A STUDY OF
RELIGIOUS ETHNOCENTRISM,
SEVENTH-DAY ADVENTIST
RELIGIOUS BELIEFS, AND
ATTITUDES TOWARD PSYCHOTHERAPY

Dissertation for the Degree of Ph.D.

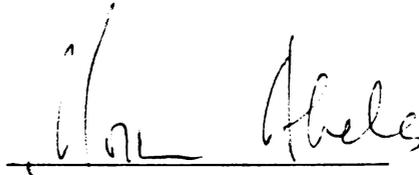MICHIGAN STATE UNIVERSITY

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This is to certify that the

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ABSTRACT

A STUDY OF RELIGIOUS ETHNOCENTRISM, SEVENTH-DAY
ADVENTIST RELIGIOUS BELIEFS, AND
ATTITUDES TOWARD PSYCHOTHERAPY

by

Belvia Wright Matthews

Attitudes toward client-therapist attraction and coun-
seling readiness were studied in relationship to religious
ethnocentrism and strength of religious beliefs as held by
Seventh-day Adventist college students.

To measure client-therapist attraction, Libo's Picture
Impressions Test was used. Heilbrun's and Sullivan's Counsel-
ing Readiness Scale which consist of 300 self-descriptive
adjectives was used to measure counseling readiness. This
scale was developed to identify clients who would remain in
or prematurely leave a counseling relationship. The scales
which measured strength of religious beliefs, religious
ethnocentrism, and religious fundamentalism were respect-
ively the Phillips' Religious Belief Scale, Phillips' Reli-
gious Ethnocentrism Scale, and McLean's Religious World Views
Scale. These three scales used a six-point Likert format.

The subjects were 180 Seventh-day Adventist males who
volunteered to participate in this study from an announcement
made in their classes. Ninety-four were White and attended
Andrews University, and the remaining 84 subjects were Black
and attended Oakwood College. Both schools are operated by

the Seventh-day Adventist church which is a fundamentalistic
denomination.

Based on a review of the relevant literature, three
major hypotheses were tested: (1) Strength of client-
therapist attraction is related to strength of counseling
readiness; (2) Strength of client-therapist attraction is
negatively related to strength of pro-religious attitudes;
(3) Strength of counseling readiness is negatively related
to strength of pro-religious attitudes.

Results indicated lack of support for hypotheses one
and three. There was some support for hypothesis two among
the Oakwood sample. Client-therapist attraction was nega-
tively related to fundamental religious attitudes as
measured by two scales (Religious Belief Scale and Religious
Ethnocentrism Scale). The Oakwood sample and Andrews
sample did not differ in their attraction to and readiness
for a therapeutic relationship. Also, race did not emerge
as a significant variable related to therapy attraction.

In general, the hypotheses were not supported in this
study. The lack of support for the first hypothesis suggested
that client-therapist attraction may be independent of coun-
seling readiness. The general lack of support for the second
and third hypotheses may have been due to the fact that the
subjects wished to convey a picture of psychological well-
being. Most of the subjects were not attracted to, nor did
they exhibit readiness for a client-therapist relationship.
Suggestions were given which might be used were this study
to be replicated.

A STUDY OF RELIGIOUS ETHNOCENTRISM, SEVENTH-DAY
ADVENTIST RELIGIOUS BELIEFS, AND
ATTITUDES TOWARD PSYCHOTHERAPY

By

Belvia Wright Matthews

A DISSERTATION

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DEDICATION

To Herman L. and Annell M. Wright, my parents, whose love, wisdom, spiritual guidance, and hard work chartered a course of success from which I branched off to follow my dreams.

and

To Belvia Lezell, my daughter, whom I love dearly.

B.W.M.

ACKNOWLEDGEMENTS

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INTRODUCTION

This research investigates the relationship between
fundamental religious beliefs, religious ethnocentrism and
attraction to a client-therapist relationship.

This study begins with a review of client-therapist
attraction and includes a discussion of the importance of
race. Then some of the characteristics associated with
religiousness were presented and the relationship between
psychotherapy and religion discussed. The subjects in this
study were members of a fundamentalistic denomination,
Seventh-day Adventist. A brief background on the Seventh-
day Adventist beliefs is given.

Webster (1969) defines a fundamentalist as one having
beliefs in the Protestant movement began in the 20th Century
which emphasized as fundamental the "literal inerrancy of the
Scriptures, the second coming of Jesus Christ, the virgin birth,
physical resurrection and substitutionary atonement." There is
a Biblical text which reads: "Thou wilt keep him in perfect
peace, whose mind is stayed on thee; because he trusteth in
thee" Isaiah 26:3, King James Version. The literal translation
from the Hebrew of "in perfect peace" is "in peace, peace". The
Seventh-day Adventist Bible Commentary on Isaiah 26:3, states
that on this earth the mature Christian is at peace

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with God, himself, and those around him. This peace is described as an inward peace of mind which does not depend upon being surrounded by peaceful conditions, but upon the presence of the Spirit of God in the heart. According to the Commentary the "perfect peace" will be the inheritance of the saints in God's kingdom set up after Christ's second return to this earth.

A probable common interpretation of this text is that those who trust in God, the church, etc., will have no psychological difficulties. This common assumption seems to have over generalized the "perfect peace" described in Isaiah 26:3.

The major concerns of this study are: (a) To what extent will fundamentalists be attracted toward psychotherapy as an important source of help for emotional difficulties; and (b) To what extent will this attraction be related to the fundamentalists' strength of religious beliefs.

REVIEW OF LITERATURE

CHAPTER I

PSYCHOTHERAPY ATTRACTION

When a person says he is attracted to another,
because of the universal feelings attached to the word
attraction: like, love, drawn toward, etc., it is probable
that the meaning is understood. When one is asked for
reasons for the feeling of attraction to another, desired
qualities of the object of attraction are usually given.
Also, qualities of the person being attracted play an
important role in the interpersonal attraction relationship.

Interpersonal Attraction

Many variables have been studied in relation to
interpersonal attraction. These variables include accidental
consequences; rewards others provide; reduction of anxiety,
stress, loneliness, insecurity; proximity; similarity;
cooperation vs. competition; love; sex; race; belief systems;
etc. A review of the research (Berscheid and Walster, 1969)
suggested that when individuals feel anxious, afraid, lonely,
or unsure of themselves, the presence of others is rewarding.

Schachter's (1959) study of the relationship of
anxiety and attractiveness suggested that anxiety appears to

increase an individual's desire for affiliation and anxious individuals are more selective about their affiliations than non-anxious people. In his study two groups of female subjects were led to believe that they would soon be severely shocked. They were given the choice of waiting alone or with "others". One group of "others" were females waiting to be shocked while another group were females waiting to talk with professors. Only the subjects given the option to wait with females also waiting to be shocked, chose to wait with others. Schachter (1959) concluded that when individuals are anxious they have a special desire to affiliate with individuals in situations similar to their own.

Concerning the variable stress, the research suggested that social stimuli does effect the individual's physiological response to stress. For example, Back and Bogdonoff (1964) found that the blood sample of strangers undergoing physical stress showed a higher resultant level of free fatty acids in comparison to the group of friends undergoing the same experience. Paz and Amir (1974) studied affiliative behavior of approach- and avoidance-motivated subjects in fear situations. They found that in fear situations, affiliative behavior increased in both approach- and avoidance-oriented subjects. In a related vein, recent research (Schaffer and Abeles, in press) suggested that there is support for the common sense view that client-therapist

attraction tends to facilitate the psychotherapy process. Findings diverge, however, when the variable of client disturbance is added. Thus Schaffer and Abeles (in press) found that more severe disturbed college students, even when they were highly attracted to the therapy situation, tended to avoid focusing inward on their feelings and emotions during therapy when compared to similar clients who were less attracted to the therapy situation.

There has been an abundance of research concerning similarity and interpersonal attraction. Byrne's (1969) review of studies on attitude and attraction consistently confirmed that a positive linear relationship exists between attitude similarity and interpersonal attraction. In the area of assumed similarity, studies suggested that greater relationships exist for assumed similarity than for actual similarity. In one such study conducted by Byrne and Blaylock (1963), Rokeach's Opinionation and Dogmation Scales were administered to a group of married couples. Each subject also completed the scales according to how they thought their spouse would answer. The results indicated that a greater relationship between husband and wife existed with regard to assumed similarity of political attitudes than with regard to actual similarity. Nelson and Meadow (1971) investigated the relationships between perceived attitude similarity (AS) and interpersonal attraction and their subsequent influence upon actual task success. The

results were consistent with previous studies. Those

subjects who were led to believe their partner was similar

(83% AS) to them showed significantly greater attraction

toward him/her than did those who perceived their partner

as being dissimilar (17% AS). Also, the similarity-similarity

group, that group in which each subject perceived the stranger

as being highly similar to himself, had significantly greater

success on the task than did the similarity-dissimilarity

and dissimilarity-dissimilarity groups. From this study

(Nelson and Meadow, 1971), attitude similarity appears not

only to affect evaluative perception, but also affect actual

performance. Research in areas of similarity of variables

other than attitude is also extensive. These variables

include personality (Beier, Rossi and Garfield, 1961;

Broxton, 1963; Miller, Twedt, Campbell and O'Connell, 1966),

physical characteristics (Berkowitz, 1969; Berkowitz, Nebel,

and Reitman, 1971) and intelligence and education (Reed and

Reed, 1965).

Therapeutic Attraction

In the psychotherapeutic relationship, therapist and

patient variables are related to client-therapist attraction.

