membership requirements. He further suggested that to determine whether this indicates the denominational specificity of *I* and *E*, the mean *I* and *E* scores among respondents of various denominations (all of whom score high-or low-on some other measure of religious commitment) would have to be measured and compared.

Knox et al. (1998), utilizing the Allport Spirituality Scale, found that both women and younger students had scores reflecting higher intrinsic spiritual scores than did men and older students. The data from this study suggest that high religiosity is associated with a number of positive outcomes. For example, those with higher

religiosity scores were significantly more likely to have higher self-esteem, to have more assets for healthy growth, and to report having engaged in fewer antisocial behaviors, than did those scoring lower on religiosity.

A growing body of research has been exploring the possibility of creating a fourfold typology, in addition to using the I_ and E as individual, unipolar scales. The fourfold typology may include those who score high on *I* and low on *E*, calling them Intrinsics*;* those who score low on *I* and high on *E*, called Extrinsics*;* those who score high on both scales, the Indiscriminates*;* and those who score low on both scales, the Nonreligious*.*

Theories measuring a person's strength of faith are another way that multidimensional models of religiousness can be measured to provide criteria to help therapists distinguish between the healthy and maladaptive aspects of their clients' religiosity (Genia, 1994).

There is research suggesting that there is a significant association between faith development and age-related developmental tasks (Cornwall, 1989). Peacock and Poloma (1998) noted that research of this type is significant because it provides recognition that religious faith changes over the lifespan. They also stated that such

research implies that religiosity is modifiable, adaptive, and therefore not necessarily linear.

Internal Representation of God

Just as religious faith is said to change over the lifespan, so too, may a person's image of God. Noffke and McFadden (2001) suggested that conceptualizations of God may change over time as a person's cognitive processes develop.

A significant amount of information about God Image is available in the literature. Rizzuto (1979) describes God image as being a psychological working internal model of the sort of person that the individual imagines God to be. He goes on to say that this model is not an internal reification, a thing within the mind, but is more like a "compound memorial process" (p.54), made up of memories from various sources and associating them with God. Lawrence (1997) suggests that the roots of God image are experiential and not conceptual.

Most authors believe God image is influenced by family, society, and self-image. For example, Hertel and Donahue (1995) stated, "Images of God are likely to reflect social qualities valued not only by societies but within such smaller social units as regions, denominations, congregations, and families" (p. 186). Piedmont, Williams,

and Ciarrocchi (1997) pointed out that images of God can be
influenced by internal sources such as one's self-image and
by external sources such as religious writings. From an
external influence perspective, God-image, according to
Bassett and Williams (2003), is not a projection of
personal attributes but is instead shaped by cultural
depictions, such as biblical writings, hymns, and sermons.

There has been mention that individuals' relationship
with their own parent(s) may influence their image of God.
Kirkpatrick (1992) applied the attachment theory of Bowlby
(1969/1982) to God image. He suggested that "safe haven"
and "secure base," the roles of the attachment figure, are
also the foundation of the God image. The safe haven is a
figure to whom the person may retreat and reliably find
present for support as needed. The secure base relates to
the same figure and one whose availability serves to
empower or challenge the person to move out and explore his
or her world.

Pencheff (1976) believed that many people have found
the concept of God distorted and blocked because of early
experiences with figures of authority. Van Kaam (1976)
stated that:

the tenacious hold of these infantile patterns on our
spiritual endeavors can be traced to their emotional

origin. They go back to interactions with parents. They way we experienced and coped with these early relationships may have become for us the model of our relationships with God. For instance, a stern parent instilled an excessive experience of guilt in a child. As a result an obsessive guilt feeling may characterize his [sic] spirituality later in life. The perseverance of such early influences can be understood if we realize how vulnerable an infant is in his smallness, in his utter dependency. How powerful, almighty, threatening, the grownups must seem to him. How much more menacing the parents must appear to the infant when they are unpredictable, severe or tyrannical—often in the name of a religious ethic the child cannot yet understand or master (p. 75).

Lawrence (1997) spoke to the developmental aspect of God image formation. He stated that as a child begins to form a content for the word "God," other memories, usually those originally associated with primary caregivers, are given an additional coding for God. He also says that the God representation or God image, not being tied to direct personal experiences, can be more freely adapted by the individual as needed. The God image can thus be

reconfigured and can function as what Winnicott (1953) calls a "transitional object" in the sense that it exists on the boundary between the internal and external worlds.

The importance of a person's point of reference in defining his or her God image was noted by Kunkel, Cook, Meshel, Daughtry, and Hauenstein (1999), "A fundamental point of demarcation in researching God images concerns the extent to which such images are viewed as corresponding to an external reality" (p.193). They further noted that God image research "might be properly termed phenomenological in the sense of being concerned with how people come to construe God in consciousness and relatively unconcerned with how individual constructions might correspond to external reality" (p. 194).

Several researchers have reported on Americans' images of God, some of which findings support the previous research. Hertel and Donahue (1995) found that girls were significantly more likely than boys to view God as love. Conversely, boys were significantly more likely to view God as authoritarian. "By wide margins, however, all groups were more inclined to see God as love than as authority" (p. 192). These same authors found, "as expected, the greater the tendency for parents to view God as loving, the greater the tendency of their children to view parents as

loving. They concluded that the God images of each parent affect youths' impressions of that same parent" (p. 192).

Vergote, Tamayo, Pasquali, Boinami, Pattyn, and Custers, (1980). (1980) reported cross-cultural studies showing that Americans emphasize paternal qualities in describing the Deity more than do people from other countries. They further reported that God images tend to become more maternal with the respondent's age and for respondents with greater education. Yet, on the whole, God image is highly paternal for both males and females. Additionally, Nelsen, Cheek and Au (1995) found through factor analyses that Catholic American males held the traditional image of God.

A battery of religious imagination items was included in the 1983 General Social Survey (GSS), one of the most extensively used survey instruments with questions concerning respondents' denominational affiliation and religious beliefs and practices (Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000). Respondents in this survey were asked about twelve images of God: Judge, King, Lover, Master, Father, Redeemer, Friend, Healer, Mother, Liberator, Spouse, and Creator. For the sample as a whole, "Creator" was the dominant image (82%), and Spouse was the least popular choice(17%). Of interest,

fully one-fourth of the American population indicated that they can image God as being like "Mother." While this is a substantial number of Americans, it remains far fewer than the number who adheres to the more traditional "Father" image.

Potvin, Hoge, and Nelsen (1976) reported that drawing on loving parental images facilitates the development of a personal God image in some adolescents. These authors also stated that the level of parental control and non-permissiveness were related to an image of a punishing God. Hertel and Donahue (1995) suggested that the link between loving images of parents and God may derive either from the projection of children's images of parents or from loving parents' success in socializing their children to view God as loving.

Americans' image of God seems to be changing. Americans emphasize the supportive image of God, according to Nelsen and Kriliczak (1984). These authors stated that these findings suggest a change in Americans' images of God from traditionally construing God in masculine terms to viewing God much less as judge. Nelsen, Cheek and Au (1985) offered additional support for the notion that the American view of God is changing. "While Americans are far more likely to choose "father" than "mother" as an adjective for

God, this traditional term for God means something different from what it meant for our ancestors. It captures the view that God is supportive, and no longer refers to the old imagery of a punishing or even powerful figure" (p. 402). Hertel and Donahue (1995) refer to their finding of Americans' prevalent pattern of imaging God as being loving over authoritative as being "striking" (p. 192).

Some research, however, contradicts the notion that Americans' image of God has been changing over the past decades. Kunkel et al., (1999) described the results of their research as being consistent with those of other investigations in suggesting that images of God tend to be "androcentric and traditional" (p. 191). In this study of 20 undergraduate students, the researchers asked participants to complete a thought-listing task in which they provided one-, two-, or three-word responses to an unstructured prompt, attempting to discover how they viewed God. Results suggested that the participants in this study tended to view God as masculine, powerful, and nurturant.

Commenting on (Freud's 1913) assertion that the God concept is a father figure projection, both Nelson and Jones (1957) and Strunk (1959) obtained inconsistent results concerning the predominance of either a masculine or feminine God concept. Kirkpatrick (1992) stated that

attachment theory proponents view these inconsistent findings as supportive of the contention that individuals perceive God as being similar to their preferred primary caregiver.

Additional research findings supported the inconclusive results concerning whether gender differences in God concepts exist. Nelsen, Cheek, and Au (1985) showed that women emphasize the image of God as a healer. Hammersla, Andrews-Quails, and Frease (1986) found that women viewed God as more relevant and less punitive than men. Yet several studies, as noted by Noffke and McFadden (2001), have also revealed that men and women endorse similar perceptions of God (Greeley, 1989; Roof & Roof, 1984).

The relationship between God concepts and self-concepts has been of primary research interest (Kirkpatrick 1992; Spilka, Addison, & Rosensohn, 1975). The results of this research corroborate the attachment explanation that those who believe their attachment figures love them will likely view themselves as lovable (Kirkpatrick, 1992). For example Benson and Spilka, (1973) reported that self-esteem was positively correlated to loving-accepting God concepts and negatively to rejecting God concepts. Similarly, Roberts (1989) reported that individuals who perceived

themselves as critical projected a corresponding image of a disciplining God. Lawrence (1997) stated that God image, like the self image, is a transitional object.

Studies also revealed a relationship between participation in religious activities and God concepts. Benson and Spilka (1973) concluded that the frequency of devotions, religious discussions, and church attendance positively correlated with a loving God concept. Similarly, Hammersla et al. (1986) reported that religiously committed participants endorsed a positive God image, whereas the least committed participants endorsed a negative God concept (Noffke & McFadden, 2001).

The research on God image is impressive and the results varied. Kunkel et al. (1999) concluded that even within similar developmental or social categories, an individual's God images seem to be highly personal and variable. Roof and Roof (1984) similarly reported that "believers differ in their notions of the Deity and in their choice of images for describing God" (p. 201). The conclusion of Bassett and Williams (2003) was that "overall descriptions of God were favorable, strong, gender neutral, and most like a nurturing parent" (p. 132).

Religious Affiliation

Religious affiliation is typically thought of in terms

of specific denominations. Steensland, Park, Regnerus, Robinson, Wilcox and Woodbury (2000) state that denominations are part of larger religious traditions that have elaborate sets of creeds, teachings, rituals, and authority structures.

America is a denominational society (Greeley, 1972). In fact, according to Wald (1987), "Americans are more involved in religious denominations than in any other kind of voluntary association, including labor unions and ethnic organizations" (p. 532). Denominations generate their own worldviews through symbols, pedagogy, and rituals (Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000). Denominations shape their members' views of political and economic issues through formal preaching from the pulpit and informal discussions among parishioners (Wald, Owen & Hill, 1988; Welch, Leege, Wald, & Kellstedt, 1993).

Because religion and a particular denomination can have such a large impact on a person's attitudes and behavior, it is important that scholars adequately measure religious affiliation as one dimension of religion. (Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000). Rather than focusing on the specific measurement of religious denomination, psychologists have tended to study

the influences of religious belief as a whole. Measurement of specific denominational differences has been primarily attended to by sociologists (Noffke & McFadden, 2001).

Classification schemes based on denominational affiliation are the most common approach in religious classification, particularly for Protestants (Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000). This approach dates back to Glock and Stark's (1965) discussion of the "new denominationalism" in American religion. Finlay and Walther (2003) noted the importance of pointing out that the category "Protestant" covers a wide diversity of attitudes, and research must separate these groups into meaningful categories in order to understand the impact of religious affiliation.

Smith (1990) constructed the most widely utilized scheme for classifying religious groups using the GSS. Smith placed survey respondents on a fundamentalist-moderate-liberal continuum based on their denominational affiliation.(Steensland, Park, Regnerus, Robinson, Wilcox, & Woodberry, 2000).

Utilizing a classification system that was attentive to distinctive religious traditions, Steensland, Park, Regnerus, Robinson, Wilcox, and Woodberry, (2000) determined that by asking the specific names of the church

the respondent attends, valuable information is obtained that can be used to clarify ambiguous responses to other affiliation questions. These authors further state that using this conservative-liberal continuum in conjunction with denominational affiliation and church attendance would provide a multidimensional measure of respondents' religiosity based on belief, affiliation, and behavior, respectively. The authors believe that further advances in measurements such as these are necessary to keep pace with American religion in all its complexity.

Sherkat (2002) examined data from the 1973-1998 General Social Surveys to analyze denominational growth and decline, as well as patterns of religious switching. He found that ""black mainline" Methodist and Baptist denominations lose members from switching and have lower market share because of the ascendance of conservative sects" (p. 485). He further noted that Black nonaffiliation is growing, particularly in the post-civil rights cohort.

One of the most significant demographic changes in American religion is recent years has been the growth of nondenominational Protestants (Woodberry & Smith, 1998). According to these authors, this group tends to resemble evangelical Protestants in many theological beliefs, yet in most cases individuals actively decide to affiliate with

independent "Bible churches" (or, increasingly, "mega-
churches") that are not formally associated with larger
denominational structures. However, a recent study
estimated that over 10% of people who attend church are not
affiliated with any specific denomination (Chaves,
Konieczny, Beyerlien, & Barman, 1999).

Determining the benefits and/or negative consequences
of belonging to a specific denomination are also important.
Systematic research continues to identify consequential
effects of denominational attachments and denominational
variations in religious behaviors and beliefs (Cavendish,
Welch, and Leege, 1998; Ellison and Sherkat, 1995; Sherkat
and Cunningham, 1998; Sherkat 2001).

Sherkat (2002) stated that religious affiliations are
particularly important because they "evidence ties to
organizations that control considerable resources" (p.
486). In a study exploring the relationship between
religious participation, religious affiliation, and
patterns of wealth accumulation, Keister (2003) noted that
religious affiliation in childhood and adulthood can shape
action indirectly by altering fertility and marriage
behavior, educational attainment, work behavior, and other
behaviors and processes that influence wealth ownership.
The author recognized, however, that religion is an

important element of culture. Therefore, it directly affects wealth accumulation by defining the goals people identify as important, creating a repertoire of skills and knowledge that people draw on when making decisions, as well as determining the nature of people's social contacts.