For the purpose of this study, we are interested in the

attraction of an individual toward therapy and the thera

peutic relationship. Goldstein (1971) described the type

of patient that is attracted to therapy on a continuum with

Mr. YAVIS at one end and Mr. Non-YAVIS at the opposite end.
The YAVIS patient is Young, Attractive, Verbal, Intelligent
and Successful. Mr. YAVIS tends to be psychologically
minded; brings to therapy a participation expectation;
possess the behavior which the clinical literature describes
as leading to a favorable therapeutic outcome; and charac-
teristically forms a favorable relationship with the therapist.

Mr. Non-YAVIS (Goldstein, 1971) is usually middle-aged
or elderly, physically ordinary or unattractive, verbally
reticent, intellectually unexceptional or dull, and typically
from a lower socio-economic level. He tends to be neither
introspective nor psychologically-minded; anticipates being
directively guided toward problem resolution; and his
behaviors and expectations are at wide variance with the
typical psychotherapist's preference for YAVIS patients.
Mr. Non-YAVIS usually has a high dropout rate. The review
of literature (Goldstein, 1971) describing Non-YAVIS
patients, suggested that when there is a great variance
between the therapist's and patient's expectations of
therapy, therapy termination is rapid. The review also
revealed that therapist's negative reaction to such patients
may also be responsible for unsuccessful outcomes. Accord-
ing to Goldstein (1971), therapists tend to prefer less
disturbed patients, who are willing to talk about their
feelings.

Psychotherapy analogue studies based on the social-psychological literature have shown that information given prior to a subject's exposure to a therapy session can influence the subject's perception of that session and render him more attracted and receptive to the session's therapist. Greenberg, Goldstein and Gable (1971) were interested in the influence of background similarity and trait structuring (warm vs. cold) upon attraction to a taped therapist. The subjects included normal high school students and disturbed adolescents in a residential treatment center. The results were that subjects who were instructed that the therapist was warm as opposed to cold were more attracted to the therapist. The high school subjects who perceived the taped therapist to be both warm and similar to themselves in background were significantly more attracted to the taped therapist than both groups of subjects who perceived the therapist as cold and dissimilar. Also, the treatment subjects who perceived the therapist as warm-similar were significantly more attracted to the taped therapist than were treatment subjects who perceived them to be cold and dissimilar.

This suggested that individuals perceived as being similar in background may at times have an advantage in promoting rapport and effective therapeutic relationships. This, in addition to Goldstein's (1971) previously mentioned

conclusions, suggested that a client is more attracted to a therapist and a therapist is more attracted to a client when there is a real or perceived background similarity.

The question then could be asked, to what extent does attraction affect the influence a therapist has upon a client once the client-therapist relationship is established? Schmidt and Stanley (1971) offered a possible answer to this question. In their study, subjects rated their need for achievement before, immediately following, and one week after a short interview exploring their need for achievement. The interview ended with an interviewer attempting to influence the achievement ratings. The interviewer played an attractive or unattractive role. In the high-attractive role, the interviewer, introduced as the psychologist, gave a friendly greeting to the subject, shook his hand, looked and smiled at him and responded warmly to him throughout the interview. In the unattractive role, the interviewer ignored the interviewee when he entered the room, did not smile and generally portrayed disinterest, coldness and boredom.

The results showed that in either roles, the interviewers were successful in controlling the subjects' attraction to them and in influencing them. In both roles, the interviewers were presented as experts (Ph.D. psychologists). Thus disregarding whether the subjects liked the psychologist he was a credible expert source of opinion.

Therefore, social attraction may not be important in a therapeutic relationship when the clients are in need of expert opinion and knowledge (Schmidt and Stanley, 1971).

An important client-therapist attraction variable is social class. This was dealt with to some degree in the discussion of Goldstein's (1971) Mr. YAVIS. Myers and Bean's (1967) ten-year follow-up study of Hollingshead and Redlich's (1958) study, Social Class and Mental Illness, is a significant contribution to understanding the relation- ship between social class and psychotherapy. In that study, social class was measured by Hollingshead's Two Factor Index of Social Position. The highest prestige stratum was class I and the lowest class V. Social class I was the smallest group in the New Haven community (3%). More than half of class I individuals were "old Yankees", who were able to trace their lineage directly from the colonial period. Also, more than half were of the Protestant faiths. Class II individuals were the more status conscious. Approx- imately one fourth were American and another fourth were Russian and Polish Jews. A little less than half were Protestants with the remainder almost equally divided between Catholic and Jewish faiths. Class III individuals comprised a fifth of the population. Their ethnic composition was very heterogeneous. Approximately half were Catholics. Religion is taken very seriously by class III people. Half of the community belonged to class IV. The largest ethnic

groups were Italian, Irish and Scandinavians. Two-thirds were Catholics and almost a third were Protestants. Class V comprised a little less than a fifth of the community. Except for blacks, most were new immigrants and their descendents. Although the majority were Catholics, few were practicing Catholics. In general this group was antagonistic toward organized religion.

One of Myers and Bean's (1967) hypotheses was that treatment outcome of mental patients from the greater New Haven area was related to patient's social class. As mentioned, this was a follow-up study from the previous study 10 years ago (Hollingshead and Redlich, 1958). The social class position in 1950 was used to determine the effect of class position on treatment outcome. The follow-up status was divided into three categories: Hospitalized, Dead, and Not Hospitalized. The social class distribution among the categories mentioned indicated that many more persons of the lower classes were still under hospital care 10 years after the original 1950 study. Of those not hospitalized, the proportion of those in the two highest classes was more than 2 1/2 times as great as those in the lowest classes. There were no significant differences between social classes in the death category.

Of those patients discharged from hospital treatment, the proportion from the two highest classes was three times as great as in the lowest class. Most persons discharged

were not under any type of therapy. However, those receiving outpatient care were concentrated in the middle and upper classes.

Of the non-hospitalized or clinic patients, the proportion of patients increased as social class position increased. Of the former clinic patients, the higher the social class the smaller the percentage hospitalized. Also, the higher the social class the greater the percentage in outpatient treatment. The former clinic patients who were hospitalized were atypical of general clinic patients.

The results of Myers and Bean's (1968) follow-up study supported their hypothesis that there is a significant relationship between social class and patients' treatment status: the lower the social class of the persons the higher the proportion under hospital care. Also, the lower the social class, the smaller the proportion of patients in outpatient care, either in clinics or private practice.

Myers and Bean (1968) were also interested in knowing the relationship of social class and the treatment process. After examining the 10-year discharge and readmission history of former hospital patients, it was found that social class was related to chances of hospital release: the higher the social class, the greater the proportion of patients discharged. Examining the types of treatment received while hospitalized, a significant relationship existed between social class and the types of treatment: upper- and

middle-class patients more frequently received psychotherapy or somatotherapy, the primary form of treatment for those patients who were likely to be discharged. Also, they found that for discharged patients, the lower the social class the less likely the patient would receive outpatient treatment. Looking at the treatment process of the clinic patients, the length and type of treatment was also significantly related to social class. Upper- and middle-class patients remained in outpatient care for longer periods and while in treatment were more likely to receive individual psychotherapy.

Concerning the variable race, although there were no class I-II and few class III blacks in the study group, the relationships between social class and follow-up status for blacks and whites were similar.

Therefore, this research gives evidence that social class position is related significantly to the type of psychological help a person will receive, at least in New Haven, Connecticut.

The Therapy-Attraction Process

Kadushin (1969) was interested in the process which leads people to obtain psychotherapy. The clinics he studied fell into four categories: psychoanalytic, psychotherapeutic, religio-psychiatric and hospital. The patients in psychoanalytic clinics were higher in social class and sophistication than the patients of the other clinic categories. The psychotherapeutic clinics differed from the psychoanalytic

clinics mainly in degrees: their therapists were more
eclestic and their patients slightly lower social class and
less sophistication. The religio-psychiatric clinics
resembled the psychotherapeutic clinics with one difference:
clergy did most of the therapy and affiliation was not with
a psychotherapeutic professional association but with associ-
ations of pastoral counselors. Kadushin (1969) stated that
"pastoral counseling either in a church, clinic, or a private
setting is. . . the most widely used form of counseling in
the United States" (p. 35). The hospital clinics derived
its patients from the urban lower class who usually used the
hospital as a polyclinic.

Kadushin (1969) analyzed the process whereby indi-
viduals seek therapeutic help. He looked at variables in
relation to the type of clinics mentioned. The variables
examined dealt with religious affiliation and ethnic factors.

The extent to which the subjects practiced their
religion was related more to the type of clinic they applied
to than the religious faith they professed. The Jews in
the sample were described as the "least religious" of any
group and represented 60% of the applicants at the psycho-
analytic and psychotherapeutic clinics. Those applying to
the religio-psychiatric clinics were described as the "most
religious" of the sample. Of the Protestant applicants to
the psychoanalytic and psychotherapeutic clinics only 46%
were described as being religious, while 65% of the Protestants

at the religio-psychiatric clinics were so described. In comparing the practice of religious beliefs, the hospital clinic applicants were described as "average". It would appear that when seeking therapeutic help, the least religious subjects sought psychoanalytic and psychotherapeutic clinics. The most religious subjects sought clinics staffed by clergymen (Kadushin, 1969).