There is some research available which provides denomination/religious category-specific information. For example, Gorsuch (1968) suggested that liberal and fundamental denominations would vary in their perception of God as companionable, benevolent, and wrathful. Noffke and McFadden (2001) noted that Evangelicals consistently report higher agreement with traditional descriptions of God including: the Vindictive, Stern Father, Supreme Ruler, and Allness factors. However, these authors add that Evangelicals' higher endorsement of the Kindly Father factor does not appear to reflect a conservative view of God: high endorsement of this factor may be expected from liberal denominations that de-emphasize God's restrictions and judgment.

Noffke and McFadden (2001) also stated that Evangelicals perceived God as the most accessible, followed by Catholics and then Methodists. They concluded that for these groups, high denominational commitment appears to be associated with perceptions of God as less distant.

Religion and Mental Health

Just as religious activity has been demonstrated to improve many physical health conditions; it has also been implicated in the improvement of many psychological/mental health issues. Martin (1984) reported that "the practice of religion reduced the rate of suicide, both in the United States and abroad" (p. 1167). Stack (1985) goes so far as to state, "the rate of church attendance predicts the suicide rate better than any other factor (including unemployment, traditionally regarded as the most powerful variable). Those who attend church are four times less likely to commit suicide than those who never attend." (p. 440). Larson and Larson (1991), a professor at the University of Michigan, conducted a correlational survey of persons with medical problems to assess their accompanying levels of depression. He found that those who attended religious services regularly were less depressed than those who did not. The findings held across age, race, socioeconomic status, educational attainment, and religious affiliation.

In a longitudinal study of 720 adults, Larson and Larson (1991) reported that regular religious attendance was related to much less psychological distress. Mookherjee (1994) found that "Religious affiliation and regular church

attendance are near the top of the list for most people in explaining their own happiness" (p. 404). This particular finding is not new. Moberg (1979) reported, "Happiness is greater and psychological stress is lower for those who attend religious services regularly" (p. 143). Researchers at the University of California at Berkeley found in 1971 that those persons who were religiously committed had much less psychological stress than those who were uncommitted (Williams, Larson, Buckler, Heckman & Pyle, 1991).

The fact that mental health issues have been demonstrated to improve with greater religious practice could lead one to believe that persons with consistent religious practices would be eager to enter mental health treatment. However, that has not been the case.

Mental Health Service Utilization

In the past, as previously noted, religious and healing activities were often conducted by the same person. People saw the same person for their religious guidance and counseling as they did for their physical health concerns. Today, clergy and psychiatrists/psychologists are used for different purposes, according to Sorgaard, Sorensen, Sandanger, Ingebrigtsen, and Dalgard (1995). These authors state that clergy are consulted more for issues concerning the hardships of daily living, such as personal crises,

grief, etc. Psychiatrists/psychologists, on the other hand, are consulted for problems that are more serious or long-lasting.

Researchers have long noted the fact that mental health services are underused. Many scholars believe that negative opinions about mental illness, attitudes toward help seeking and expectations about psychotherapy are responsible for the causes of underuse of mental health services (Quakenbos, Privette, & Klentz, 1985; Von Sydow & Reimer, 1998)

Psychologists, psychiatrists, social workers, clergy and others in mental health professions often refer patients/clients to others within the field if the needs of a particular individual could best be met by another of these specialists. However, according to Sorgaard, Sorensen, Sandanger, Ingebrigtsen, and Dalgard (1995), "What is often the case is that psychiatry restricts its scope of collaborators to health institutions, forgetting other types of organizations, such as the Church" (p. 180). Attitudes like this are not likely to be restricted to psychiatrists. Therefore, professionals themselves may be responsible for some of the underutilization of mental health services.

The general public has specific ideas about the role

of mental health professionals. According to Angermeyer, Matschinger, and Riedel-Heller (1999) the public's opinion is that mental health professionals are helpful in treating schizophrenia but are not helpful in the treatment of depression. These authors state that the public "clearly favors" (p. 207) the lay support system for treating depression and believes in involving the family physician.

Some studies address the public's perceived role of religion and/or religious persons in therapy. A survey conducted with a sample of South Florida residents revealed that although 79% believed it was important to include religious values in the discussion during the course of psychotherapy, only 35% preferred some form of religious counseling (Quakenbos, Privette, & Klentz, 1985).

It may be the case that persons who have a favorable opinion of counseling are also supportive of consulting either a religious person or a lay person. A study conducted in Norway found that people contacting priests also had a stronger general willingness to seek help from other professionals compared to the general population (Sorgaard, Sorensen, Sandanger, Ingebrigtsen, & Dalgard, 1995).

Research has shown that many people who need help for emotional problems, Christians in particular, turn to

clergy (Worthington & Scott, 1983; Griffith & Young, 1988).
Many religiously committed people in emotional distress
turn to religious counselors. "Research spanning 20 years
indicates that about 40% of people seeking help for
psychological distress prefer going to a clergyperson over
other mental health professionals" (Chalfant & Heller,
1990, p. 305). Chalfant and Heller (1990) obtained similar
findings in a sample of El Paso residents and also
demonstrated that choice of clergy as a source of help was
highest among persons who frequently attend church. This
finding was similar for Roman Catholic, liberal Protestant,
and conservative Protestant respondents. Mexican
respondents, however, were more likely than were Mexican
American or Anglo respondents to select clergy as a
potential mental health resource. Genia (1994) suggests
that preference for religious counseling may be related to
ethnic identification.

Attitudes Towards Seeking Psychological Services

Whether or not individuals seek mental health services
depends on their attitudes toward help-seeking. Numerous
variables predict attitudes toward help-seeking, including
gender, ethnicity, education level (Hall & Tucker, 1985;
Nickerson, Helms, & Terrell, 1994; Tijhuis, Peters, &
Foets, 1990), and fears of social stigma (Deane & Todd,

1996). Atkinson (1983) included in the factors that determine one's willingness to seek professional psychological help the ethnicity of the professionals offering the services. Dixon and Glover, (1984), as well as Rotter (1978) further add that the beliefs and expectations the prospective client holds regarding the professionals offering the service impacts his or her willingness to seek help.

A person's level of education was noted above as one of the determinants of a person's willingness to see mental health services. According to Leaf, Bruce, Tischler, and Holzer (1987), "Receptivity to actual use of mental health professionals for psychological problems increases with education." Fischer and Cohen (1972) provide a possible explanation for the connection between education level and help seeking attitudes. These authors suggest that "newer (younger) students are less trusting of establishment representatives (social change agencies, professionals) than the advanced (older) students" (p. 73).

The perceived cause of the distress was noted in the research as an important aspect regarding help-seeking behavior. Persons who perceived "uncontrollable" external and internal influences as causing mental disorders were more likely to seek professional help from a general

practitioner or from a mental health professional. If the
cause of mental disorders was perceived to be related to
stress, persons in this study were less likely to seek help
at a mental hospital (Angermeyer, Matschinger, & Riedel-
Heller, 1999).

Much attention in the literature has been given to the
differences between males and females in terms of their
willingness to seek mental health services. Robertson
(1989) found that predictions of positive attitudes toward
traditional counseling included higher feminine scores on a
gender role measure and higher social scores on a
personality measure, whereas negative attitudes were
related to high scores on various masculinity measures. An
investigation by Getsinger and Garfield (1976) indicated
that males perceived counseling psychologists as likely
sources of help for emotional, family, interpersonal, and
sexual problems. General counselors, on the other hand,
were perceived as more likely sources of help for
vocational and educational problems.

The results of a study by Leong and Zachar (1999) also
indicated that females held more positive attitudes toward
seeking help than males. Moreover, these authors stated
that "people's opinions about mental illness, especially
more benevolent, less authoritarian, less socially

restrictive and higher mental hygiene ideology perspectives, accounted for a significant percentage of help-seeking attitudes beyond the percentage accounted for by gender." (p. 123)

Commenting on their 13-year study, Rule and Gandy (1994) noted that women overall were more likely to seek out a close friend to talk with. They also noted that males were less likely to seek out a psychiatrist, whereas females were more likely to seek out a psychiatrist.

The role of lay support was noted in additional research. In a German study investigating the lay public's attitudes toward help-seeking for psychiatric disorders, Angermeyer, Matschinger, and Riedel-Heller, (1999) stated, "the role of the lay support system in the help-seeking process for mental disorders was most pronounced, followed by mental health professionals (psychiatrists and psychologists), general care providers and self-help groups" (p. 207). They further reported that attitudes and belief systems prevalent in society have a major impact on help-seeking behavior. This is true both in terms of how those in the suffering person's social circle perceive help-seeking and how the suffering person views help-seeking.

College Student Help-Seeking Attitudes

A fair amount of research was available about the help-seeking attitudes of college students. Karnopp (2001) noted the importance of having information about college students' attitudes about help-seeking. "Given the possible effects that help-seeking attitudes have on utilization and effectiveness of mental health services, those who provide mental health services on college campuses would benefit from information regarding students' attitudes and willingness to seek psychological help. More importantly, knowing specifically how various college-related factors correlate to students' attitudes toward seeking psychological help may give educators and practitioners alike an idea as to how to increase mental health service utilization" (p. 4).

Greenley and Mechanic (1976) reported that being female affected generalized help-seeking behaviors of college students. Cook (1984) found that female college students had greater potential interest in counseling than did males. Neal's (1983) findings revealed that females were relatively more aware of counseling services and were proportionately greater users of these services. Voit (1982) found that college students with female sex-role identity were more likely to seek counseling.

Fischer and Turner (1970) wrote, "As expected, the examination of gender differences indicated that female college students had more positive attitudes toward seeking psychological help than male students did. This difference included greater recognition of need for help, greater confidence in the mental health practitioner, and more interpersonal openness" (p. 89).

Interestingly, Shack-Finger (1988) found that female college students had more positive attitudes toward help-seeking behavior. However, there was no significant sex differences in actual help-seeking behavior.

Rule and Gandy (1994), in a longitudinal study of a group of college students, noted that for comparisons within each year, females were significantly more likely to seek help. However, comparisons between years found no significant differences between the genders.

Researchers have addressed numerous possible elements that affect a person's attitude toward help-seeking. Gonzalez, Tinsley, and Kreuder (2002) note that "mental health research has established that personal experience continues to be the most consistent and powerful correlate of attitudes and beliefs about mental illness and mental health services, and those attitudes and beliefs predict whether individuals actually seek help" (p. 59).

Persons of Faith and Help-Seeking Attitudes

Information about persons of faith and their willingness to seek mental health services has also been researched. In a cross-cultural study between Asians and Westerners, Sheikh and Furnham (2000) noted that culture was not a significant predictor of attitudes towards seeking professional help for mental distress. These authors found that among the religious persons they studied, Muslims had the least positive attitudes for seeking professional help and those with no religious affiliation showed the most positive attitudes to seeking professional help.

Fischer and Cohen (1972) found that Jewish students tended to express more favorable attitudes toward seeking professional psychological help than Protestants or Catholics. Cooperman (1983) noted that religion appeared to be correlated with help-seeking attitudes, stating that Protestants and Jews had more positive attitudes than Catholics and other religions.

In a study of evangelical Christians, Taetzsch (1986) reported research participants strong preference to seek help from an evangelical Christian psychotherapist as opposed to a psychotherapist of any other religious background whether non-evangelical protestant or atheist.

He further noted that Evangelical Christians who were more religiously conservative showed a more negative overall attitude toward seeking professional psychological help.

Taetzsch (1986) also found that evangelical Christians with a more negative view of human nature had more negative overall attitudes toward seeking professional psychological help and showed less stigma tolerance. He additionally noted that evangelical Christian women reported spending more months in psychotherapy than in church-related counseling. Additionally, he found that "evangelical Christians who showed more openness toward seeking help from an evangelical Christian psychotherapist than from pastoral or lay counselors showed a more positive view of human nature, more positive overall help-seeking attitudes, more likelihood of seeing a need for psychological help, more stigma tolerance, and more confidence in mental health practitioners" (p. 103).

King (1978) also studied the help-seeking attitudes of evangelical Christians. He reported that an evangelical Christian who strongly agrees with the doctrinal statements of the church will be less likely to seek professional counseling to relieve a mental disorder than a person who does not strongly agree with the doctrinal statements (King, 1978).

A number of researchers have reported their findings related to the source of the reluctance of individuals who embrace Christian doctrines to seek professional counseling. They note a number of concerns, including a fear of losing one's faith, a lack of previous experience with counseling, a concern about conflicting religious values, and the length of time involved are some of those concerns (Woollcott, 1969; Duncan, 1981; Worthington & Scott, 1983; Worthington, 1986; Sell & Goldsmith, 1989; Jeffries, 1992; Stafford, 1993).

Commenting on those persons who may be considered highly conservative in terms of religious belief, Thomas (1994) stated that this group of people may not be as aware of a personal need for psychotherapeutic help as individuals who hold to more unbiased religious doctrine. He states that religiously conservative individuals tend to be more concerned about what other people think if they see a professional counselor and less interpersonally open than others about their personal issues and problems. Thomas (1994) says that the conservatively religious are inclined to have less confidence in mental health professionals.

The literature suggests that persons with strong religious affiliation have more negative attitudes about seeking professional help for mental health issues. Those

with fewer religious connections are more open to seeking

help for mental health-related issues.

CHAPTER III

METHOD

This chapter describes the methodology of the present study and is divided into four sections. The first section provides a description of the participants used in the study. The second section describes the measures that were administered to the participants, including summaries of psychometric data that have been yielded in previous studies. The third section describes the procedures that were used to select the participants, administer the measures, and collect the data.