Of the social characteristics examined, social class was the most important discriminating factor. Social class was defined according to the applicant's education and type of occupation. In general the closer the clinics affiliation with the orthodox psychoanalytic movement, the higher the applicant's social class. The clinics clientele was summarized as follows. The psychoanalytic clinics received young, single, well-educated, white, American born and Jewish clients. The psychotherapeutic clinics received similar clients, although probably of not as high social standings. The religio-psychiatry clinics received middle-aged, married, white, Protestant businessmen and their wives. The hospital clinics received older clients, proportionately more women, working class and sometimes clients who were receiving relief payments.

Kadushin (1969) realized that the influence of other persons was an important factor in one's decision to seek therapy. In fact, 80 to 90% of the applicants in the study

reported having previous conversations about their problems with laymen, initiated either by themselves, by others, or both. Looking at ethnic and religious factors in conjunction, white Protestants, Jews and white Catholics were significantly more free in the discussion of their personal problems when compared to blacks. However, when these figures were analyzed closer, the upward mobile Catholic and black was most reticent about discussing his problems. These individuals allegedly recognized their problems less often and received unsought for advice from laymen. Kadushin (1969) felt that the help received from the laymen encouraged them to seek more help and this time from a professional.

Because a large percentage of the applicants had sought prior help before coming to the clinics and hospitals, Kadushin (1969) studied the sources of previous treatment in relation to religious affiliation and the type of clinic to which the person applied. Of those who applied to the psychoanalytic and therapeutic clinics, 44% had been to outpatient psychiatry and psychology departments in comparison to 24% of the religio-psychiatric applicants and 16% of the hospital clinic applicants. For those applying to the religio-psychiatric clinics, more than half had been to clergymen, cultists and healers in comparison to 5% and 11% for the analytic and hospital clinics respectively. The first choice of professional help for the majority of hospital clinic applicants were nonpsychiatric physicians.

According to Kadushin (1969), when individuals belong to a religious body which provide psychological services in a religious framework, these individuals often sought clergymen first for professional help. Also, when their church holds strong attitudes toward matters which are problems to them, clergymen are sought first for counseling. Thus, Catholics and Protestants consulted clergymen much more frequently than Jews who did not see rabbis as experts in psychotherapy. When those attending the religio-psychiatric clinics were asked what difference they saw between going to the clinic and going to a clergyman, 80% saw the clinics' personnel as having more training and experience than a clergyman. Thus they conceived of the psychologist and psychiatrist as similar to their clergymen, but with more training (Kadushin, 1969).

In conclusion, Kadushin's (1969) research suggested that the strength of one's religious beliefs and practices influence the therapy seeking process. Persons described as very religious are more likely to seek help from sources where both religion and medical sources are combined. Those described as the least religious are more likely to seek sources of a psycho- analytic and therapeutic orientation.

Goldstein, Beller, and Sechrest (1966) were concerned with the patient who comes to psychotherapy on an involuntary or quasi-voluntary basis and is resistive to therapy. Such persons might participate in psychotherapy, but not in a

change enhancing manner. Goldstein et al., (1966) believed
it was vital that the therapist intervene so as to increase
attraction of client to therapist in order to avoid
non-productive, inefficient treatment consequences. Their
hypotheses of increasing psychotherapy attraction was dis-
cussed in the framework of Festinger's (1957) theory of
cognitive dissonance. For the involuntary or resistive
patient, the cognitive dissonance theory would predict that

> the less he (the patient) wished to participate in
> psychotherapy and the more in fact he participated
> in a nonresistive manner, the more dissonance he
> would experience and the greater the pressure to
> reduce it. In contrast, the less he wished to
> participate in psychotherapy and the more his par-
> ticipation was resistive in nature, the less
> dissonance he would experience and the less
> pressure would exist for dissonance reduction
> (p. 92).

Therefore, the intervention was to "arouse further cognitive
dissonance in the patient, dissonance in the sense that the
inconsistency of 'coming' but not 'doing' becomes an. . .
unsatisfactory state of affairs for the patient" (p. 93).
The increased dissonance would lead to pressure for dis-
sonance reduction. Thus the patient had increased
motivation and would probably stop "coming" or start
"doing" in a nonresistive manner (Goldstein, et al, 1966).

The following are the hypotheses proposed by Goldstein
et al. (1966) to increase therapy attractiveness.

> Hypothesis I: Patient attraction to the therapist
> may be increased by cognitive dissonance induced
> by patient participation in overt behaviors dis-
> crepant with resistive behavior (p. 97).

The first class of dissonance-arousing manipulations which were suggested as overt behaviors discrepant with resistive behavior was patient role playing. The role playing required the negatively attracted patient to act, in a literal sense, as if he were positively attracted to the therapeutic relationship. The psychodrama literature does suggest role playing to be an effective technique in attitude or behavior change. For maximal attitude change, Goldstein, et al. (1966) stated that the role playing procedures should meet the following criteria:

1. Patient choice--regarding participation.
2. Patient commitment--undoing, disowning or uncommiting himself from his discrepant behavior.
3. Patient improvisation--structured role play should be in outline form so the role player fills in the specifics himself.
4. Post-role playing patient reward--reinforcement of the patient's new perspective toward the therapist.

The second class of overt behaviors relevant to hypotheses I was the writing of discrepant essays. The task involved writing a description of how and why the patient might find himself more favorably predisposed toward his psychotherapist. Studies suggested that essay writing of this type does lead to attitude change in the predicted direction.

In conclusion, it was suggested that these discrepant behaviors be introduced meaningfully not only by the patient's psychotherapist but also by one or more of the other members of the treatment team (the intake interviewer, the psychological tester, research persons, etc.).

Hypothesis 2: Patient attraction to the psycho-
therapist may be increased by cognitive dissonance
induced by patient exposure to information
discrepant with resistive behavior (p. 212).

This hypothesis predicted that more favorable patient
attitudes toward the therapy relationship may follow from
being exposed to communications which were inconsistent with
continuance of resistive, nontherapeutic participation in
psychotherapy. Three possible methods of implementation
were given by Goldstein, et al. (1966). The first was the
"direct plant". In this method an individual who appeared
to be another waiting patient delivers to a resistive
patient discrepant information while in the therapist's
waiting room. The accomplice's conversation aims at direct
exposure to the positive value of the therapist and psycho-
therapeutic participation. The literature suggested that
such face-to-face persuasive attempts does result in patient
behavior change other than attitude change in the direction
of the discrepant communication.

The second procedure was the "overheard plant". This
involved the resistive patient overhearing two accomplices
(appearing like waiting patients also) discussing the posi-
tive aspects of the therapist and therapy participation.
The literature reviewed relative to the "overheard plant"
suggested that this method is effective in causing atti-
tude change in the predicted direction.

The last method was the "credible plant". Goldstein,
et al. (1966) felt that a method was needed in which the

source of exposure be more credible than other patients.
This involved the patient overhearing a therapist (other
than his) and another patient's (an accomplice) conversation--
perhaps a door-threshold conversation as the other patient
is leaving. Studies dealing with the influence of credi-
bility of the communicator on the acceptance of a conversa-
tion reveal that attitude change in the direction advocated
by the communicator occurred significantly often when it
originated from a high credibility source than when from a
low one.

There are possible ethical questions which could be
raised in relationship to hypothesis 2. The Ethical
Standards of Psychologists (1953) states in connection with
the professional character of clinical work that

> Promises must not be made to induce a person into a
> clinical relationship or to persuade him to con-
> tinue a relationship which he desires to terminate
> (p. 51).

With this standard in mind, the resistive patient should not
be exposed to information which could be interpreted that
therapy guarantees easy solutions or favorable outcomes.

> Hypothesis 3: Patient attraction to the therapist
> may be increased by cognitive dissonance induced by
> over-compensation provided the patient for thera-
> peutic participation (p. 123).

This hypothesis suggested over-rewarding the resistive
patient for continuing to come for therapy. This over-reward
may take the following forms: special arrangements may be
made in the patient's behalf such as moving the patient to

the head of a waiting list, permitting him to choose his
own therapist, or assigning him to a particularly prominent
and respected therapist; the therapist may intervene with
significant others in the patient's life, he may ask
especially low fees, or _even_ pay the patient for coming to
therapy. The literature does support the therapeutic value
of overcompensatory procedures (Goldstein, et al, 1966).

Before concluding their discussion, Goldstein, et al.
(1966) stated that the proposed manipulation of patient
attraction to the therapist is also a manipulation of the
therapist's attraction toward the patient. Positive and
negative therapist feelings and behaviors may be elicted by
specific positive and negative patient behaviors. Thus,
the nature of the relationship in individual psychotherapy
seems to be reciprocal.

CHAPTER II

RACE, A THERAPY-ATTRACTION VARIABLE

Until recently, Blacks receiving help with psycho-
logical problems received such help almost exclusively from
public clinics and state hospitals. As the economic status
of Blacks have improved and racial barriers decreased, more
Blacks are going to private sources for psychological
assistance.

Another change in recent years is the increase of
Blacks in the field of psychology. Because of the recentness
of this change of events, literature on the therapeutic
relationship with dyads composed of participants of other
than White clients and therapists has been scarce. We shall,
however, review a sampling of what has been researched.
Gardner (1972) divided his data on the subject into the
following categories: White Therapist-Black Client, Black
Therapist-White Client, and Black Therapist-Black Client. We
shall also use these categories.

White Therapist-Black Client
Therapist Variables

Racial prejudice exists in almost everyone at some
level--ranging from very overt to unconscious. As is common
to other minority groups, stereotypes have been attributed

to the Black race. This is very evident in the psychological literature. What has developed are discussions of the so called "Negro Personality". Going back to 1951, Cartwright (1851) wrote an essay entitled "Report on the Diseases and Physical Peculiarities of the Negro Race". The essence of the article was that Blacks were biologically inferior to Whites and enslavement was a therapeutic necessity for the slaves and a medical responsibility for the masters. A more recent expounder of genetic differences between Blacks and Whites is Jensen. Jensen (1973) stated that genetic factors are associated with racial differences in intelligence. He stresssed that lower IQ scores, lower incomes and the lower socioeconomic status of Blacks when compared to Whites are due to genetic, rather than environmental deficiencies. Shockley (1971) also proposed a genetic cause for IQ differences between Blacks and Whites. The general trend in the literature has rejected the genetic-constitutional explanations for the supposed inferiority of the Black to the White, and offers racial discrimination and oppression as the explanation for inferiority. Rosen and Frank (1962) expressed the belief that racial discrimination may contribute to psychopathology in the Black patient.

In Karon's (1958) book, "The Negro Personality", personality characteristics of American Blacks are compared with American Whites and the personality of American northern Blacks are compared with those of American southern Blacks.

He suggested that differences are due to the racial caste system which exists within the United States.

The technique which Karon (1958) used for measuring personality was the Tomkins-Horn Picture Arrangement Test (PAT). The test is similar to the TAT, except its interpretations are designed to be more objective than the TAT. The personality characteristics included in the test are: 1. Social Orientation: Sociophilia (liking to be with people), Sociophobia (fear of people), Aggression, Dependence, Lability (changeableness), Super-Ego (conscience); II. Optimism-Pessimism; III. Levels: Thinking, Phantasy, Affect, Overt Behavior; IV. Work Orientation: Strong work orientation, Weak work orientation, Social facilitation of work, Work Inertia, Super-ego in work environment; V. Additional Scales: Mistrust of father figures, Guilt after aggression.

The subjects in the Black-White comparison study were northern Whites (148) and southern Blacks (51). The results were as follows: (1) The core problem for the Blacks is their handling of aggression; (2) Blacks are not necessarily more prone to use the defense of denial more than whites, but they may have more problems for which denial is a more appropriate defense; (3) Blacks generally have weak and labile affect; (4) There was no Black-White difference on high or low work motivation, only on the scales which indicated conflict about work. Karon (1958) raised the question

as to whether the differences in personality of the Black

and White subjects were due to chance, hereditary differences

or the effects of the caste sanctions.

Karon (1958) also compared personality differences

between southern Blacks (52) and northern Blacks (70). From

his data he concluded:

> Northern Negroes do in fact differ from southern
> Negroes in the same direction and on the same
> characteristics which differentiate northern
> whites from southern Negroes, and these effects
> are not attributable to the background variables.
> This would seem to demonstrate rigorously that the
> caste sanctions do have an effect upon human beings
> against whom the sanctions are enforced, and
> further, that these sanctions, and not heredity,
> account not only for the differences between
> northern and southern Negroes, but for the differ-
> ences between Negroes and whites as well (p. 45).

Kardiner and Ovesy (1951) provided a good example of

stereotyping of Blacks in the psychological literature.

Based upon a study of 25 clients, they attributed the follow-

ing characteristics to the personality organization of Blacks:

1. Superficiality
2. Apathy and resignation
3. Repressed hostility
4. The wish to be white
5. Identification with feces
6. Intragroup aggression
7. White ego ideal
8. Inclined to gamble
9. Magic thinking
10. Inclined to alcoholism
11. Unconsciously resentful and anti-social
12. Weak superego development
13. Disorderly, unsystematic
14. Sexual freedom
15. Reject education
16. Poor discipline in childhood
17. Maternal neglect and rejection
18. Little respect for parents

19. Psychologically crippled
20. Distrustful
21. Live for the moment
22. Hedonistic

Gardner (1972) noted that more subtle examples of stereotypic thinking exists in the literature. He mentioned the following examples.

1. Characteristic traits in black children such as laziness and the ability to dance are a reflection of specific brain impulse tendencies (Bender, 1939).

2. The greatest psychological tragedy to befall the black man in the United States was his premature emancipation (Hunter and Babcock, 1967).

3. Conditions of slavery were more favorable to the psychological security of blacks (Wilson and Lantz, 1957).

With such stereotyped training as background, a White therapist with a Black client must recognize this as a variable which will effect the therapeutic relationship. This is not to say that the relationship cannot be a successful one if the therapist has resolved his racial prejudice.

Some therapists hold to the argument (Lerner, 1972) that psychotherapy is a middle class method and thus unsuitable for lower class clients. Since many Blacks do belong to the lower class, this would suggest that therapy would be unsuitable for Blacks. This is so because psychotherapy depends upon the acceptance of delayed rather than immediate gratification and relies greatly upon verbal communication. This line of thinking rests upon the following presuppositions:

1. Therapy provides only delayed gratification.
2. The poor have no capacity for delayed gratification.
3. The poor lack verbal skills because they are generally deficient.
4. They lack verbal skills because they do not value verbal communication.

All of these presuppositions are false according to Lerner (1972). She suggested that what might appear to be an inability to delay gratification is a deliberate and wise choosing. It is sensible to put off a minor immediate reward in favor of a major later one only if one has enough control over one's life circumstances to insure a reasonable stable and predictable future. That is, however, exactly what the poor lacks. Concerning valuing verbal communication and being skilled at it, Lerner (1972) noted that all cultural and subcultural groups value human communication and rely heavily upon verbal means of achieving such communication.

Lerner (1972) stated that the continuation of such preposterous notions are seen by many minority poor people as resulting from a deep, universal strand of prejudice and racism. In recent years a significant minority of profession-als have come to agree with them. In regards to Blacks, a polarization has taken place between those, who see racism everywhere and those who see cultural deprivation everywhere.

The therapist who sees racism everywhere, including within himself, and uses denial or avoidance as a mechanism of handling his racial prejudice, is likely to be rejected by the client. A different mechanism of handling these

attitudes is through reaction formation. There, the therapist may be over-sympathetic and overindulgent in an effort to conceal his feelings of guilt over his racial prejudice (Gardner, 1972).

Client Variables

The Black client entering psychotherapy with a White therapist is likely to experience considerable anxiety about racial differences (Gardner, 1972). This anxiety may be expressed in such forms as fear, suspicion, verbal constriction, strained, unnatural reactions, and "acting white". Acting white (Calnek, 1970) is pretending overtly or covertly that one is White and avoiding undesirable behavior styles of the lower-class Black. During the early therapy sessions (Gardner, 1972) the client will be testing the degree of acceptance of the therapist toward him. Because the "sizing up" on the part of the client takes longer if the client is Black when compared to a White client, many therapists feel it is more difficult to establish a good rapport with a Black client.

The Black client will deal with his interracial motives and anxieties in his own particular manner. On one hand, the Black client who fears alienating his White therapist by expressing resentment of the discrimination they have experienced may instead repress and deny ever having suffered its malignant effects. At the other extreme, some Black clients will overemphasize their blackness and the

patterns of discrimination to which they have been exposed. Their minority status is used to conceal basic personality difficulties, to put the therapist on the defense, to avoid personal involvement in the therapeutic task and to express a deeply entrenched hostility toward authority (Gardner, 1972).

Vontress (1971) stated that the difficulty of a White therapist to establish and maintain a good relationship with an Afro-American is dependent upon the classification of that client within the following subgroups: Black, Negro and Colored. Vontress (1971) defines these groups as follows:

The Black concept refers to a state of mind. The individual is no longer ashamed of his skin color, his grade of hair, or his slave heritage. He ceases to deny traits that heretofore caused him great anxiety. The Black concept is more prevalent among young people who live in urban areas, are educated (especially males) and live in the North. They are intolerant of, and hostile toward, Whites who approach them with the usual racist stance; therefore they are more likely to create anxiety in Whites. The White therapist (Vontress, 1971), who is unable or unwilling to acknowledge the new self-concept of this group is likely to be ineffectual in relating to its members.

Negroes comprise the large silent majority of Afro-Americans. Vontress (1971) described this group as having

shifting values and attitudes, still willing to give Whites a chance to prove their goodwill. In this group are integrationists, mostly middle class, a preponderance of females, of whom many are moderately well-educated. Negroes are the people Whites have usually known. They are frequently referred to as "Uncle Toms" or "Dr. Thomas" by Blacks. Vontress (1971) felt that except for blatant racists, White therapists can relate to this group with little difficulty.

In general (Vontress, 1971) colored people have of necessity maintained a symbiolic relationship with Whites, who tell them not only what to call themselves, but also determine their behavior in many ways. They perceive themselves as Whites perceive them. They find it difficult to understand what the Civil Rights struggle is all about since it has meant so little to them. They go through life living and acting a lie. The colored are generally a religious group, some times quick to assume a "God will provide" attitude to life. Vontress (1971) said that a White therapist should find it easiest to work with this group, but may be duped by their willingness to do whatever he says.

Gardner (1972) stressed that the therapist should view the Black client as an individual and to treat him as such. He also noted that the therapist should examine his motives for wanting to work with a Black client. He suggested the following:

1. The need for a power role.
2. The need for affection.
3. The need to enlarge the scope of social experiences.
4. The need to expiate racial guilt. . .
5. The need to seek vicarious gratification through the sexual and aggressive activities of Black clients (p. 165).