Participants

Participants were 260 undergraduate students enrolled at a private southwestern interdenominational Christian university during the 2003 fall semester. This sample size is based upon the recommendation that a minimum of 20 subjects be included for each variable examined during the data analysis (Stevens, 1982). All participants voluntarily participated in this study without receiving course credit or additional incentives. To protect their anonymity, no participants were required to divulge any identifying information, including name, student identification number, and social security number. After collecting all of the surveys, four participants were excluded from the study due

to a high number of survey items that were skipped.

Demographic information regarding the participants is presented in Table 1. As indicated in the table, the modal participant in the present study was an 18-year-old (25.8%), single (80.7%), European-American (87.7%) male (54.6%) who was enrolled as a first-year (24.7%) engineering major (23.1%). The modal participant was raised by both biological parents (87.7%) and reported a non-denominational religious affiliation (34.2%) and regular attendance at religious services (81.4%). The modal participant denied receiving past psychological help (75.8%) but acknowledged talking with family or friends (94.2%) or clergy (42.3%) for assistance with a personal problem. The demographic characteristics of the present sample are similar to the samples used in other studies that that have investigated attitudes towards counseling and religiousness in undergraduate student populations (cf. Cooperman, 1983; Fischer & Cohen, 1972).

Table 1

Demographic Characteristics of Participants

_____

Variable	n	%

_____

Gender		
Male	142	54.6
Female	118	45.4
Age		
18	67	25.8
19	60	23.1
20	52	20.0
21	41	15.8
22	22	8.5
23	4	1.5
24	2	0.8
25	3	1.2
27	2	0.8
31	1	0.4
33	1	0.4
38	1	0.4
43	1	0.4
46	1	0.4
47	1	0.4
58	1	0.4
National Origin/Ethnicity		
African-American/Black	6	2.3
Asian American	4	1.5
European American	228	87.7
Hispanic American	8	3.1
Native American/Alaskan Native	2	0.8
Mixed Racial Heritage	8	3.1
Other Racial Heritage	4	1.5
Education		
First-Year Student	64	24.7
Sophomore	54	20.8
Junior	66	25.5
Senior	67	25.9
Other	8	3.1

Table 1 Continued

_____

Variable	n	%

_____

Major
  Arts and Sciences 49 18.6
  Aviation 32 12.1
  Business 35 13.3
  Education 58 22.0
  Engineering 61 23.1
  Undecided 25 9.5

Relationship Status
  Single Never Married 213 80.7
  Single Divorced 4 1.5
  Single Widowed 0 0.0
  Long-Term Relationship 24 9.1
  Married 19 7.2

Raised Mostly With
  Both Biological Parents 228 87.7
  Biological Mother 27 10.4
  Biological Father 1 .4
  Both Adoptive Parents 3 1.1
  Adoptive Mother 0 0.0
  Adoptive Father 0 0.0
  Other Guardian 1 0.4

Religious Affiliation
  Adventist 2 0.8
  Assembly of God/Pentecostal 15 5.8
  Baptist 72 27.3
  Christian Church 9 3.5
  Church of Christ 3 1.2
  Church of God 2 0.8
  Community Church 9 3.5
  Episcopal 7 2.7
  Lutheran 3 1.2
  Methodist 7 2.7
  Mormon 0 0.0
  Non-Denominational 89 34.2
  Orthodox 0 0.0
  Presbyterian 6 2.3

Table 1 Continued

_____

Variable	n	%

_____

Roman Catholic	5	1.9
Unitarian	0	0.0
United Church of Christ	0	0.0
None/Atheist/Agnostic	0	0.0
Religious with no affiliation	9	3.5
Other	22	8.5
Religious Beliefs		
1 (Conservative/Traditional)	9	3.5
2	56	21.5
3	98	37.7
4	71	27.3
5 (Progressive/Contemporary)	26	10.0
Religious Services		
Regularly Attend	215	81.4
Sometimes Attend	41	15.5
Never Attend	4	1.5
Past Psychological Help?		
Yes	60	23.1
No	200	76.9
Past Talk With Family/Friend?		
Yes	245	94.2
No	15	5.8
Past Talk with Clergy		
Yes	110	42.3
No	150	57.7

_____

Measures

   Demographic Sheet. Participants were requested to

complete a survey consisting of a demographic sheet and the

measures described later in this section. The demographic sheet provided an introduction to the study and requested participants to provide standard demographic data (e.g., sex, age, ethnicity, etc.) in addition to background information about religious preferences, such as their religious affiliation, religious beliefs, and frequency of attendance at religious services. Appendix B presents the introduction and demographic sheet used in the present study.

Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF). This scale, developed by Fischer and Farina (1995) is a 10-item measure designed to evaluate overall attitudes and willingness to seek psychological help. This measure is a revised version of the Attitudes Toward Seeking Professional Psychological Help scale that was originally developed by Fischer and Turner (1970). On both forms, items are scored on a 4-point Likert-type scale with choices ranging from agree to disagree. A single score ranging from 0-30 is obtained to represent the respondent's core attitude. Low scores indicate a predominant hesitancy to disclose personal issues and problems—even to a trained professional counselor—while high scores suggest a tendency to believe that such matters should be revealed. Thus, high scores are

associated with more overall favorable attitudes towards seeking psychological help. Gonzalez, Tinsley, and Kreuder (2002) reported internal consistency coefficients ranging from .70 to .80 with the ATSPPH-SF scores. Fischer and Farina (1995) found comparable internal consistency (Cronbach's alpha) of the 10-item short version (.84) to that of the original 29-item version of the scale (.83 and .86).

Religious Orientation Scale-Revised (ROSR). This scale, developed by Gorsuch and McPherson (1989) is a 14-item measure designed to assess intrinsic and extrinsic religious orientation. This measure is a revision of the Religious Orientation Scale originally developed by Allport and Ross (1967). Both the original and revised scales contain three shorter subscales: Intrinsic, Personal Extrinsic, and Social Extrinsic. Scores on the intrinsic subscale reflects a religiosity marked by inner conviction, spiritual experience and resistance to social pressures contrary to one's beliefs, whereas scores on the extrinsic subscales reflect a dependency upon religion for emotional support (personal extrinsic) and social approval or social influence (social extrinsic; Bergin & Jensen, 1990). These subscales contain positively and negatively worded items and are scored on a five-point Likert scale that ranges

from 1 (Strongly Disagree) to 5 (Strongly Agree). The ROSR has yielded reliable subscale scores, with alpha coefficients ranging from .58 to .83.

Although Seif (1982) argued that these two religious orientations are best viewed as "two poles on a continuum and not necessarily as dichotomous constructs" (p.2), some researchers have recommended scoring systems which assess intrinsic-extrinsic interactions (Hood, 1970; Kahoe, 1974; Richards, 1991). Such a classification produces groups of people who differ in their amount and type of religious devoutness and orthodoxy (Allport & Ross, 1967; Donahue, 1985a).

Santa Clara Strength of Religious Faith Scale (SCSORFS). Plante, Yancey, Sherman, Guertin, and Pardini (1999) developed this 10-item measure to assess strength of religious devotion. Plante and Boccacini (1997) noted that most instruments measure dimensions of faith in persons who have already been categorized as being religiously faithful and thus tend to be theoretically complex. The SCSORFS is designed to provide a quick measure of strength of religious faith, regardless of religious denomination or affiliation (Lewis, Shevlin, McGuckin, & Navratil, 2001).

Items are scored on a four-point Likert-type scale ranging from 1 (Strongly Disagree) to 4 (Strongly Agree).

The SCSORFS produces scores that are related to, but not directly measured by, other commonly utilized indices of religiousness and religiosity. (Plante & Boccaccini, 1997). The SCSORFS has produced highly reliable scores, with alpha coefficients of .94 and .97 and split-half reliability coefficients between .90 and .96 (Plante et al., 1999). Additionally, research has produced evidence for the convergent and divergent validity of the SCSORFS (Plante et al., 1999).

God Image Scale (GIS). Lawrence (1997) developed this 72-item instrument designed to measure different aspects of God image. The GIS is a shorter form of the God Image Inventory (GII, Lawrence, 1991) that was developed for the purpose of research.

To avoid the confound of God concept, Lawrence focused on the relationship between self image and God image, using themes of control, belonging, and goodness as an underlying framework for the six principle scales of the GIS. The theme of control is assessed by the Influence ("How much can I control God?") and Providence ("How much does God control me?") scales. The theme of belonging is measured by the Presence ("Is God there for me?") and Challenge ("Does God want me to grow?") scales. The theme of goodness is assessed by the Acceptance ("Am I good enough for God to

love?") and the Benevolence ("Is God the sort of Being who would want to love me?") scales.

The scales of the GIS contain positively and negatively worded items and are scored on a four-point Likert-type scale with 1 indicating strong agreement and 4 indicating strong disagreement. No research has been published documenting the validity or reliability of the GIS. However, the GII has yielded highly reliable scores, with alpha coefficients in two studies ranging from .86 to .91 and from .85 to .94 (Lawrence, 1991). Other studies have established convergent and divergent validity for the GII, thus providing evidence for construct-related validity (Lawrence, 1991, 1997). The correlation coefficients between each GIS scale and the parent scale on the GII from which it was drawn ranged from .95 to .99 (Lawrence, 1997).

Loving and Controlling God Scales (LGCGS). This 10-item instrument was developed by Benson and Spilka (1973) to assess two basic dimensions of God image: a loving God image and a controlling God image. The LGCGS consists of 10 pairs of adjectives that describe possible images of God along a loving-controlling continuum. Each adjective pair is scored on seven-point Likert type scale ranging from 0 to 6. The LGCGS generally has yielded reliable subscale scores, with alpha coefficients often ranging from .60 to

.72 (Benson & Spilka, 1973). Research has also produced evidence of the convergent validity of LGCGS scores (Brokaw & Edwards, 1994).

<u>Procedures</u>

Prior to collection of the data, the present study was fully approved by the Institutional Review Board for Human Subjects in Research at Texas A&M University. The forms required by the Institutional Review Board are presented in Appendix A.

The principal investigator recruited students for the present study by contacting faculty who were teaching undergraduate courses, explaining the purpose of the study, and obtaining permission to attend their classes to collect data. The professors were told that they were not required to give additional course credit or other incentives to their students for participating in the study.

Upon receiving permission from a faculty member, the principal investigated attended the first ten minutes of the next class session to explain the purpose of the study, distribute surveys to interested students, and request that they complete the surveys before the next class session. The principal investigator collected the completed surveys at the following class session. To make sure that all students had the same amount of time to complete the

surveys, only classes that met on Mondays-Wednesdays, Wednesdays-Fridays, or Tuesdays-Thursdays were selected. Participants were asked not to converse with other participants between class times the survey questions or their individual responses. Upon return of the surveys, participants were given contact information for the principal investigator so they could obtain the results of the study.

Analyses

Preliminary, primary, and ancillary analyses were conducted in the present study. All data analysis was conducted with SPSS for Windows, a statistical data analysis software package.

Preliminary analyses were used in the present study to evaluate the psychometric properties of the scales used in the present study. To assess score reliability, Cronbach alpha coefficients were calculated for all scale scores. To evaluate construct validity of the scale scores, exploratory factor analyses were conducted.

Primary analyses were conducted to answer the research questions addressed in the present study. To answer the first research question, "To what degree does God image predict attitude towards counseling among religious persons?", a multiple regression analysis was conducted

with ATSPPH-SF scores as the dependent variable and GIS and LGCG scores as the predictor variables.

To answer the second research question, "To what degree does religious devotion predict attitude towards counseling among religious persons?", a multiple regression analysis was conducted with ATSPPH-SF scores as the dependent variable and ROSR and SCSORFS scores as the predictor variable.

To answer the third research question, "To what degree do God image and religious devotion interact to predict attitudes towards counseling among religious persons?", a multiple regression analysis was conducted with ATSPPH-SF scores as the dependent variable and GIS, LGCG, ROSR, and SCSORFS scores as the predictor variables.

To answer the fourth research question, "To what extent does religious affiliation predict attitudes towards counseling?", an analysis of variance was conducted with ATSPPH-SF scores as the dependent variables and religious affiliation as the nominal predictor variable.

Ancillary analyses were conducted to answer the question, "To what extent do traditional versus contemporary religious beliefs predict attitudes towards counseling?" The criterion variable was ATSPPH-SF scores and the independent variable was religious beliefs (ranging

from traditional versus contemporary).

CHAPTER IV

RESULTS

This chapter presents the statistical results obtained from the research data. The first section describes the preliminary analyses with demographic data about the research participants, reliability analyses, and correlation coefficients among the scale scores. The second section describes the primary analyses and examines each research question and associated statistical analyses conducted. The third section describes the ancillary analysis that was conducted. Explanation of the results will occur in the text and in tables when relevant. All data analysis was conducted with SPSS for Windows, a statistical data analysis software package.

Preliminary Analysis

Preliminary analyses were used in the present study to evaluate the psychometric properties of the scales used in the present study. Table 2 below list the abbreviations and titles of all measures utilized in this section.

Reliability Analysis. Reliability analyses were calculated on the test scores obtained from all the instruments. It is correct to refer to test scores as being reliable since different samples completing the same instrument will most likely produce dissimilar reliability

Table 2
Measure Titles and Abbreviations

_____

Abbreviation   Measure

_____

ROSRIN   Religious Orientation Scale Intrinsic

ROSREP   Religious Orientation Scale
                      Extrinsic Personal

ROSRES   Religious Orientation Scale
                      Extrinsic Social

GISPRES   God Image Scale Presence

GISCHAL   God Image Scale Challenge

GISACC   God Image Scale Acceptance

GISBENE   God Image Scale Benevolence

GISINFL   God Image Scale Influence

GISPROV   God Image Scale Providence

LG   Loving God

CG   Controlling God

SCSORF   Santa Clara Strength of Religious Faith

ATSPPHSSF   Attitudes Toward Seeking Professional
                      Psychological Help Scale-Short Form

_____

results (Thompson, 1994). As a result, tests themselves are

not inherently reliable. Cronbach's alpha coefficients were

used as the measure of reliability. Higher alpha

coefficients are associated with greater score reliability.

Although there is not a generally agreed upon cut-off point, 0.70 and above is considered acceptable reliability (Nunnally, 1978). Anastasi (1988) also noted that coefficients ranging between .70 and 1.0 are preferable in the clinical and research use of scores.

The reliability coefficients are provided for all of the scale scores in Table 3. For the Religious Orientation Scale Revised, the alpha coefficient was .828 for the Intrinsic subscale scores, .638 for Extrinsic Personal subscale scores, and .523 for the Extrinsic Social subscale scores. The alpha coefficients for the God Image Scale subscale scores were as follows: Presence (.920), Challenge (.730), Acceptance (.821), Benevolence (.695), Influence (.792), and Providence (.776). The alpha coefficients for the Loving and Controlling God Scale subscale were as follows: Loving God (.748) and Controlling God (.583). The Santa Clara Strength of Religious Faith Scale yielded scores with an alpha coefficient of .947. Because the alpha coefficients for scores on the Extrinsic Personal and Extrinsic Social subscales of the Religious Orientation Scale Revised and the Controlling God subscale were below the recommended value of .70, they were deleted from further analysis.

Table 3

Reliability Coefficients for Subscale Scores

Variable	Mean	Standard Deviation	α
ROSRIN	32.57	4.67	.828
ROSREP	8.28	2.32	.638
ROSRES	6.49	1.74	.523
GISPRES	50.15	7.10	.920
GISCHAL	51.01	4.67	.730
GISACC	52.63	6.21	.821
GISBENE	51.79	6.00	.695
GISINFL	45.62	5.87	.792
GISPROV	42.88	5.90	.776
LG	25.80	3.54	.748
CG	13.54	4.29	.583
SCSORF	43.34	6.57	.947
ATSPPHSSF	15.27	6.17	.833

Correlational Analysis. The intercorrelations for all of the subscale scores are presented in the correlation matrix in Table 4. Inspection of the correlation matrix reveals that the GIS subscales Presence, Influence, and Providence are highly correlated with one another and statistically significant at p < .01. Also, the ROSRIN and the SCSORF scores are

Table 4
Correlation Matrix of Variables

Variable	1	2	3	4	5	6	7	8	9	1.000
1. GISPRES	1.000	.617	.672	.634	.770**	.709**	.549	.689	.724	
2. GISCHAL	.617	1.000	.617	.599	.566	.433	.422	.558	.553	
3. GISACC	.672	.617	1.000	.653	.658	.481	.560	.566	.545	
4. GISBENE	.634	.599	.653	1.000	.593	.505	.574	.440	.466	
5. GISINFL	.770**	.566	.658	.593	1.000	.569	.532	.607	.620	
6. GISPROV	.709**	.433	.481	.505	.569	1.000	.380	.538	.568	
7. LG	.549	.422	.560	.574	.532	.380	1.000	.355	.395	
8. ROSRIN	.689	.558	.566	.440	.607	.538	.355	1.000**	.821**	
9. SCSORF	.724*	.553	.545	.466	.620	.568	.395	.821**	1.000	
10.ATSPPHSSF	.225	.182	.189	.286	.207	.183	.267	.154	.190	1.000

Note. GISPRES=God Image Scale Presence. GISCHAL=God Image Scale Challenge. GISACC= God Image Scale Acceptance. GISBENE=God Image Scale Benevolence. GISINFL=God Image Scale Influence. GISPROV=God Image Scale Providence. LG=Loving God. ROSRIN=Religious Orientation Scale Intrinsic Scale. SCSOFSSF=Santa Clara Strength Of Religious Faith Scale Short Form Total.
**p<.01.

highly correlated (.821) and statistically significant at p < .01. This indicates that these two scales are measuring a similar concept. This high correlation will be discussed further in the summary and discussion section.

Primary Analysis

Primary analyses were conducted to answer the research questions addressed in the present study.

Research Question 1. The first research question was "To what degree does God image predict attitude towards counseling among religious persons?" This question was addressed by conducting a multiple regression analysis. The criterion variable was ATSPPHSSF scores and the predictor variables were GISPRES, GISCHAL, GISACC, GISBENE, GISINFL, GISPROV, and LG scores. Table 5 presents the beta weights, structure coefficients, and squared structure coefficients for each of the predictor variables.

The multiple regression analysis yielded a multiple correlation coefficient (multiple R) of .317 and an adjusted multiple correlation coefficient (adjusted multiple R) of .276, indicating that all of the predictor variables accounted for between 10.05% ($.317^2$) and 7.60% ($.276^2$) of the total variance of the ATSPPHSSF. These results were statistically significant (F = 4.027, df = 7/259, p < .001).

Table 5

Beta Weights, Structure Coefficients, and Squared Structure
Coefficients for Multiple Regression Analysis from Research
Question 1

_____

Variable	β	$\underline{r}_s$	$\underline{r}_s{}^2$
GISPRES	.030	.710	.504
GISCHALL	.003	.574	.329
GISACC	−.074	.596	.355
GISBENE	.202	.902	.814
GISINFL	.010	.653	.426
GISPROV	.028	.577	.333
LGTOT	.159	.842	.709

_____

Note. ATSPPHSSF is the criterion variable. "β" refers to
the beta weight. "r_s" refers to the structure coefficient.
"$r_s{}^2$" refers to the squared structure coefficient.

     Beta weights and structure coefficients were inspected

to determine the importance of the variables. Since beta

weights are influenced by the collinearity of the

predictors, structure coefficients, are also interpreted,

thus eliminating the effects of collinearity (Bowling

1993). From reviewing the beta weights (β), the only

predictor variable that substantially contributed to the

prediction of attitudes towards seeking professional help

was GISBENE (β = .202). Additionally, the contribution of

this variable to the overall regression equation is minimal

when only the beta weights are consulted. Inspection of

the structure coefficients, however, showed that all of the

predictor variables made substantial contributions to the prediction of attitudes towards seeking professional help, although the three most meaningful variables were GISBENE (r_s = .900), LG (r_s = .843), and GISPRES (r_s = .710). Overall, results of this analysis suggest that benevolent, loving, and present God images are moderately predictive of attitudes towards seeking professional help.

Research Question 2. The second research question was "To what degree does religious devotion predict attitude towards counseling among religious persons?" This question was answered by conducting a multiple regression analysis. The criterion variable was ATSPPHSSF scores and the predictor variables ROSRIN and SCSORF scores. Table 6 presents the beta weights, structure coefficients, and squared structure coefficients for each of the predictor variables.

The multiple regression analysis yielded a multiple correlation coefficient (multiple R) of .190 and an adjusted multiple correlation coefficient (adjusted multiple R) of .170, indicating that all of the predictor variables accounted for between 3.61% ($.190^2$) and 2.90% ($.170^2$) of the total variance of the ATSPPHSSF. These results were statistically significant (F = 4.806, df = 2/259, p < .009).

Table 6
Beta Weights, Structure Coefficients, and Squared Structure
Coefficients for Multiple Regression Analysis from Research
Question 2

Variable	β	$\underline{r}_s$	$\underline{r}_s{}^2$
RORSIN	-.005	.811	.658
SCSORF	.194	1.000	1.000

Note. ATSPPHSSF is the criterion variable. "β" refers to
the beta weight. "$\underline{r}_s$" refers to the structure coefficient.
"$\underline{r}_s{}^2$" refers to the squared structure coefficient.

Although the multiple correlation coefficient is
small, suggesting that the predictor variables only
contribute slightly to the prediction of the criterion
variable, beta weights and structure coefficients
nonetheless were inspected to determine variable
importance. From reviewing the beta weights (β), none of
the predictor variables substantially contributed to the
prediction of attitudes towards seeking professional help.
Inspection of the structure coefficients, however, showed
that both of the predictor variables, particularly RORSIN
($\underline{r}_s$ = $\underline{1.00}$), made substantial contributions to the
prediction of attitudes towards seeking professional help.

Overall, results of this analysis suggest that
intrinsic religiosity and religious devotion are slightly
predictive of attitudes towards seeking professional help.

Research Question 3. The third research question was "To what degree do God image and religious devotion interact to predict attitudes towards counseling among religious persons?" This question was addressed by conducting a multiple regression analysis. The criterion variable was ATSPPHSSF scores and the predictor variables were GISPRES, GISCHALL, GISACC, GISBENE, GISINFL, GISPROV,LG, ROSRIN, and SCSORF scores. Table 7 presents the beta weights, structure coefficients, and squared structure coefficients for each of the predictor variables.

The multiple regression analysis yielded a multiple correlation coefficient (multiple R) of .320 and an adjusted multiple correlation coefficient (adjusted multiple R) of .275, indicating that all of the predictor variables accounted for between 10.03% ($.320^2$) and 7.00% ($.265^2$) of the total variance of the ATSPPHSSF. These results were statistically significant (F = 3.180, df = 9/259, p < .001).

Beta weights and structure coefficients were inspected to determine the importance of the variables. From reviewing the beta weights (β), the only predictor variable that substantially contributed to the prediction of attitudes towards seeking professional help was GISBENE (β = .205). Additionally, the contribution of this variable

Table 7

Beta Weights, Structure Coefficients, and Squared Structure
Coefficients for Multiple Regression Analysis from Research
Question 3

Variable	β	$\underline{r}_s$	$\underline{r}_s{}^2$
GISPRES	.003	.703	.494
GISCHALL	-.005	.569	.324
GISACC	-.073	.591	.349
GISBENE	.205	.894	.799
GISINFL	.005	.647	.419
GISPROV	.021	.572	.327
LGTOT	.159	.834	.696
ROSRIN	-.035	.481	.231
SCSORF	.085	.594	.353

Note. ATSPPHSSF is the criterion variable. "β" refers to
the beta weight. "r_s" refers to the structure coefficient.
"$r_s{}^2$" refers to the squared structure coefficient.

to the overall regression equation is minimal when only the

beta weights are consulted. Inspection of the structure

coefficients, however, showed that all of the predictor

variables made substantial contributions to the prediction

of attitudes towards seeking professional help, although

the three most meaningful variables were GISBENE (r_s =

.891),LG (r_s = .834), and GISPRES (r_s = .702). Overall

results of this analysis support the results of the first

research question by showing that benevolent, loving, and

present God images are moderately predictive of attitudes

towards seeking professional help.

Research Question 4. The fourth research question was, "To what extent does religious affiliation predict attitudes towards counseling?" This question was answered with an analysis of variance (ANOVA). The criterion variable was ATSPPHSSF scores and the independent variable was religious affiliation. In the original survey, participants had the opportunity to select one of twenty different religious affiliations.

Inspection of the frequency data revealed that the Baptist, Non-Denominational, and Other groups were the most frequently selected, with the each of the remaining groups having some but many fewer respondents. The large number of groups as well as the extreme variability in group sample sizes is problematic for ANOVA, so it was decided to collapse the groups from 20 groups to the 3 most frequently selected groups. Thus, the data was recoded so participants who selected a religious affiliation other than Baptist or Non-Denominational were listed as Other. This resulted in groups with roughly equivalent sample sizes.

Analysis of variance results revealed no statistically significant results (F = 1.296, df = 2/257, p < .275, omega^2=.002). These results suggest that there are no statistically significant differences in attitudes towards counseling among Baptists, Non-denominational individuals,

and individuals reporting other faith backgrounds.

Ancillary Analysis

One additional ancillary analysis was conducted in the present study. A multiple regression analysis was conducted to answer the question, "To what degree do traditional versus contemporary religious beliefs predict attitudes towards counseling?" The criterion variable was ATSPPHSSF scores and the independent variable was religious beliefs. Religious beliefs were measured by one question that asked respondents to assess their religious beliefs on a 1 to 5 Likert-type scale ranging from "Traditional" to "Progressive-Contemporary."

The multiple regression analysis yielded a multiple correlation coefficient (multiple R) of .064 and an adjusted multiple correlation coefficient (adjusted multiple R) of .000, indicating that the predictor variable accounted for between .004% ($.064^2$) and 0.00% ($.000^2$) of the total variance of the ATSPPHSSF. This result was not statistically significant (F = 1.054, df = 1/259, p < .305).

Because the multiple correlation coefficient was so small and the results were not statistically significant, the beta weight was not further analyzed. These results indicate that type of religious belief (traditional versus

contemporary) does not predict attitudes towards counseling.

CHAPTER V

SUMMARY AND DISCUSSION

This chapter provides an evaluation and interpretation of the results obtained in this study. This includes the discussion of results, limitations and strengths of the study, and suggestions for future research and practice.

Discussion of Results

This section summarizes the results of the statistical analyses from each of the research questions and discusses the results within the broader context of the existing literature.

Research Question 1. To answer the first research question, "To what degree does God image predict attitude towards counseling among religious persons?," a multiple regression analysis was conducted. The criterion variable was attitudes towards seeking professional help. The predictor variables were God image as measured by the God Image Scale and the Loving God scale. Results from this research question indicated that perceptions of God as present, benevolent, and loving were moderately predictive of overall positive attitudes towards seeking professional help.

In the interpretation of these results, it is helpful to remember that God image is an experiential and emotional

construct rather than a conceptual and rational construct. Lawrence (1997) noted that as people think about the word "God" they often will incorporate other salient memories— usually memories that were originally associated with their primary care-givers or other significant relationships—to consolidate and broaden their understanding of God. As a result, God image can be more adapted by the individual according to his or her needs and goals at any given time. This freedom for adaptation allows the God image to function as a transitional object in the sense that it "exists on the boundary between the internal and external worlds" (Winnicott, 1953, p. 214).

Along these lines, Lawrence (1997) stated that the Presence and Benevolence components of God image reflect two fundamental questions about the person's relationship with God. The Presence dimension addresses the question, "Is God there for me?" Lawrence (1997) commented that experiencing God as present is similar to having safe haven in a person to whom a person may retreat and find reliably present. Very often, the perception of God as present is based upon the perception of the initial parent as present, which serves as a foundation for the development of God image.