Black Therapist-White Client

Client Variables

Currently a significant number of Blacks are entering the field of clinical psychology and the practice of psycho-therapy. The limited research available does suggest that in the treatment of White clients, the color of the therapist affects the therapeutic relationship. Curry (1964) pointed out that when the therapist is Black, this can motivate symbolic processes, fantasies, fears, and counterphobic reactions. The following examples were given of expressions made by White patients in relation to their Black therapist: "Oh, oh, the Black God is out after our resistance. . ." Another referred to the therapist as "Booker T. Freud." Another said "the longer I worked with you, the whiter you become. . ." (p. 551). Thus, Curry (1964) indicated that in the treatment of White clients, the Black therapist will not only have to deal with standard resistance and transference phenomena, but will also have to be prepared to deal with culturally conditioned resistances simulated by the fact that he is Black.

In this culture (Gardner, 1972) White is most often associated with:

cleanliness, divinity, illumination, purity,
goodness, awareness, life, knowledge, and heaven;
while black is associated with the mysterious,
the exotic, the savage, with dirt, sin, badness,
inferiority, darkness, sleep, death, emotional
abandon, feces, man's fallen state, evil, ignorance,
the unconscious, power, magic, libido, hades,
Judas and Satan (p. 166).

It has been observed that these associations are produced
by White clients with Black therapists.

There are various reasons why a White client might
prefer a Black therapist to a White therapist. Gardner (1972)
suggested the following possibilities: (a) because of past
or present experiences with Blacks, (b) because of identifi-
cation with Blacks in terms of the insults and oppression
they have received, (c) because they fear that there is less
possibility of their secrets getting back to their community
and (d) because of shame to discuss certain topics with White
therapists.

The manner in which the White client relates to the
Blackness of his therapist follows the mode of his coping
and defending behavior in other areas.

Oral dependent clients may relate to the black
therapist as an idealized maternal object who has
limitless supplies of love and oral gratification
to bestow. Narcissistic-seductive female clients
may be inclined to see a black male therapist as
unable to resist the amorous advances of a white
woman and will directly or indirectly invite a
sexual affair. Clients subject to secretiveness
or shame will closely guard disclosing to family
and peers that the therapist is black. Clients
with problems of sibling rivalry will fantasy
themselves not only as the black therapist's
favorite client but also as his only white client. . .
White clients whose difficulties include tendencies

to verbalize or act-out hostile destructive impulses may attack the black therapist in racial terms. (p. 167).

Some white clients react to being in therapy with a black therapist with denial. Others fear discussing any association, fantasy or dreams which they feel can be interpreted to reveal racial biases within them. Others may resist expressing their problems and become oversolicitous of the therapist. The black therapist will have to be prepared to handle these types of "socio-cultural, characterological" resistances stimulated by him being a member of an oppressed race (Gardner, 1972; Curry, 1964a).

Therapist Variables

The black therapist with a white client will probably be anxious about his being accepted by the client. If the anxiety within the therapist, because of the interracial relationship, becomes so great that he harbors neurotic and/or counter resistant reactions to his own race and the client becomes aware of this, the relationship will not be effective. In some cases the Black therapist reacts with anger and resentment to the status of his race and practices reverse racism upon his white clients (Curry, 1964a, 1964b). The Black therapist, like the White therapist, must resolve his own racial conflicts before being able to work effectively with those of another race.

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Black Therapist-Black Client

Therapist Variables

Calnek (1970) noted that Black therapists working
with Black clients have the "unusual" burden of dealing with
their own feelings as well as the clients feelings about
being Black. These feelings are influenced not only by the
experiences the therapist has had but also by the White
stereotypic view of Blacks. This is especially true since
most Black therapists had White supervisors. Few Whites
(and White supervisors are no exception) know very much
about the Black culture. They frequently misinterpret
characteristic Black folkways as psychopathology; they lack
conceptually that which is normal and that which is psycho-
pathological in the Black and in the everyday interactions
with Whites; they typically are unable to see the positives
and strengths of the Black life style; they have difficulty
conceptualizing the problems and hopes that emerge in a
Black professional and Black client relationships and they
dismiss the Black community's definition of coping with his
pathological ghetto environment.

Following are some problems of the Black therapist
when counseling Black clients (Calnek, 1970):

1. Denying identification with the black client.
2. Overidentification with the black client.
3. Differential preference for passive versus
   assertive black clients.
4. Social class and status differences and similarities
   with the black client.

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5. The tendencies in upwardly mobile black therapists to consider therapy with black clients as low status work and to prefer white clients.

Calnek (1970) concluded that "a major prerequisite for the Black psychotherapist working with a Black client is the thorough examination of one's own feelings on being Black and one's way of coping with his own anger" (p. 45).

Gardner (1972) noted that not all Blacks are troubled by their blackness. When they have resolved their feelings about being black, the Black therapist can be of great help to the Black client in helping him to cope more effectively with the racial issues and patterns of discrimination which have compounded his efforts at successfully adapting to internal and external sources of conflict.

Client Variable

A Black client with a Black therapist also feels anxious about the new relationship. He wonders to what extent will the therapist be able to empathize with him. This is especially true when there is a social class differ-ence. The Black therapist will probably be tested and scrutinized as a White therapist would. The Black therapist might be even accused of selling out to the White man's world and called "Uncle Tom" or "Dr. Thomas" (Gardner, 1970).

Grier and Cobbs (1968) indicated that psychological disorder arises conflict between the inner drives pushing for individual gratification and the group demands of the

external environment. Ofttimes, (Grier and Cobbs, 1968), psychotherapy deals too much with changing the inner world and consequently adapting to the outside world. An effective therapist will help the Black client to change his inner life so that he can more effectively change his outer world.

The question could be asked, do Black people differ mentally? The answer is no (Grier and Cobbs, 1968). Their mental function is governed by the same rules as that of any other group of people. The unique experiences of the Black man are, however, a constant factor influencing his life. The therapist should be able to differentiate symptoms of a sick man from symptoms of a sick country.

Grier and Cobbs (1968) wrote about what they call the "black norm". For survival, they said, the Black man must develop a "cultural paranoia" in which every White man is a potential enemy and every social system is set against him. Because of the realistic suffering and hurt he has experienced, the Black man develops a "cultural depression" and a "cultural masochism". Because he sees the laws as designed to protect the White man he may develop "cultural anti-socialism". These are characteristic of the "black norm". If a Black person appears mentally ill, Grier and Cobbs (1968) suggested that all that appears to represent mental illness to be totaled and the "black norm" subtracted. They claimed that what remains is illness and proper subject for therapeutic endeavor.

Pugh (Pugh and Mudd, 1971) conducted a survey of
102 Black men and women and their attitudes toward seeking
professional help. The professional who interviewed the
subjects was also Black. The subjects were of low-income
status; their average educational level was a high school
diploma for the men and a little less for the women; the
average age was 35 for the men, 27 for the women; their
religious affiliation was predominantly Baptist; and though
the study took place in Philadelphia, many of the subjects
were born in the rural South and had been brought to
Philadelphia by their parents.

In reference to their attitudes (Pugh and Mudd,
1971) toward seeking professional help for personal problems,
the following data were gathered: These Black men and women
usually went to their mothers first for help with personal
problems. The majority did feel, however, that going to
family members generally did not help. This group did not
seek professional help until they were extremely troubled.
Their general attitude was that they themselves were too
unimportant to bother a professional person with their
problems.

When asked what obstacles prevented them from seeking
professional help they gave in rank order: fees, the
profession (psychologist, social worker, medical doctor,
etc.) of the helping person, and availability of professionals.
Men and women ranked race of the helping person as an

obstacle differently. The men ranked race fourth and the women ranked it eighth (the lowest). The subjects showed (Pugh and Mudd, 1971) that they could benefit from professional help if they perceived the setting as comfortable and the helping person as interested in and caring of them.

CHAPTER III

CHARACTERISTICS ASSOCIATED WITH
BEING RELIGIOUS

Research is abundant with attempts to investigate
personality characteristics distinctive to the religious
person. For the purpose of this study, the general defini-
tion of a religious person as given by Webster (1969) was
used. Thus, a religious person generally refers to one who
has faith in a deity and adheres to a way of life in keeping
with that faith. Defining religions have been approached
by researchers in many ways. Multi-dimensional definitions
of religions have been widely accepted in recent decades
(King and Hunt, 1975). This chapter presented representative
studies conducted in this area. First, attitudes and
beliefs as a basis for the discussion of characteristics
associated with a religious person will be discussed.

Religious Attitudes and Beliefs

Within Christianity there are many denominations and
sects which represent a wide range of belief systems.
Within a given denomination there is a range of strength of
beliefs adhered to by the individual members. For example,
Glock and Stark (1965) found members of Protestant denomi-
nations held widely divergent views regarding traditional

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Christian beliefs. Further, they (Glock and Stark, 1966) found that the more conservative denominational members tended to be more homogeneous as a group on orthodox questions. Thompson (1974) examined the degree of orthodoxy found among three different diploma or degree groups graduating from the Southwestern Baptist Theological Seminary. A comparison of the three groups revealed a difference on every orthodoxy item except the one item that dealt with the divinity of Jesus. This implies that denominational affiliation may not be an accurate indicator of fundamentalism.

Researchers have also attempted to measure the importance of religious beliefs to subjects. Glock (1962) proposed that the manifestations of religiosity be organized within five dimensions of religious commitment: (a) ideological, (b) ritualistic, (c) experiential, (d) intellectual, and (e) consequential. Glock (1962) suggested two types of research: focusing on the specification of components within each dimension or focusing on the matter of inter-dimension independence. Davidson (1975) reviewed other conceptual schemes used to distinguish different types of religious commitments. Examples of distinctions made were between "other-worldly" and "this-wordly" orientations, "conventional" and "internalized" religious outlooks, "extrinsic" and "intrinsic" approaches to religion, "sect-like" and "church-like" types of involvement, and "committed" and "consensual" religious orientations. These schemes suggested

two general religious orientations--conservatism and liberalism. DiGiusepee (1971) wrote that research of religious beliefs yielded measures of attitudes concerning specific religious beliefs and what is needed are measurements of strength of religious beliefs.

While many writers do not maintain a distinction between attitudes and beliefs, Fishbein (Steiner and Fishbein, 1965) believed that they are different. He defined attitudes as "learned predispositions to respond to an object or class of objects in a favorable or unfavorable way" (p. 107). Beliefs, Fishbein stated (Steiner and Fishbein, 1965), "are hypotheses concerning the nature of these objects and the types of actions that should be taken with respect to them" (p. 107). Concerning the relationship of the two, Fishbein (Steiner and Fishbein, 1965) said that an "individual's attitude toward any object is a function of the strength of his beliefs about the object and the evaluative aspects of those beliefs" (p. 117).

In the study of religion, investigators have been interested in what factors are related to religious beliefs and religious attitudes. Earlier investigators felt that religious attitude was a uni-dimensional factor. Ferguson (1939) studied what he called Primary Social Attitudes which indicated that religious attitudes were uni-dimensional. Broen's (1957) investigation of religious attitudes found them to be bi-factorial.

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Recent research suggested that religious attitudes are multi-dimensional. Hunt and King (1971) stated that what deserves to be called religious behavior is involved in the personality structure at its deepest levels and probably in multiple ways. Dittes (1971) reported that it would be logical and good science to abandon uni-dimensional thinking and develop multi-dimensional frameworks. King and Hunt's (1975) studies also supported multi-dimensional definitions of religious attitudes. Allen and Hites (1961) investigated factors in religious attitudes of adolescents. Their questionnaire included religious attitude items, a Biblical knowledge test and three rating scales for marking the extent of Bible reading, church attendance and family devotions. Twelve factors evolved, of which, nine were long enough to describe. With regard to "Family Religious Life", it was noted that reading the Bible a lot and having family devotion often was not related to high scores on Bible knowledge. Therefore, whatever was used for Bible reading and family devotion did not increase the overall knowledge of Biblical content for the sample (Allen and Hites, 1961).

Hadden (1963) studied factors associated with religious and political affiliation using college seniors for his sample. Six factors emerged with five factors being well defined. The findings did support the proposition that education had a secularizing influence. Concerning the relationship between parents' religious orientation and the

students' religious beliefs, students reporting that their
mothers did not attend church often, also were more likely
to report that their fathers attended college. Similarly,
students who were low on conventional religiosity were more
likely to have fathers who had attended college.

Following the lead of research which indicated that
religious beliefs are multi-dimensional, Maranell (1969)
studied eight distinct dimensions of religious attitudes
among clergymen. The two resulting factors were: one, a
conservative fundamentalistic attitude cluster, and two, a
more liberal, socially concerned religious attitude factor.
The following dimensions were heavily weighted on the first
factor: Fundamentalism ("the literal interpretation of the
Bible"), Theism ("Belief in God") and Superstition
("Irrational and antiscientific beliefs"). Maranell (1968)
believed this factor involved such things as "The Scopes
Trial, tent meetings, exuberant congregations, shouted amens,
perspiring preachers, healing prayers, altar calls, emotional
conversions, vociferous hymns, Billy Sunday, Billy Graham,
and Oral Roberts" (p. 436).

The second factor contained four religious dimensions
(Maranell, 1968): Altruism ("an unselfish concern "for
others"), Idealism ("a dedication to lofty principles"),
Church Orientation ("attitudes which value church membership
and association") and Mysticism ("contemplation, transciency,
passivity and inexpressability").

Thus, Maranell's (1968) research found that factors associated with fundamental religious beliefs were characteristically different, for example, from that of religious liberal beliefs. One characteristic which set the fundamentalist apart, was the literal interpretation of the Bible.

Prejudice and Religion

With that discussion of belief and attitudes, the personality variables to be discussed are dogmatism, prejudice, and authoritarianism. These seem to be the most salient personality characteristics associated with the religious person.

Using the Dogmatism scale and the F Scale as a measure of authoritarianism and the Opinionation Scale as a measure of general intolerance, Rokeach (1960) investigated the relationship of those scales with religious affiliation. Comparing Catholics, Protestants, Jews and nonbelievers and giving the Opinionation, F (an indirect measure of prejudice), Dogmatism and Ethnocentrism Scales, the following relations were found: All groups were high on total opinionation with the nonbelievers being the highest. The Catholics and nonbelievers scored equally high on dogmatism and higher than the Protestants and Jews. The Catholics scored highest on the F and Ethnocentrism Scales followed in order by the Protestants, Jews, and nonbelievers. Computing the correlations between the scores on the Dogmatism Scale and on the F Scale, Rokeach (1960) found that they did measure general

authoritarianism or closed-mindedness. Correlations of the
Ethnocentrism Scale and the Opinionation Scale did yield a
measure of general intolerance, though one is a form of
racial or ethnic discrimination and the other discrimination
based upon belief. Thus Rokeach (1960) showed that there is
a relationship between religious beliefs and the personality
variables of closed-mindedness and dogmatism: authoritari-
anism and intolerance.

Allport (1966) suggested that, on the average, church-
goers possess more racial, ethnic and religious prejudice
than do nonchurchgoers. When one looks at a religious
congregation, by and large it is an assemblage of like-minded
people, each congregation representing ethnic, class and
racial cleavages. For many, church membership is a socio-
cultural significance, a matter of class, a support for their
own ethnocentricism. Allport (1966) gave the following
explanation to the relationship of religion and prejudice.

> The reason why churchgoers on the average are more
> prejudiced than nonchurchgoers is not because
> religion instills prejudice. It is rather that a
> large number of people, by virtue of their psycho-
> logical make-up, require for their economy of living
> both prejudice and religion. Some, for example, are
> tormented by self-doubt and insecurity. Prejudice
> enhances their self esteem; religion provides them a
> tailored security. Others are guilt-ridden; prejudice
> provides a scapegoat and religion relief. Still
> others live in fear of failure. Prejudice provides
> an explanation in terms of menacing outgroups;
> religion promises a heavenly, if not terrestial,
> reward. Thus for many individuals the functional
> significance of prejudice and religion are identical.
> One does not cause the other; rather both satisfy
> the same psychological needs (p. 451).

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Lenski (1961) saw two distinct groups of churchgoers. One, he labeled a "communal" type which stressed the socio-cultural factor in churchmembership. For some, church affiliation is fashionable, provides status for others, a gossip center for some, a meeting place for the lonely, and entertainment for the disengaged. Lenski (1961) labeled the opposite type, "associational". For them church membership is primarily for the purpose of religious fellowship. In comparing Catholics whose communal involvement was high and whose associational involvement was low, 59% favored segregated schools; whereas among Catholics whose associational involvement was high and whose communal involvement was low, only 29% favored segregated schools--a significant difference (Lenski, 1961). Therefore, there appears to be one type of churchgoer which is prejudice and another type which is not.

Looking at the continuum of church attendance, Allport (1966) observed that nonattenders and frequent attenders had low prejudice scores, while intermediate attenders had high prejudice scores. These results are comparable to Lenski's (1961) distinction between communal and associational religion. A communally involved person does not have to be a frequent churchgoer to maintain nominal membership or to obtain sought for benefits. However, a person who is associationally motivated would have greater regularity and frequency of church attendance.

Allport (1966) used the concept of extrinsic value and intrinsic value to further distinguish the communal type and associational type church member. For the communal type or extrinsic type, church membership supports and serves other nonreligious ends, and for the associational types or intrinsic type, church membership is an end in itself. According to Allport (1966) a person with an extrinsic orientation would agree with the following statements:

> The purpose of prayer is to secure a happy and peaceful life. The church is most important as a place to formulate good social relationships (p. 456).

A person with an intrinsic orientation would agree with these statements:

> I try to carry my religion over into all my other dealings in life. Quite often I have been keenly aware of the presence of God or the Divine Being (p. 456).

Allport (1966) concluded after his study of religion and prejudice

> that the extrinsic religious orientation in personality is indeed the context of prejudice. The intrinsic orientation is the matrix of tolerance. . . Those subjects who are inconsistent--who grasp at any and all statements favorable to religion, regardless of their logical consistency--are the most prejudiced of all. Thus it seems that the religious context for bigotry lies in both the extrinsic and in the muddled-headed types of religious sentiment. Only the consistently intrinsic type escapes (p. 456).

Allport and Ross' (1967) research provided an additional proposition to those previously given by Allport (1966). They found the church goers who were indiscriminately

pro-religious to be more prejudiced than the consistently extrinsic and very much more prejudiced than the consistently intrinsic types.

In responding to the religious items given, these individuals had a superficial approach. Their mental set seemed to be "all religion is good." According to Allport and Ross (1967), prejudice is a matter of stereotyped over-generalization, a failure to distinguish members of a minority group as individuals. Allport and Ross (1967) concluded that:

> Social scientists who employ the variable 'religion' or 'religiosity' in the future will do well to keep in mind the crucial distinction between religious attitudes that are intrinsic, extrinsic, and indiscriminately pro-religious. To know that a person is in some sense religious is not as important as to know the role religion plays in the economy of his life (p. 442).