The Benevolence dimension of God image focuses on the

question, "Is God the sort of person who would want to love me?" Whereas the Presence dimension of God image focuses on the relationship between the person and their image of God, the Benevolence dimension focuses on the character of God and whether or not God would ever be interested in forming an ongoing relationship with the person. In contrast to the Presence dimension, Benevolence focuses on the object and not the subject. Together, the Present and Benevolent dimensions of God image describe a God who desires to have a relationship with the person and who can be depended upon to be present in that relationship.

The results from the first research question indicate that the perception of God as present, benevolent, and loving (as well as saving, accepting, approving, and forgiving) is associated with more positive attitudes towards seeking professional help. These results suggest that perhaps an individual's ability to feel safe in his or her relationship with a God who cares for them, loves them, and is always present for them are also able to feel safe in a counseling relationship. Using Winnicott's (1953) terms, perhaps God serves for these individual as a transitional object that they can take into counseling sessions. If such were the case, it would not be surprising that they held more positive attitudes towards counseling

and were more open and receptive to the idea of seeking professional counseling services.

Research Question 2. To answer the second research question, "To what degree does religious devotion predict attitude towards counseling among religious persons?," a multiple regression analysis was conducted with attitudes towards seeking professional help as the dependent variable and intrinsic religiosity and religious devotion as the predictor variables. Overall results of this analysis suggest that intrinsic religiosity and religious devotion are slightly predictive of attitudes towards seeking professional help.

Although intrinsic religiosity (as measured by the Religious Orientation Scale Revised) and religious devotion (as measured by the Santa Clara Strength of Religious Faith Scale) were two separate predictor variables in this analysis, the strong bivariate correlation coefficient (r = .821) between these two variables suggests that they were both assessing similar dimensions. This finding is consistent with other research indicating that individuals who score high on the Santa Clara Strength of Religious Faith Scale also tend to hold religious beliefs that are consistent with intrinsic religiousness (e.g., Plante & Boccaccini, 1997; Plante, et al. 1999). Results of this

analysis suggest that religious devotion and intrinsic religiosity are synonymous terms that reflect a similar style of religious faith.

The results of this analysis are consistent with Miller and Eells (1998) who also found that individuals with higher degrees of intrinsic religiosity reported more positive attitudes toward counseling. These authors concluded that:

> more religious individuals are more tolerant of the stigma associated with counseling could be that they have internalized forgiving and accepting attitudes espoused by the Christian faith. (Miller & Eells, 1998, p. 254)

They concluded by suggesting that individuals who consider their religion to be personally important and meaningful are more focused on their own internal experiences and, as a result, more open to potential problems and solutions.

Other studies have reported that higher levels of intrinsic religiosity are associated with positive dimensions of mental health. Plante and Boccaccini (1997) noted that individuals with stronger religious faith also had higher self-esteem and were less interpersonally sensitive. These authors also reported that individuals with greater religious devotion (as measured by the Santa

Clara Strength of Religious Faith Scale) viewed God as having control over life events but also strongly believed that God could be successfully enlisted in the achievement of outcomes. Perhaps those people with strong religious faith simply have greater confidence than those with less faith in God's ability to serve as a mediator of life events. Perhaps the connection found in the present study between intrinsic religiosity and help-seeking attitudes is mediated by a belief that God can use various life events, including counseling, to resolve problems and achieve positive outcomes.

Research Question 3. To answer the third research question, "To what degree do God image and religious devotion interact to predict attitudes towards counseling among religious persons?," a multiple regression analysis was conducted with attitudes towards seeking professional help as the dependent variable and God image (as measured by the God Image Scale and the Loving God scale) and religious devotion (as measured by the Religious Orientation Scale Revised and the Santa Clara Strength of Religious Faith Scale) as the predictor variables. This question is similar to the first research question, but was designed to investigate the additional contribution of religious devotion to God image in the prediction of help-

seeking attitudes.

Overall results of this analysis supported those yielded in the first research question by confirming that benevolent, loving, and present God images are moderately predictive of attitudes towards seeking professional help. These results are consistent with the majority of research showing that internal, personal experiences are the most consistently strong predictors of attitudes about mental health services (e.g. Gonzalez, Tinsley, & Kreuder, 2002).

Results of the present analysis also suggest, however, that religious devotion does not add meaningful predictive power to God image in predicting attitudes towards counseling. This is a surprising finding. As discussed earlier, research on religious devotion (which often has been operationally defined as intrinsic religiosity) generally has been associated with correlates of positive mental health outcomes and beliefs.

In one of the only studies investigating religious devotion and attitudes towards counseling, Miller and Eells (1998) found a much stronger effect than what was found in the present study. It is possible that this difference exists because the present study used a shorter version of the survey that yielded less reliable scores. As indicated in the present study by the high means and small standard

deviations on the GIS and the SCSORF, the participants
scored higher and scored higher more consistently making
the sample homogeneous in nature. It is also possible that
the homogeneity of the present sample influenced the
results.

Research Question 4. To answer the fourth research
question, "To what extent does religious affiliation
predict attitudes towards counseling?," an analysis of
variance was conducted with attitudes towards seeking
professional help as the dependent variables and religious
affiliation as the nominal independent variable. These
results suggest that there are no statistically significant
differences in attitudes towards counseling among Baptists,
Non-denominational individuals, and individuals reporting
other faith backgrounds.

Previous research investigating religious affiliation
has yielded interesting results. The literature suggests
that persons with strong religious affiliation tend to hold
more negative attitudes about seeking professional help for
mental health issues whereas those with fewer religious
connections are more open to seeking assistance. For
example, Taetzsch (1986) reported that evangelical
Christians who were more religiously conservative showed an
overall negative attitude toward seeking professional

psychological help and preferred to seek mental health assistance from an evangelical Christian therapist rather than a therapist from any other religious background. Another study found that evangelical Christians who strongly agree with church doctrinal statements are less likely to seek professional counseling than those who report some disagreement with the doctrinal statements (King, 1978).

The results of the present analysis were not consistent with previous research showing religious affiliation as a predictor of attitudes towards counseling. One possibility for this discrepancy is the fact that the present study did not measure evangelical versus non-evangelical denominations (which is a frequent distinction in previous research). The small sample sizes of each of the groups also limited the potential analytic techniques that could be used. Greater effects might have been found if there had been more participants in the other groups. Another possibility is that the sample may be more highly educated than other groups who have been research. Freshmen generally have been the largest classification of many studies researching these issues that have utilized a college sample (e.g., Miller & Eells, 1998; Finlay & Walther, 2003). The largest percentage of participants in

the present study identified themselves as seniors (25.9%) with the next largest group identifying themselves as juniors (25.5%). Many researchers have noted that higher education levels influence a persons' willingness to seek mental health services (e.g. Hall & Tucker, 1985; Leaf et al., 1987; Nickerson, Helms, & Terrell, 1994; Tijhuis, Peters, & Foets, 1990).

Ancillary Analysis

This body of research on religious affiliation suggests, however, that religious affiliation by itself may not be the best predictor of attitudes towards counseling. A more useful approach might be to assess religious beliefs along a conservative-liberal continuum in conjunction with other measures of religiosity, such as church attendance and denominational affiliation. Religious beliefs were measured with one question on the demographic sheet that asked respondents to assess their religious beliefs on a 1 to 5 Likert-type scale ranging from "Traditional" to "Progressive-Contemporary."

To determine the impact of religious beliefs on attitudes towards counseling, it was decided to conduct an ancillary analysis. A multiple regression analysis was conducted to answer the question, "To what degree do traditional versus contemporary religious beliefs predict

attitudes towards counseling?" The criterion variable was attitudes towards seeking professional help and the independent variable was religious beliefs (ranging from traditional to contemporary). Results of this analysis indicated that religious beliefs were neither a strong nor statistically significant predictor of attitudes towards counseling.

This result is also inconsistent with previous literature. For example, Duncan (1981) found that individuals who held conservative religious beliefs were significantly less open to counseling than those individuals who were less conservative. Another study reported that over 40% of the participants had been to pastors for counseling and that none of the conservative religious subjects sought help from a professional counselor as a first or second choice (Thomas, 1994). The author further stated that highly conservative individuals may not be as aware of a personal need for counseling as individuals who hold less biased religious doctrine, noting that the conservatively religious are inclined to have less confidence in mental health professionals.

However, the inconsistency of the present analysis with previous research may reflect a limitation of the present study. It is likely because of the way religious

beliefs were measured that a more thorough analysis of religious beliefs (including more questions and clearer operational definitions) may have helped to clarify the association between religious beliefs and attitudes towards counseling.

<div align="center">Limitations of Present Study</div>

There are several characteristics of the research design used in the present study that may have influenced the results and have implications for how the results are interpreted.

First, the present study only sampled undergraduate students from a private interdenominational Christian university. Although this sample specifically was chosen to allow the researchers to explore salient differences within (as opposed to between) a group of religious individuals, it is possible that the present sample was too homogenous and did not contain enough variability. This possibility is strengthened by the fact that the religiously-oriented subscale scores in the present study yielded higher means and lower standard deviations than typically found in other published studies.

Second, this present study relied upon self-report measures to collect data. As stated by Anastasi (1988), individuals who complete self-report measures tend to

respond in socially-desirable ways and may thus provide inaccurate information. The external validity of the results is contingent upon the willingness of the participants to respond in an open and accurate manner. It is possible that some participants in the present study sought to create a favorable impression in their responses. Although all responses were anonymous, participants may have overestimated or inflated their own self-reported levels of religiousness.

Third, it is possible that demand characteristics may have influenced how the participants responded to the survey. Orne (1969) reported that demand characteristics refer to any cues that might be perceived by the participants about the research. In the present study, the surveys were distributed to the participants by the principal investigator, who also was employed in an administrative position at the university whose students were being sampled. The occupation of the principal investigator may have influenced the willingness of participants to complete the survey or may have contributed to a bias in the self-disclosure by the participants.

Strengths of the Present Study

The present study has several strengths which helps it to make an important contribution to the professional

literature investigating attitudes towards help-seeking among religious individuals.

First, the present study used a large sample size ($\underline{n}$ = 260). Larger sample sizes typically have more statistical power than smaller samples (Keppel, 1982). The previous studies exploring the associations between attitudes towards help-seeking and religiosity typically have used much smaller sample sizes.

Second, the present study explores unique research questions that have not been fully addressed in previous studies. Although other research has addressed the connection between help-seeking attitudes and religious orientation (e.g., Miller & Eells, 1998), this study incorporates the additional dimensions of God image and religious devotion to help understand the impact of intrinsic religiosity on help-seeking attitudes. Further, this is one of the few articles that has used the God Image Scale in an empirical study.

Third, reliability analyses were conducted to explore the internal consistency of the subscale scores that were produced by the specific measures given to the specific sample used in the present study. Because reliability is a property of scores and not a property of tests, it is imperative to calculate reliability coefficients each time

a survey instrument is used with a new sample. In the present study, it was decided to discard scores from three instruments (ROSREP, ROSRES, and CG) from further statistical analysis based upon their low reliability coefficients.

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

This research provides an interesting contribution to the professional literature addressing help-seeking attitudes and God image, but more research is needed. Further research should seek to clarify the association between God image and other dimensions of religiosity that might influence attitudes towards counseling. Also, although the present study did not find that religious devotion added much predictive power to God image in predicting attitudes towards counseling, additional research is warranted to further explore these variables. Additionally, it is suggested that future research select samples from more heterogeneous religious groups. Finally, it is well-advised for future researchers to consider religiosity as a multidimensional phenomenon that requires multidimensional measurement (rather than assessment with only one question).

The present study also has important implications for the practice of counseling. Previous research has indicated

that religious individuals are more likely to seek out mental health professionals who share similar religious beliefs. Sorgaard et al. (1995) noted that religious individuals typically use clergy and psychologists for different purposes. Clergy are more often sought for help with the hardships of daily living (personal crises, grief, etc.) whereas psychologists are consulted when problems are perceived as more serious or longer-lasting.

Nevertheless, results of the present study indicate that God image has an influence on openness to counseling, receptivity to treatment, and presumably treatment outcome. Both clergy and mental health professionals are advised to include religious and spiritual assessment in their clinical practice to evaluate the God image of their clients. Such an evaluation can be used as an opportunity to explore meaningful therapeutic material and forge a stronger therapeutic alliance between clinician and client.

REFERENCES

Acomb, D.L. (2001). By the numbers. National Journal, 33, 2436.

Adler, A. (1964). Superiority and social interest. Evanston, IL: Northwestern University Press.

Allport, G.W. (1950). The individual and his religion. New York: Macmillan.

Allport, G.W. & Ross, J.M. (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5, 432-443.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.

Anastasi, A. (1988). Psychological testing (6th ed.). New York: Macmillan.

Angermeyer, M.C., Matschinger, H. & Riedel-Heller, S.G. (1999). Whom to ask for help in case of a mental disorder? Preferences of the lay public. Social Psychiatry and Psychiatric Epidemiology, 34, 202-210.

Argyle, M., & Beit-Hallahmi, B. (1975). The social psychology of religion. London: Routledge & Kegan Paul.

Ashby, J.S. & Huffman, J. (1999). Religious orientation and multidimensional perfectionism: Relationships and implications. Counseling & Values, 43,

Blakeney, R.A., & Blakeney, C.D. (1992). Growing pains: A theory of stress and moral conflict. Counseling and Values, 36, 162-175.

Blank, M. (2004, January). Having faith in psychology. The Goshen College Record. Retrieved March 9, 2004, from http://www.goshen.edu/record/article.php3?story_id=1524&section=Religion&slashSess=

Bowlby, J. (1973). Attachment and loss, Vol. 2: Separation anxiety and anger. New York: Basic Books.

Bowlby, J. (1980). Attachment and loss, Vol. 3: Loss. New York: Basic Books.

Bowlby, J. (1982). Attachment and loss, Vol. 1: Attachment, 2nd ed. New York: Basic Books. (Original work published 1969).

Bowling, J. (1993). The importance of structure coefficients as against beta weights: Comments with examples from the counseling psychology literature. Paper presented at the annual meeting of the Mid-South Educational Research Association, New Orleans.

Brennan, K. & London, A. (2001). Are religious people nice people? Religiosity, race, interview dynamics, and perceived cooperativeness. Sociological Inquiry, 71, 129-144.

Brokaw, B.F., & Edwards, K.J. (1994). The

relationship of God image to level of object relations development. Journal of Psychology and Theology, 22, 352-371.

Brown, L.B. & Forgas, J.P. (1980). The structure of religion: A multi-dimensional scaling of informal elements. Journal for the Scientific Study of Religion, 19, 423-431.

Bryjak, G.J. (2003, March). U.S. religiosity in a self-imposed straightjacket. National Catholic Reporter, p. A1.

Cavendish, J.C., Welch, M.R., & Leege, D.C. (1998). Social network theory and predictors of religiosity for black and white Catholics: Evidence of a "black scared cosmos"? Journal for the Scientific Study of Religion, 37, 297-410.

Chalfant, H., & Heller, P. (1990). The clergy as a resource for those encountering psychological distress. Review of Religious Research, 31, 305-313.

Chau, L.L., Johnson, R.C., Bowers, J.K., Darvill, T.J., & Danko, G.P. (1990). Intrinsic and extrinsic religiosity as related to conscience, adjustment and altruism. Personal and Individual Differences, 11, 397-400.

Chaves, M., Konieczny, M.E., Beyerlien, C., & Barman, E. (1999). The national congregations study: Background,

methods, and selected results. Journal for the Scientific Study of Religion, 38, 458-476.

Commager, H.S. (Ed.). (1973). Documents of American history (9th Ed.). Englewood Cliffs, NJ: Prentice Hall.

Cook, E.P. (1984). Students' perceptions of personal problems, appropriate help sources, and general attitudes about counseling. Journal of College Student Personnel, 25, 139-145.

Cooperman, M.G. (1983). Selected predictors of attitudes toward seeking professional psychological help. Unpublished doctoral dissertation. Hofstra University, Hempstead, New York.

Cornwall, M. (1989). Faith development of men and women over the life span. In S. Bahr and E.T. Peterson (Eds.), Aging and the family (pp. 115-139). Lexington, MA: Lexington Books.

Crandall, J.E. & Rassmussen, R.D. (1975). Purpose in life as related to specific values. Journal of Clinical Psychology, 48, 400-419.

Deane, F.P. & Todd, D.M. (1996). Attitudes and intentions to seek professional psychological help for personal problems or suicidal thinking. Journal of College Student Psychotherapy, 10, 44-59.

Dickie, J.R., Merasco, D.L., Geurink, A., & Johnson,

M. (1993, August). <u>Mother, father, God: Children's perceptions of nurturing authority figures</u>. Paper presented at the 101st Annual Convention of the APA, Toronto, Ontario, Canada.

Dixon, D.N. & Glover, J.A. (1984). <u>Counseling: A problem-solving approach</u>. New York: Wiley.

Dodrill, C., Bean, P., & Bostrom, P. (1973). The assessment of religiosity in evangelical college students and its relationships to prior family religious involvement. <u>Journal of Psychology and Theology, 1</u>, 52-57.

Donahue, M.J. (1985a). Intrinsic and extrinsic religiousness: Review and meta-analysis. <u>Journal of Personality and Social Psychology, 48</u>, 400-419.

Donahue, M.J. (1985b). Intrinsic and extrinsic religiousness: The empirical research. <u>Journal for the Scientific Study of Religion, 24</u>, 418-423.

Douglas, W. (1963). Religion. In N.L. Farberow (Ed.), <u>Taboo topics</u> (pp. 275-293). New York: Macmillan.

Duncan, H. (1981). <u>Christian religious conservatism and help-seeking behavior</u>. Unpublished doctoral dissertation. University of North Texas, Denton, TX.

Ellis, A. (1980). <u>The case against religion: A psychotherapist's view and the case against religiosity</u>. Austin, TX: American Atheist Press.

Ellis, A. (1985). Overcoming resistance: Rational-emotive therapy with difficult clients. New York: Springier Publication Company.

Ellison, C.G. & Sherkat, D.E. (1995). Patterns of religious mobility among black Americans. Sociological Quarterly, 31, 551-568.

Feagin, J.R. (1964). Prejudice and religious types: A focused study of Southern fundamentalists. Journal for the Scientific Study of Religion, 4, 3-13.

Finlay, B & Walther, C.S. (2003). The relation of religious affiliation, service attendance, and other factors to homophobic attitudes among university students. Review of Religious Research, 44, 370-393.

Fischer, E.H. & Cohen, S.L. (1972). Demographic correlates of attitudes toward seeking professional psychological help. Journal of Consulting and Clinical Psychology, 39, 75-77.

Fischer, E.J., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. Journal of College Student Development, 36, 368-373.

Fischer, E.H., & Turner, J.L. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. Journal of Consulting and

Clinical Psychology, 35, 79-90.

Freud, S. (1961). The future of an illusion. (J.
Strachey, Trans. & Ed.). New York: Norton. (Original work
published 1928)

Freud, S. (2002). Civilization and its discontent. (J.
Strachey, Trans.). New York: Norton. (Original work
published 1964)

Gallup, G. (1995). The Gallup poll: Public opinion
1995. Wilmington, DE: Scholarly Resources.

Gallup, G. (1999). The spiritual life of young
Americans: Approaching the year 2000. Princeton, NJ: George
H. Gallup International Institute.

Gandhimohan, M.V. (2000). The role of religion. New
Delhi: Baha'i Publishing Trust of India.

Gartner, J., Lawson, D.B., & Allen, G.D. (1991).
Religious commitment and mental health: A review of the
empirical literature. Journal of Psychology and Theology,
19, 6-25.

Genia, V. (1994). Secular psychotherapists and
religious clients: Professional considerations and
recommendations. Journal of Counseling & Development, 72,
395-398.

Genia, V. & Shaw, D.G. (1991). Religion, intrinsic-
extrinsic orientation and depression. Review of Religious

Research 32, 274-283.

Getsinger, S.H. & Garfield, N.J. (1976). Male students' perceptions of counselors, guidance counselors, and counseling psychologists. Journal of College Student Personnel, 17, 7-10.

Glock, C.Y. (1962). On the study of religious commitment. Religious Education Research Supplement, 57, 98-110.

Glock, C.Y. & Stark, R. (1965). The new denominationalism. Religion and Society in Tension, 33, 86-122.

Gonzalez, J.M., Tinsley, H.E.A., & Kreuder, K.R. (2002). Effects of psychoeducational interventions on opinions of mental illness, attitudes toward help seeking, and expectations about psychotherapy in college students. Journal of College Student Development, 43, 51-61.

Gorsuch, R.L. (1968). The conceptualization of God as seen in adjective ratings. Journal for the Scientific Study of Religion, 22, 56-64.

Gorsuch, R., & McPherson, S. (1989). Intrinsic/extrinsic measurement: I/E revised and single-item scales. Journal for the Scientific Study of Religion, 28, 348-354.

Greeley, A. (1972). The denominational society: A

sociological approach to religion in America. Glenview, IL: Scott, Foresman and Company.

Greeley, A. (1989). Religious change in America. Cambridge, MA: Harvard University Press.

Greenley, J.R. & Mechanic, D. (1976). Social selection in seeking help for psychological problems. Journal of Health & Social Behavior, 17, 249-262.

Griffith, E.H. & Young, J.L. (1988). A cross-cultural introduction to the therapeutic aspects of Christian religious ritual. In L. Comas-Diaz and E.H. Griffith (Eds.), Clinical guidelines cross-cultural mental health (pp. 69-89). New York: Wiley.

Guinee, J. (2002, February). Past president's remarks (Letter to the editor). Monitor on Psychology, 33, 3.

Hadden, J.K. & Long, T.E. (Eds.). (1983). Religion and religiosity in America. New York: Crossroad.

Hall, L.E. & Tucker, C.M. (1985). Relationships between ethnicity, conceptions of mental illness, and attitudes associated with seeking psychological help. Psychological Reports, 57, 907-916.

Hammersla, J.E., Andrews-Quails, L.C., & Frease, L.G. (1986). God concepts and religious commitment among Christian university students. Journal for the Scientific Study of Religion, 25, 424-435.

Hannon, J.W., Howie, C.C., & Keener, R.J. (1994). Counseling conservative and fundamentalist Christians: Issues and implications for the counselor. <u>Journal of Humanistic Education and Development, 32</u>, 121-132.

Hertel, B.R. & Donahue, M.J. (1995). Parental influences on God images among children: Testing Durkheim's metaphoric parallelism. <u>Journal for the Scientific Study of Religion, 34</u>, 186-200.

Homans, P. (1970). <u>Theology after Freud: An interpretive inquiry</u>. New York: Bobbs-Merrill.

Hood, R.W., Jr. (1970). Religious orientation and the report of religious experience. <u>Journal for the Scientific Study of Religion, 9</u>, 285-291.

Hout, M. & Fischer, C.S. (2002). Why more Americans have no religious preference: Politics and generations. <u>American Sociological Review, 67</u>, 165-190.

Hunsberger, B. (1985). Religion, age, life satisfaction, and perceived sources of religiousness: A study of older persons. <u>Journal of Gerontology, 40</u>, 615-620.

James, W. (1985). <u>The varieties of religious experience</u>. Cambridge, MA: Harvard University Press. (Original work published 1902).

Jeffries, M. (1992, March). Christian recovery clinics. <u>Charisma and Christian Life</u>, 38-45.

Johnson, P. (1976). <u>A history of Christianity</u>. New York: Simon & Schuster.

Johnson, W.B., Ridley, C.R., DeVries, R.J. & Pettorini, D.D. (1990). <u>Rationality and religiousness in depressed religious clients</u>. Paper presented at the Annual Meeting of the American Psychological Association, Boston, MA.

Kahoe, R.D., (1974). Personality and achievement correlates of intrinsic and extrinsic religious orientation. <u>Journal of Personality and Social Psychology, 29</u>, 812-818.

Kalb, C., Underwood, A., Pierce, E., Raymond, J., Hontz, J. Springen, K, & Childress, S. (2003, November 10). Faith & healing. <u>Newsweek, 142</u>, 44-54.

Kaldestad, E. (1996). The empirical relationships between standardized measures of religiosity and personality/mental health. <u>Scandinavian Journal of Psychology, 37</u>, 205-220.

Karnopp, A.R. (2001). <u>University students' attitudes toward seeking professional psychological help: The relationship between attitudes and age, college grade level, grade point average, and college major</u>. Unpublished

Master's Thesis, Northern State University, Aberdeen, SD.

Keating, A.M., & Fretz, B.R. (1990). Christians' anticipations about counselors in response to counselor descriptions. Journal of Counseling Psychology, 37, 293-296.

Keister, L.A. (2003). Religion and wealth: The role of religious affiliation and participation in early adult asset accumulation. Social Forces, 82, 175-208.

Keppel, G. (1982). Design and analysis: A researchers handbook (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.

King, R.R. (1978). Evangelical Christians and professional counseling: A conflict of values? Journal of Psychology and Theology, 6, 276-281.

Kirkpatrick, L.A. (1992). An attachment-theory approach to the psychology of religion. International Journal for the Psychology of Religion, 29, 3-28.

Knox, D., Langehough, S.O., Walters, C., Rowley, M. (1998). Religiosity and spirituality among college students. College Student Journal, 32, 430-432.

Koenig, H.G. (1997). The effects of religion on physical and mental health. Binghamton, NY: The Haworth Pastoral Press.

Kunkel, M.A., Cook, S., Meshel, D.S., Daughtry, D., & Hauenstein, A. (1999). God images: A concept map. Journal

for the Scientific Study of Religion, 38, 193-203.

Larson, D.B., & Larson, S.S. (1991). Does religious commitment make a clinical difference in health? Second Opinion, 17, 26-40.

Lauer, C. (2003). Say a little prayer. Modern Healthcare, 33, 18.

Lawrence, R.T. (1991). The God Image Inventory: The development, validation, and standardization of a psychometric instrument for research, pastoral and clinical use in measuring the image of God. Unpublished doctoral dissertation, The Catholic University of America, Washington DC.

Lawrence, R.T. (1997). Measuring the image of God: The God image inventory and the God image scales. Journal of Psychology and Theology, 25, 214-226.

Leaf, P.J., Bruce, M.L., Tischler, G.L., & Holzer, C.E. (1987). The relationship between demographic factors and attitudes toward mental health services. Journal of Community Psychology, 15, 275-284.

Leong, F.T.L. & Zackar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. British Journal of Guidance & Counseling, 27, 123-132.

Levin, J.S., Larson, D.B., & Puchalski, C.M. (1997).

Religion and spirituality in medicine: Research and education. Journal of the American Medical Association, 278, 792-793.

Levin, J.S. & Schiller, P.L. (1987). Is there a religious factor in health? Journal of Religion and Health, 26, 9-35.

Lewis, C.A., Shevlin, M., McGuckin, C., & Navratil, M. (2001). The Santa Clara Strength of Religious Faith Questionnaire: Confirmatory factor analysis. Pastoral Psychology, 49, 379-385.

Lippy, C. H. (1994). Being religious, American style: A history of popular religiosity in the United States. Westport, CT: Greenwood Press.

Low, C.A. & Handal, P.J. (1995). The relationship between religion and adjustment to college. Journal of College Student Development, 36, 406-412.

Maramot, W.T. (1982). Diet, hypertension and stroke. In M.R. Turner (Ed.), Nutrition and health (pp. 265-278). New York: Alan R. Liss.

Martin, W.T. (1984). Religiosity and United Stated suicide rates, 1972-1978. Journal of Clinical Psychology, 40, 1166-1169.

Masters, K.S., Bergin, A.E., Reynolds, E.M. & Sullivan, C.E. (1991). Religious life-styles and mental

health: A follow-up study. Counseling and Values, 35, 211-224.

McCullough, M.E. & Worthington, E.L., Jr. (1995). College students' perceptions of a psychotherapist's treatment of a religious issue: Partial replication and extension. Journal of Counseling & Development, 73, 626-634.