Gorsuch and Aleshire (1974) reviewed studies of the association between Christianity and ethnic prejudice. They concluded that moderately active church members were found to be prejudiced. However, highly active church members were as tolerant as nonmembers. The more intrinsically religious, nonfundamentalistic and theologically discriminating persons were also more tolerant. Gorsuch and Aleshire (1974) suggested that prejudiced people are conforming to "the great American way of life," a sentiment which includes strong elements of both White Anglo-Saxon supremacy and Christianity, while nonreligious and highly religious people are selecting their values out of the tradition.

Stanley (1964) looked at personality and attitude correlates in the context of religious conversion. Stanley (1964) used James' (1929) definition of conversion:

> The process, gradual or sudden, by which a self hitherto divided, and consciously wrong, inferior and unhappy, becomes unified and consciously right, superior and happy, in consequence of its firmer hold upon religious realities (p. 186).

Stanley's (1964) research revealed that there is a positive correlation between dogmatism and religious conversion, between fundamentalism and religious conversion, and between dogmatism and fundamentalism. He elaborated further that since fundamentalists accept a very literal interpretation of the Bible, it is expected that fundamentalists would report more conversions than other religious groups. Also, the converted subjects tended to have a lower neuroticism score (less emotionally unstable) than non-converted subjects. Stanley (1964) stated that this study should be viewed as suggestive rather than definitive because of the low (although significant) correlations obtained.

Stanley's (1964) study introduced another relationship, religiousness and mental health. This relationship continues to stimulate controversy despite the fact noted by several investigators that these variables are too global in their own right to yield simple predictive relationships (Dittes, 1969; Freeman and Giovannoni, 1969; Hood, Jr., 1974; Spilka and Werme, 1971). However, in the more restricted areas of these variables, meaningful empirical predictions can be made.

Mental Health and Religion

Hood, Jr., (1974) reported a study which used a non-dynamic oriented measure of psychological strength and a measure of intense religious experience. The results indicated that persons high on the measure of psychological strength were more likely to report intense religious experiences than persons low on this measure. Hood, Jr., (1974) also reported that intrinsically oriented persons were more likely to report intense religious experiences than extrinsically oriented people.

Kottman (1966) studied religion and general semantics and draw some conclusions concerning the relationship between religion, semantics and mental health. He discussed semantics according to two types of orientations: extensional and intensional.

> One who has a scientific approach to life is said to have an 'extensional orientation'. This kind of person seeks connections between words and reality through observation and investigation. He prefers to check an assertion against the facts as they can be observed. The extensional method. . . is the only method which is in accordance with the structure of our nervous system as established by survival. . .

> One who relies largely on words and disregards observations is said to have an 'intensional orientation.' A person in this position is devoted to verbalization as fundamental rather than to the reality to which verbalization should direct him. . . Reversed intensional methods disorganize this normal mode of activity of the nervous system, and so lead toward nervous and 'mental' illness (p. 120).

Kottman (1966) hypothesized that a positive correlation exists between intension and religious attitude. Religious attitudes were attitudes toward God, the Bible, and the church. The data from the study supported Kottman's (1966) hypothesis. Since these results suggested a positive relationship between religious attitudes and mental maladjustment, Kottman (1966) concluded that there was something about the way religion was presented and practiced that is maladjustive. He explains that the structure of the nervous system was established with "senses" first, and "mind" second. One should experience first with his eyes, ears, etc., not with his mental facilities; the reverse can be maladjustive. Also, there is a need for consistency between what one senses and what one thinks. Applying this formula for mental health to religion, the Christian religion's doctrines, sermons, teachings, etc. (Kottman, 1966) should meet the following requirements: (1) they should be related meaningfully to man's needs and (2) they should be consistent with the actions of the church. In relation to the first requirement, Kottman (1966) believed that the Christian church, as experienced by many, does not contribute as much as it could to the lives of those for whom it is intended.

Kottman (1966) also felt that the Christian church has too many inconsistencies. For example, he mentioned how the church excludes or segregates people because of race or nationality and teach brotherhood of men. Another mentioned

inconsistency is giving sermons against materialism delivered in a beautiful half-million dollar church.

In concluding, Kottman (1966) reflected that guilt and frustration from attempting to lead a perfect life might be responsible for the less than optimal adjusted life. He thought that more emphasis should be given to the gospel than the law within the church.

Kleiner (1959) considered mental disorder and status as related to religious affiliation. He classified Protestants as the high status group and Catholics the low status group because he felt they were subject to some degree of discrimination; e.g., in politics, employment, admission to professional schools and in social acceptance. Using religion as a dimension of status, Kleiner's (1959) findings were: (1) there is a greater prevalence of extreme aggressive and withdrawal behavior in the low status group than in the high status group, and (2) the low status group showed an earlier onset of mental disorder. Kleiner (1959) explained the differences between high- and low-status groups in terms of their reaction to frustration and impairment of frustration tolerance.

Mayo, Puryear and Richek (1969) used MMPI clinical scales to measure personal and social adjustment. The subjects were adolescent male and female college students. The subjects were all White and middle class and attending a small denominational university. They were classified as

religious or non-religious according to their own self
description. In a comparison of data between religious
males and non-religious males, the religious males were found
to be significantly less depressed, less schizophrenic, and
less psychopathic deviant than non-religious males. For the
females, only one difference emerged: non-religious females
were found to score higher on the MMPI ego strength scale
than the religious females. The investigators concluded
that these results suggested that for college age male
adolescents, religious self-regarding attitudes seem to be
beneficial from the mental health point of view. The fact
that the results for males were different from those for
females does suggest that sex may be an important variable
in the study of the personality characteristics of religious
persons, at least in late adolescence.

Lindenthal, Myers, Pepper and Stern (1970) reported
on the relationship between mental impairment and two aspects
of religious behavior--church attendance and prayer. The
sample consisted of 938 persons randomly selected in metro-
politan New Haven. The sample represented a cross-section
of the community, including all ethnic, racial, and socio-
economic groups.

The results showed that the more severely one is
impaired mentally, the less likely he is to be affiliated
with a church and to attend church frequently. A similar
relationship was found between the mentally impaired and

participation in organized community activities. Lindenthal, et al., (1970) concluded that the greater the degree of psychological impairment, the greater the tendency for the individual to isolate himself from organized social activities of any type, including religious ones.

The investigators examined the changes in religious behavior in response to life events. The life events used were: catastrophic, legal, financial, health, job, marriage, interpersonal, family, education, relocation, and any event. Reported change in church attendance, in response to crises, was related to initial frequency of attendance. A larger number of people reported prayer in responses to at least one event than reported change in church attendance. The greater the impairment, the more likely that the person prayed in response to that event. This was especially true for three types of events: catastrophic, health, and relocation events. In the remaining events there was generally a direct relationship between psychological impairment and prayer: the greater the impairment, the higher the proportion who pray.

Lindenthal, et al., (1970) stated that all persons are more likely to turn to prayer for events over which they have little personal control. For those social and environmental situations over which persons have more control, the increases in the proportion of persons who pray are substantial as psychological impairment becomes more severe.

Therefore, they concluded, the subjective or internal aspect of religion does seem to serve a function for the mentally impaired during a time of crisis.

Ranck (1961) introduced the continuum of religious conservatism and liberalism in his study of its relation to mental health. He also discussed the personality characteristics of authoritarianism and submissiveness. Conservatism was defined as theistic, God-centered, supra-naturalist, absolutist in dogma. Liberalism was defined as humanistic, man-centered, naturalist, anti-dogmatic. Protestant theological students were used as subjects. The data revealed the following in relation to the variables of authoritarianism, submissiveness and psychopathology:

Authoritarianism--The more conservative persons were in their religious ideology, the more they tended to exhibit prejudice against and to reject outgroups such as Blacks, Jews, etc.; they exhibited such personality characteristics as authoritarian aggression and submission, conventionalism, identification with power figures, projectivity, punitiveness and stereotyping; and emphasized discipline in child training by a stereotypic dominant, assertive male and rigidly conventional female. The more liberal persons were in their religious ideology the more they tended to reject both outgroup prejudices and ingroup idealization; exhibition less in comparison to the conservatives of the mentioned personality characteristics; and emphasize self-expression and the less contrast of sex roles.

Submissiveness--The more conservative, the more submissive in face to face situations. The more liberal, the greater the tendency to be dominant in interpersonal relationships.

Psychopathology--The more conservative, the greater the tendency to be over-productive and impulsive. The more liberal, the more feminine interest exhibited. In general, Ranck (1961) does not believe psychopathology to be related significantly to position on a continuum of religious ideology.

Coursey (1971) considered religious ideology liberal-conservative continuum among Roman Catholics. His study confirmed liberalism-conservatism as a measureable and useful bipolar construct.

Expectations about the salient characteristics of liberal and conservative Catholics were generally supported. The conservative Catholics in comparison to the liberal Catholics tended to be older, less educated, authoritarian submissive, and preferred to remain a part of the traditional Catholic subculture. They assumed a defensive posture against the outside world, similar to Rokeach's closed

minded person. They also were less interested in social issues compared to more liberal Catholics.

On the other hand, the liberal Catholics stress the right to follow their own conscience, were critical of Church authority, and appeared quite open to, and accepting

of, other religions and the world around them. They also
felt the Church should become more involved in contemporary
social problems.