McGovern, C. (1998). Good for the soul, good for the mind. Alberta Report, 25, 22-26.

Melton, J.G. (1993). Another look at new religions. In W.C. Roof, (Ed.), Religion in the Nineties (pp. 97-112). Thousand Oaks, CA: Sage Publications Inc.

Miller, J.P. & Eells, G.T. (1998). The effects of degree of religiosity on attitudes toward seeking professional counseling. Journal of Psychology and Christianity, 17, 248-256.

Misumi, D.M. (1993). Asian-American Christian attitudes toward counseling. Journal of Psychology and Christianity, 12, 214-224.

Morgan, D.D. (1982). Needs assessment in churches: A Christian community's need for professional counseling services. Journal of Psychology and Theology, 10, 242-250.

Murray, B. (2001, December). Same office, different aspirations. Monitor on Psychology, 32, 20-21.

Myers, D.G. (2000). On assessing prayer, faith, and health. Reformed Review, 53. Retrieved March 9, 2004, from http://www.davidmyers.org/religion/faith.html

Neal, G.W. (1983). Personal problem solving: Awareness and utilization of campus helping resources. Dissertation Abstracts International, 44, 3939B.

Neeleman, J., & Persaud, R. (1995). Why do psychiatrists neglect religion? British Journal of Medical Psychology, 68, 169-178.

Nelsen, H.M., Cheek, N.H., Jr., & Au, P. (1985). Gender differences in images of God. Journal for the Scientific Study of Religion, 24, 396-402.

Nelson, M.O. & Jones, E.M. (1957). An application of the Q-techniques to the study of religious concepts. Psychological Reports, 3, 293-297.

Nickerson, K.J., Helms, J.E., & Terrell, F. (1994). Cultural mistrust, opinions about mental illness, and Black students' attitudes toward seeking psychological help from White counselors. Journal of Counseling Psychology, 41, 378-385.

Nielsen, M.E. (2000, February). Psychology of Religion in the USA. PsychWeb Resources. Retrieved March 9, 2004, from http://www.psywww.com/psyrelig/usa.html

Noffke, J.L. & McFadden, S.H. (2001). Denominational and age comparisons of God concepts. Journal for the Scientific Study of Religion, 40, 747-757.

Nunnally, J.C. (1978). Psychometric theory (2nd ed.). New York: McGraw-Hill.

Orne, M.T. (1969). Demand characteristics and the concept of quasi-control. In R. Rosenthal & R.L. Rosnow (Eds.), Artifact in behavioral research (pp.52-65). New York: Academic Press.

Parker, R.J. (1987). The relationship between dogmatism, orthodox christian beliefs, and ethical judgement. Paper presented at the annual convention of the American Association for Counseling and Development, New Orleans, LA.

Patock-Peckham, J.A., Hutchinson, G.T., Cheong, J., & Nagoshi, C.T. (1998). Effect of religion and religiosity on alcohol use in a college student sample. Drug and Alcohol Dependence, 49, 81-89.

Peacock, J.R. & Poloma, M.M. (1998). Religiosity and life satisfaction across the life course. Social Indicators Research, 48, 321-345.

Pencheff, S. (1976). Reaction to van Kaam's "Spiritual Life and Psychic Health". In W.J. Donaldson (Ed.), Research in mental health and religious behavior: An introduction to

research in the integration of Christianity and the

behavioral sciences. (pp. 80-82). Atlanta, GA:

Psychological Studies Institute.

Piedmont, R.L., Williams, J.E., & Ciarrocchi, J.W.

(1997). Personality correlates of one's image of Jesus:

Historiographic analysis using the five-factor model of

personality. Journal of Psychology and Theology, 25, 364-

373.

Plante, T.G. & Boccaccini, M.T. (1997). The Santa

Clara Strength of Religious Faith Questionnaire. Pastoral

Psychology, 45, 375-387.

Plante, T.G. & Boccaccini, M.T. (1997). Reliability

and validity of the Santa Clara Strength of Religious Faith

Questionnaire. Pastoral Psychology, 45, 429-437.

Plante, T.G., Saucedo, B., & Rice, C. (2001). The

association between strength of religious faith and coping

with daily stress. Pastoral Psychology, 49, 291-296.

Plante, T.G., Vallaeys, C.L., Sherman, A.C., &

Wallston, K.A. (2002). The development of a brief version

of the Santa Clara Strength of Religious Faith

Questionnaire. Pastoral Psychology, 50, 359-368.

Plante, T.G., Yancey, S., Sherman, A.C., Guertin, M.,

& Pardini, D. (1999). Further validation for the Santa

Clara Strength of Religious Faith Questionnaire. Pastoral

Psychology, 48, 11-21.

Potvin, R.H., Hoge, D.R., & Nelsen, H.M. (1976).

Religion and American youth: With emphasis on Catholic

adolescents and young adults. Washington, DC: United States

Catholic Conference.

Princeton Religious Research Center and the Gallup

Organization, Inc. (1978). The unchurched American.

Princeton, NJ: Princeton Religious Research Center for the

National Council of Churches.

Putnam, R. (2000). Bowling alone: The collapse and

revival of American community. New York: Simon and

Schuster.

Quakenbos, S., Privette, G., & Klentz, B. (1985).

Psychotherapy: Sacred or secular. Journal of Counseling and

Development, 63, 290-293.

Regan, C., Malony, H.N., & Beit-Hallahmi, B. (1980).

Psychologists and religion: Professional factors and

personal belief. Review of Religious Research, 21, 208-217.

Richards, P.S. (1991). Religious devoutness in college

students: Relations with emotional adjustment and

psychological separation from parents. Journal of

Counseling Psychology, 38, 189-196.

Rizzuto, A.M. (1979). The birth of the living God: A

psychoanalytic study. Chicago: University of Chicago Press.

Roberts, C.W. (1989). Imagining God: Who is created in whose image? Review of Religious Research, 30, 376-386.

Robertson, J.M. (1989). Men who avoid counseling: Identifying personality correlates and preferences for assistance alternatives. Dissertation Abstracts International, 51, 82A.

Roof, W.C. (1993). A generation of seekers: The spiritual journeys of the baby boom generation. San Francisco: Harper.

Roof, W.C. & McKinney, W. (1987). American mainline religion: Its changing shape and future. New Brunswick, NJ: Rutgers University Press.

Roof, W.C. & Roof, J.L. (1984). Review of the polls: Images of God among Americans. Journal for the Scientific Study of Religion, 23, 201-205.

Rotter, J.B. (1978). Generalized expectancies for problem-solving and psychotherapy. Cognitive Therapy and Research, 2, 1-10.

Rowatt, W.C. & Kirkpatrick, L.A. (2002). Two dimensions of attachment to God and their relation to affect, religiosity, and personality constructs. Journal for the Scientific Study of Religion, 41, 637-651.

Rule, W.R., & Gandy, G.L. (1994). A thirteen-year

comparison in patterns of attitudes toward counseling. Adolescence, 29, 575-589.

Schafer, W.E. (1997). Religiosity, spirituality, and personal distress among college students. Journal of College Student Development, 38, 633-644.

Schneider, L. & Dornbusch, S. M. (1958). Popular religion: Inspirational books in America. Chicago: University of Chicago Press.

Schwin, E. (2001). A snapshot of civic ties. Chronicle of Philanthropy, 13, 1-4.

Sell, K.L., & Goldsmith, W.M. (1988). Concerns about professional counseling: An exploration of five factors and the role of Christian orthodoxy. Journal of Psychology and Christianity, 7, 5-21.

Shack-Finger, L.R. (1988). Sex differences in psychological help seeking. Dissertation Abstracts International, 49, 4559B.

Shafranske, E.P. (1996). Religious beliefs, affiliations, and practice of clinical psychologists. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp.25-63). New York: Human Sciences Press.

Shafranske, E., & Malony, H. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. Psychotherapy, 27, 72-78.

Shaver, P., Kazan, C., & Bradshaw, D. (1988). Love as attachment: The integration of three behavioral systems. In R.J. Sternberg & M. Barnes (Eds.), The anatomy of love, (pp. 68-99). New Haven, CT: Yale University Press.

Sheikh, S. & Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. Social Psychiatry and Psychiatric Epidemiology, 35, 326-334.

Sherkat, D.E. (2001). Investigating the sect-church-sect cycle: Cohort specific attendance differences across African American denominations. Journal for the Scientific Study of Religion, 40, 221-233.

Sherkat, D.E. (2002). African-American religious affiliation in the late 20th century: Cohort variations and patterns of switching, 1973-1998. Journal for the Scientific Study of Religion, 41, 485-494.

Sherkat, D.E. & Cunningham, S.A. (1998). Extending the semi-involuntary institution: Social constraints and regional differences in private religious consumption among African Americans. Journal for the Scientific Study of Religion, 37, 383-396.

Sloan, R.P., Bagiella, E., & Powell, T. (1999). Religion, spirituality, and medicine. Retrieved March 9, 2004, from http://www.eatingbythebook.com/connect/0007.html

Smith, D.P. (1999). Patterns of religious experience among secular psychotherapists and their relation to therapeutic orientation. Dissertation Abstracts International, 59, 6079.

Smith, T. (1990). Classifying Protestant denominations. Review of Religious Research, 31, 225-245.

Smith, C., Denton, M.L., Faris, R., Regnerus, M. (2002). Mapping American adolescent religious participation. Journal for the Scientific Study of Religion, 41, 597-613.

Sorgaard, K.W., Sorensen,T., Sandanger,G., Ingebrigtsen,G., & Dalgard, O.S. (1995). Religiosity and help-seeking in a rural and an urban area. Social Psychiatry & Psychiatric Epidemiology, 31, 180-185.

Spilka, B., Addison, J., & Rosensohn, M. (1975). Parents, self, and God: Images of God among Americans. Review of Religious Research, 16, 154-165.

Spilka, B., Hood, R., & Gorsuch, L. (1985). The psychology of religion: An empirical approach. Englewood Cliffs, NJ: Prentice-Hall.

Spilka, B., & Mullin, M. (1977). Personal religion and psychosocial schemata: A research approach to a theological-psychology of religion. Character Potential, 8, 57-66.

Stack, S. (1985). The effect of domestic-religious individualism on suicide 1954-1978. Journal of Marriage & the Family, 47, 431-447.

Stafford, T. (1993, May). The therapeutic revolution. Christianity Today, 25-32.

Steensland, B., Park, J.Z., Regnerus, M.D., Robinson, L.D., Wilcox, W.B., & Woodberry, R.D. (2000). The measure of American religion: Toward improving the state of the art. Social Forces, 79, 291-319.

Stevens, J. (1982). Applied multivariate statistics for the behavioral sciences (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.

Storr, A. (1999). Is analytical psychology a religion? Jung's search for a substitute for lost faith. Journal of Analytical Psychology, 44, 531-537.

Strickland, B.R., & Weddell, S.C. (1972). Religious orientation, social prejudice, and dogmatism: A study of Baptists and Unitarians. Journal for the Scientific Study of Religion, 11, 395-399.

Strunk, O. (1959). Perceived relationships between parental and deity concepts. Psychology Newsletter, 10, 222-226.

Taetzsch, W.J. (1986). The orientation of evangelical Christians toward seeking psychotherapy. Unpublished

137

doctoral dissertation, California School of Professional
Psychology, Berkeley.

Thomas, R.C. (1994). Current conservative religious
attitudes toward seeking professional counseling.
Unpublished doctoral dissertation, University of North
Texas, Denton, TX.

Thompson, B. (1994). Guidelines for authors.
Educational and Psychological Measurement, 54, 837-847.

Tijhuis, M.A.R., Peters, L., & Foets, M. (1990). An
orientation toward help-seeking for emotional problems.
Social Science & Medicine, 31, 989-995.

Towler, R. (1974). Homo religiosus: Sociological
problems in the study of religion. New York: St. Martin's
Press.

van Kaam, A. (1976). Spiritual life and psychic
health: An integrational study. In W.J. Donaldson (Ed.),
Research in mental health and religious behavior: An
introduction to research in the integration of Christianity
and the behavioral sciences (pp. 75-80). Atlanta, GA:
Psychological Studies Institute.

Vergote, A., Tamayo, A., Pasquali, L., Boinami, M.,
Pattyn, M., & Custers, A. (1980). The parental figures and
the representation of God: A psychological and cross-
cultural study. The Hague: Mouton Press.

Voit, R.A. (1982). Effects of student sex-role identity and problem type on likelihood of seeking counseling and preference for counselor sex. Dissertation Abstracts International, 42, 3022.

Wald, K.D. (1987). Religion and politics in the United States. Lanham, MD: Rowman & Littlefield Publications.

Wald, K.D., Owen, D.E., & Hill, S.S. (1988). Churches as political communities. American Journal of Political Science, 82, 532-548.

Watson, P.J., Hood, R.W. Jr., Morris, R.J., & Hall, J.R. (1984). Empathy, religious orientation and social desirability. Journal of Psychology, 117, 211-216.

Watson, P.J., Hood, R.H. Jr., & Morris, R.J. (1988). Existential confrontation and religiosity. Counseling and Values, 33, 47-54.

Welch, M.R., Leege, D.C., Wald, K.D., & Kellstedt, L.A. (1993). Are the sheep hearing the shepherds? Cue perceptions, congregational responses, and political communication processes. In David C. Leege and Lyman A. Kellstedt (Eds.), Rediscovering the religious factor in American politics (pp. 235-254). Armonk, NY: M.E. Sharpe, Inc.

Williams, R.W., Larson, D.B., Buckler, R.E., Heckman, R.C., & Pyle, C.M. (1991). Religion and psychological

distress in a community sample. Social Science Medicine, 32, 1257-1262.

Winnicott, D.W. (1953). Transitional objects and transitional phenomena. International Journal of Psychoanalysis, 34, 89-97.

Woodberry, R.D. & Smith, C.S. (1998). Fundamentalism et al.: Conservative Protestants in America. Annual Review of Sociology, 24, 25-56.

Woollcott, P., Jr. (1969). Pathological processes in religion. In E.M. Pattison (Ed.). Clinical psychiatry and religion (pp. 61-77). New York: International Press.

Worthington, E.L., Jr. (1986). Religious counseling: A review of published empirical research. Journal of Counseling and Development, 64, 421-431.

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

Worthington, E. (1991). Psychotherapy and religious values: An update. Journal of Psychology and Christianity, 10, 211-223.

Wulff, D.M. (1997). Psychology of religion: Classic and contemporary (2nd ed.). New York: Wiley.

Wulff, D.W. (1998). Rethinking the rise and fall of the psychology of religion. In A.L. Molendijk and P. Pels (Eds.), Religion in the making: The emergence of the sciences of religion (pp. 132-168). Boston: Brill Academic Publishers.

Wuthnow, R. (1988). The restructuring of American religion: Society and faith since World War II. Princeton, NJ: Princeton University Press.

Zern, D.S. (1989). Some connections between increasing religiousness and academic accomplishment in a college population. Adolescence, 14, 141-154.

Zuckerman, D.M., Kasi, S.V., & Osterfield, A.M. (1984). Psychosocial predictors of mortality among the elderly poor. American Journal of Epidemiology, 119, 410-423.

APPENDIX A

CONSENT FORM

You are asked to participate in a research study conducted by Susan Matlock-Hetzel, M.Ed. from the Department of Educational Psychology at Texas A&M University. The results of this study will contribute to a dissertation project. You were selected as a possible participant in this study since little psychological research exists focusing Christian attitudes toward counseling.

The purpose of this study is to investigate the degree to which attitudes towards counseling among religious persons are influenced by God image and religious devotion. Previous research has shown that intrinsic religious orientation is positively associated with overall attitudes towards counseling, but no research has investigated the additional contribution of God image to the prediction of attitudes towards counseling.

If you volunteer to participate in this study, we would ask that you fill out a survey that will take approximately one hour to complete. The survey will ask you to respond to general questions regarding your attitudes and beliefs toward counseling and God.

There are no known risks associated with participation in the study. One potential benefit of the study is your personal reflection upon and clarification of your religious and spiritual values and beliefs.

There is no compensation for participation in this study.

All responses to the survey will be anonymous and names are not written on the survey.

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. Your decision to participate will not affect your class standing and the study data will not be shared with your professor. You may also refuse to answer any questions you don't want to answer and still remain in the study.

_____(initial and date)   page 1 of 2

If you have any questions or concerns about the research, please feel free to contact

Susan Matlock-Hetzel, M.Ed.   Donna Davenport, Ph.D.
Director of FYE   Educational Psychology
LeTourneau University   Texas A&M University
2100 S. Mobberly   College Station, Texas
Longview, Texas 75607   77843-4225
903-233-4462   979-845-1831

You may withdraw from the study at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Office for Protection of Research Subjects, 2107 Ueberroth Building, UCLA, Box 951694, Los Angeles, CA 90095-1694, 310-825-8714. In addition, this research has been reviewed and approved by the Institutional Review Board-Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, the Institutional Review Board may be contacted through Dr. Richard E. Miller, IRB Coordinator, Office of the Vice President for Research and Associate Provost for Graduate Studies, 979-845-1812.

Thank you for your help in the completion of this research project.

_____   _____
Print Name   Signature and Date

_____(initial and date)   page 2 of 2

APPENDIX B

SURVEY

Completion of this survey is voluntary. If you decide to participate,
please complete all six sections.

<u>Section One</u>
Please answer each question. Where a check mark is appropriate, please
check the one response that best fits you.

1. Gender
- Male_____
- Female_____

2. Age_____

3. National Origin/Ethnicity
- African American/Black_____
- Asian American (specify:_____)
- European American/White_____
- Hispanic American (specify:_____)
- Native American or Alaskan Native_____
- Mixed Racial Heritage (specify:_____)
- Other Racial Heritage (specify:_____)

4. Status in school
- Freshman_____
- Sophomore_____
- Junior_____
- Senior_____
- Other (specify:_____)

5. Cumulative GPA_____

6. Academic major_____

7. Present relationship status
- Single, never married_____
- Single, divorced_____
- Single, widowed_____
- In long-term relationship_____
- Married_____

8. Religious preference
   - Adventist_____
   - Assembly of God/Pentecostal_____
   - Baptist_____
   - Christian Church_____
   - Church of Christ_____
   - Church of God_____
   - Community Church_____
   - Episcopal_____
   - Lutheran_____
   - Methodist_____
   - Mormon_____
   - Non-Denominational_____
   - Orthodox_____
   - Presbyterian_____
   - Roman Catholic_____
   - Unitarian_____
   - United Church of Christ_____
   - No religion (including atheist, agnostic)_____
   - Religious, No organized religious affiliation____
   - Other_____(please list)_____

Please use the following scale to rate the religious beliefs of your particular congregation:

```
   1              2              3              4              5
Traditional                                   Progressive/contemporary
```

9. Family (read all answers first)
   - Grew up mostly with both biological parents_____
   - Grew up mostly with biological mother_____
   - Grew up mostly with biological father_____
   - Grew up mostly with both adoptive parents_____
   - Grew up mostly with adoptive mother_____
   - Grew up mostly with adoptive father_____
   - Grew up mostly with other guardian_____

10. Religion
   - Attend religious services regularly_____
   - Attend religious services sometimes_____
   - Never attend religious services_____

11. Have you ever had professional psychological help (e.g., seen a counselor, psychologist, or psychiatrist) in the past?
   - Yes_____
   - No_____

12. Have you ever talked with a close friend or family member about a problem?
   - Yes_____

- No_____
13. Have you ever talked with a member of the clergy about a problem?
   - Yes_____
   - No_____

Section Two
Circle the answer that best describes your response to the following statements.

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

   Agree   Partly Agree   Partly Disagree   Disagree

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

   Agree   Partly Agree   Partly Disagree   Disagree

16. 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   Partly Agree   Partly Disagree   Disagree

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

   Agree   Partly Agree   Partly Disagree   Disagree

18. I would want to get psychological help if I were worried or upset for a long period of time.

   Agree   Partly Agree   Partly Disagree   Disagree

19. I might want to have psychological counseling in the future.

   Agree   Partly Agree   Partly Disagree   Disagree

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

   Agree   Partly Agree   Partly Disagree   Disagree

21. Considering the time and expense involved in psychotherapy, it would have doubtful value of a person like me.

   Agree   Partly Agree   Partly Disagree   Disagree

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

   Agree   Partly Agree   Partly Disagree   Disagree

23. Personal and emotional troubles, like many things, tend to work out by themselves.

    Agree   Partly Agree   Partly Disagree   Disagree

Section Three
Circle the answer that best describes your response to the following statements.

24. When I obey God's rules, God makes good things happen for me.

    Strongly Disagree   Disagree Not Sure Agree Strongly Agree

25. I imagine God to be rather formal, almost standoffish.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

26. I am sometimes anxious about whether God still loves me

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

27. Asking God for help rarely does me any good.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

28. I am confident of God's love for me.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

29. God does not answer when I call.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

30. I know I'm not perfect, but God loves me anyway.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

31. The voice of God tells me what to do.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

32. I have sometimes felt that I have committed the unforgivable sin.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

33. Even when I mess things up, I know God will straighten them out.

    Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

34. God never challenges me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

35. Thinking too much could endanger my faith.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

36. I think of God as more compassionate than demanding.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

37. I get what I pray for.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

38. I can feel God deep inside of me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

39. God's love for me has no strings attached.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

40. God doesn't feel very personal to me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

41. No matter how hard I pray, it doesn't do any good.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

42. Even when I do bad things, I know God still loves me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

43. I can talk to God on an intimate basis.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

44. What happens in my life is largely a result of decisions I
    make.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

45. I think God even loves atheists.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

46. God nurtures me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

47. I get no feeling of closeness to God, even in prayer.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

48. God loves me only when I perform perfectly.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

49. God loves me regardless.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

50. God takes pleasure in my achievements.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

51. I can't imagine anyone God couldn't love.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

52. God keeps asking me to try harder.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

53. God is always there for me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

54. I get no help from God even if I pray for it.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

55. Being Close to God and being active in the world don't mix.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

56. God can easily be provoked by disobedience.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

57. I often worry about whether God can love me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

58. God is in control of my life

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

59. God wants me to achieve all I can in life.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

60. I am a very powerful person because of God's help.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

61. God will always provide for me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

62. I think God mostly leaves people free.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

63. If God listens to prayers, you couldn't prove it by me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

64. God is looking for a chance to get even with me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

65. God's mercy is for everyone.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

66. God's love for me is unconditional.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

67. I know what to do to get God to listen to me

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

68. God asks me to keep growing as a person.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

69. I think God only loves certain people.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

70. God almost always answers my prayers.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

71. God doesn't want me to ask too many questions.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

72. God does not do much to determine the outcome of my life.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

73. God lets the world run by its laws.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

74. Even if my beliefs about God were wrong God would still love
    me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

75. I am not good enough for God to love.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

76. God's compassion knows no religious boundaries.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

77. I sometimes feel cradled in God's arms.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

78. God has never asked me to do hard things.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

79. Running the world is more important to God than caring about people.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

80. I often feel that I am in the hands of God.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

81. I don't think my faith gives me any special influence with God.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

82. Mostly, I have to provide for myself.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

83. I am particularly drawn to the image of God as a shepherd.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

84. God feels distant to me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

85. I think human achievements are a delight to God.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

86. I rarely feel that God is with me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

87. I feel warm inside when I pray.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

88. I am pretty much responsible for my own life.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

89. God rarely if ever seems to give me what I ask for.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

90. I think God must enjoy getting even with us when we deserve it.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

91. God encourages me to go forward on the journey of life.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

92. God sometimes intervenes at my request.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

93. God never reached out to me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

94. God doesn't mind if I don't grow very much.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

95. I sometimes think that not even God could love me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

Section Four
Circle the answer that best describes your response to the following statements.

96. I enjoy reading about my religion.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

97. I go to church because it helps me to make friends.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

98. It doesn't much matter what I believe so long as I am good.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

99. It is important to me to spend time in private thought and prayer.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

100. I have often had a strong sense of God's presence.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

101. I pray mainly to gain relief and protection.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

102. I try hard to live all my life according to my religious beliefs.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

103. What religion offers me most is comfort in times of trouble and sorrow.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

104. Prayer is for peace and happiness.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

105. Although I am religious, I don't let it affect my daily life.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

106. I go to church mostly to spend time with my friends.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

107. My whole approach to life is based on my religion.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

108. I go to church mainly because I enjoy seeing people I know there.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

109. Although I believe in my religion, many other things are more important in life.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

Section Five
Circle the number along each continuum that best describes your perceptions of God.

110.   0   1   2   3   4   5   6

     Damning   Saving

111.   0   1   2   3   4   5   6

     Rejecting   Accepting

112.   0   1   2   3   4   5   6

     Demanding   Not Demanding

113.   0   1   2   3   4   5   6

Loving   Hating

114.   0   1   2   3   4   5   6

Freeing   Restricting

115.   0   1   2   3   4   5   6

Unforgiving   Forgiving

116.   0   1   2   3   4   5   6

Controlling   Uncontrolling

117.   0   1   2   3   4   5   6

Approving   Disapproving

118.   0   1   2   3   4   5   6

Strict   Lenient

119.   0   1   2   3   4   5   6

Permissive   Rigid

Section Six
Circle the answer that best describes your response to the
following statements.

120. My religious faith is extremely important to me.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

121. I pray daily.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

122. I look to my faith as a source of inspiration.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

123. I look to my faith as providing meaning and purpose in my
      life.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

124. I consider myself active in my faith or church.

   Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

125. My faith is an important part of who I am as a person.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

126.   My relationship with God is extremely important to me.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

127.   I enjoy being around others who share my faith.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree
128.   I look to my faith as a source of comfort.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

129.   My faith impacts many of my decisions.

Strongly Disagree   Disagree   Not Sure   Agree Strongly Agree

VITA

Susan Gail Matlock-Hetzel
509 East Young Street   Longview, Texas 75602

EDUCATION
Ph.D., Texas A&M University, 2004
M.Ed., Educational Psychology, Texas A&M University 1993
B.S.E., Vocational Home Economics, University of Central
    Arkansas, 1985

WORK EXPERIENCE
2001-present: Director of Freshman Year Experience,
    LeTourneau University, Longview, Texas
2000-2001: Counselor, Agape Clinic, Rochester, New York
1999-2001: School Psychologist, Spencerport, New York
1999-1999: School Psychologist, Rochester, New York
1997-1998: Psychology Internship, Houston ISD; Houston,
    Texas
1994-1997: Graduate Assistant, School Families Project,
    Texas A&M University
1995-1997: Graduate Assistant, SCS Helpline, Texas A&M
    University
1992-1994: Graduate Assistant, Dr. Jerome T. Kapes, Texas
    A&M University

DOCTORAL PRACTICA EXPERIENCE
1996: Practicum in Supervision, Texas A&M Counseling and
    Assessment Clinic and MHMR, Bryan, Texas
1996: Practicum in Psychological Assessment, Texas A&M
    Counseling and Assessment Clinic
1995: Practicum in Counseling Psychology, Brazos Valley
    Community Action Agency: AIDS Services; Bryan, Texas
1995: Practicum in Advanced Psychotherapy, Texas A&M
    Counseling and Assessment Clinic; Desert Hills
    Psychiatric Hospital, College Station, Texas
1994: Practicum in Psychotherapeutic Process, Texas A&M
    Counseling and Assessment Clinic and Texas A&M SCS
1993: Practicum in Counseling Psychology, Bryan, Texas;
    Sheltering Arms, Bryan, Texas; Blinn Occupational
    Center, Blinn College, Bryan, Texas
1993: Practicum in Vocational Counseling; Blinn
    Occupational Center, Blinn College, Bryan, Texas

MEMBERSHIPS
American Psychological Association