The following studies to be discussed provided
characteristics associated with the religious behavior of
church attendance (Lazerwitz, 1961). Church attendance was
analyzed by sex, race, age, number of children, life cycle,
education, occupation and family income within groups of
Protestants, Catholics, Jewish, Baptist, and Methodist.
Analysis of the Christian groups revealed: (1) women attend
church more frequently than men; (2) Blacks attend church
somewhat more often than Whites; (3) the higher the education
levels, the greater the rate of church attendance; (4) no
associations between frequency of church attendance and age,
number of children, or family income; (5) increased regular-
ity of church attendance by Protestants with children five
years old or over. The Jewish group showed the effect of
its traditional Orthodox pattern in having a greater fre-
quency of synagogue attendance for men than women and for
the older Jewish age groups in comparison to the younger
age groups. There was no significant association between
church attendance and education, occupation or income within
the Jewish group.

Nelson (1973) reported in his analysis of church
attendance that frequency of church attendance was highest
among Catholics, followed, in order, by Blacks, White

Protestants, and Jews. Also, when specifying for socio-religious groups, intellectualism was positively related to church attendance.

In recent years (Hertel and Nelson, 1973) there has not been an appreciable decline in levels of religious belief as suggested by some. However, there has been a marked decline in the proportion of Americans expressing uncertainty regarding orthodox Christian beliefs and an increase in the proportions who openly espouse disbelief.

In summary, personality characteristics such as closed minded, dogmatic, authoritarian, and prejudice have been associated with the "religious" person. Investigators who have examined the personality characteristics of the religious person closely seem to suggest at least two types. One type includes those who have internalized their religious beliefs as a part of their whole life. The other type include those for whom religion is external and only ritualistic. The mentioned personality characteristics apply more to the externally religious person than to the internally religious person. Another dimension of religion is the conservative-liberal cotinuum. In relation to mental health, there does not appear to be a significant relation-ship between position upon this continuum and mental health. A religious self-attitude does, however, seem to relate to good mental health in certain populations, particularly with regard to college students (males).

CHAPTER IV

PSYCHOTHERAPY AND RELIGION

The area of psychotherapy and religion is broad. For the purposes of this paper, we were interested in the western world's religion, more specifically Christianity. Limiting this research to western Christianity is typical of the research reviewed. As is probably recognized there are many sects among American Christians. . . 186 according to McComas (1973). But for the time being, we discussed these 32,936,445 people (McComas, 1973) as one body. It is then evident that specific generalizations could not be made.

The review of literature suggested that the historical differences of opinion between psychology and religion continues to persist. Menninger (1959), a recognized psychiatrist, pointed out that anyone interested in psychiatry (or psychotherapy) cannot exclude anything that pertains to human life and this includes religion. He perceived the conflict between psychology and religion as a personal conflict relating to fears of impaired authority. As recognized by others, he saw the two dedicated to the same purpose and to some extent, using similar methods. The approach might be different but the task is similar--helping the client (or patient) to cope with something which gives him pain or those around him pain.

The name calling between psychology and religion began

(Menninger, 1959) when religionists reminded psychiatrists

and psychologists that their founding father, Freud, called

religion an illusion and an opiate of the people. In Freud's

defense, Menninger (1959) pointed out that an illusion is

not a delusion. Continuing he wrote:

> I am sure. . . that Freud did not mean to say that
> the religious experience was negligible or that it
> was false or that it was nonexistent. I think
> Freud did feel that certain forms developed in the
> name of religion were harmful (p. 794).

Empty forms of religion have been criticized in the Bible.

Form can replace content; faith can become superstition;

ritual can become compulsive and obsessional; Baal can

become more attractive than God; prayers can be used to ward

off witchcraft instead of expressing praise; and religion

can be used to exploit people (Menninger, 1959).

Menninger (1959) focused on the concept of love as

the bringing together of psychology and religion. He raised

the question

> Could we (psychiatrists, psychologists, and
> religionists) not all agree that, if there were
> one maxim to be acted upon throughout one's
> whole life, it would be the Biblical precept,
> 'Thou shalt love thy neighbor as thyself'? (p. 795).

In retort to the question he continued

> If I were to look at the world assembly of those
> who believe in something they call religious belief,
> and if I were to look at the various psychiatrists
> and the psychiatrists' helpers. . ., psychiatric
> social workers, psychiatric nurses and psychiatric
> aides, therapists and psychologists, I would say:
> these are two bodies of people, both dedicated to

the kind of work in which the importance of the
other person is greater than it is natural for
that importance to be in a normal person (p. 796).

Gross (1959) also used "love" as a uniting chain.
He stated that good religion and good psychiatry are identi-
cal. He based his conclusion upon the following approach.

Psychology teaches that a man cannot live a complete
or fulfilled life without love. Religion has traditionally
taught the importance of love. . . God is love, God loves,
God will love, if . . . . Also, the basic tenet of psycho-
analysis and psychotherapy is to make the patient believe
that he is a person who counts, a person about whom someone
cares. The therapist or analyst accepts the patient
regardless of who he is or what he has done. (This is
believed by some, but not all therapists, e.g., Rogerians.)
Thus, he has to love the unlovable. "Loving the unlovables,"
Gross (1959) declared, "is perfect religion". With this he
perceived that good religion and good psychiatry are identi-
cal. He noted that Freud believed profoundly in the estimable
virtues of truth, reason, brotherly love, reduction of
suffering, independence, and responsibility. Gross (1959)
concluded that if this isn't good religion, what is?

At a symposium held to discuss the relationship
between religion and psychotherapy, two common aspects were
stressed: the concern both have for the individual and a
value orientation relative to his well being (Becker, 1958).

Psychotherapy by virtue of the obvious ethical
implications involved in its 'caring' for or
'treating' persons and because of its unavoid-
able espousal of some view of man and some value
orientation as to his true well being, has
brought psychology and religion into a contiguity
and interlocking of work where it is no longer
possible to distinguish neatly the psychologist
from his religious colleague (p. 568).

Everyone does not approach the subject, to study what
the common aspects are between psychology and religion.
Philip (1956), for example, gave a very critical analysis
of Freud's view of religion. Referring to Freud as an
"unrepentant atheist", Philip (1956) suggested that Freud
was very limited in his knowledge and understanding of the
various types and sects taken in the name of religion.
Philip (1956) based this conclusion upon his belief that
Freud was limited in his exposure to religious people
because the country in which his early life was spent was a
predominantly Catholic country. Philip (1956) also provided
the following quotations as examples of Freud's "critical
attitude toward religion":

In relation to the external world man is still a child
and cannot give up the protections he enjoyed as a
child. Man's belief in God has twofold origin: the
emotional strength of the memory image of the father
exalted into a diety and his lasting need for protec-
tion (p. 127).

I do not believe that one supreme great God 'exists'
today, but I believe that in primeval times there
was one person who must needs appear gigantic and
who, raised to the status of deity, returned to the
memory of men (p. 204).

It should be kept in mind that Freud's statements are not given in the context which they were written. Therefore we are unable to know the real meaning Freud was attempting to relay.

Philip (1956) concluded that though Freud attempted to understand religion, his attempt was not serious and explaining religion was his way of understanding it. His mistake, (Philip, 1956) was to believe that everything could be known and understood. "Thus one of the world's most determined disillusionists falls into the trap of ruthlessly tearing from his life one of man's great illusions, only to substitute for it another--Science" (p. 129).

With an approach which differed from Philip's (1956) approach, Menninger (1959) examined some of the areas of conflict between psychology and religion. One of the accusa-tions leveled by religionists is that psychoanalysis and psychotherapy is a form of escapism. It is true, said Menninger (1959), that psychoanalysis "may be" a form of escapism; some patients seek analysis to escape from reali-ties or unrealities which they cannot bear or think they cannot bear. A good therapist will point this out to the patient at the most appropriate time. Menninger (1959) pointed out that escapism in itself is not evil; it may be useful or it may be harmful. From some things there is no escape and a good therapist will point this out to the patient with as much honesty and clarity as a minister would.

Another charge against psychoanalysis and psycho-
therapy is that it does not relieve the unresolved sense of
guilt of sin. Menninger (1959) did not see the responsi-
bility of analysis or therapy to relieve guilt feelings. He
felt that this is the business of the church. Mowrer (1960)
is in disagreement with this charge and Menninger's con-
clusion. Mowrer (1960) pointed out that as psychologists
are re-evaluating their stand that personality disturbances
are illnesses rather than sins and looking toward moral and
religious precepts with more respect, religionists are
looking at sin as a sickness. Mowrer (1960) believed that
the religionist will eventually return to a "sounder, less
fantastic position", but in the meantime psychologists have
a responsibility and opportunity to pursue the moral nature
of man.

Traditionally, sin is thought to be that which sends
a person to Hell--a place of other worldly retribution and
torment. Mowrer (1960) stated that the state of mind and
being which is called neurosis and psychosis is Hell and
whatever sends a person into those states of mind is sin.
With this definition of the word sin, he continued to say
that recovery does not occur by helping a person reject and
rise above his sins, but by helping him accept them. There-
fore, the charge that psychology does not relieve the guilt
of sin is debatable.

A common charge against psychology is that it favors sexual promiscuity and it encourages people not to feel guilty about it. Menninger (1959) does not agree with this charge. In fact, he stated this charge "is false, and its reiteration is a lie, a slander, a canard, and a misrepresentation of facts" (p. 782). Instead, he continued, Freud suggested that the religion of his time was extremely repressive concerning sexuality and he helped loosen neurosis. Menninger (1959) recognized that parents are guilty of restricting their children's sexual life in sometimes crude and harmful ways. If the sexual life is thoroughly inhibited, as the child grows up, he may manifest psychological disturbances later. He may become overly inhibited, impotent, unsure of his identity or panic at the thought of physical intimacy. Many such persons later seek psychotherapy. Therapy may assist the person in losing the inappropriate and abnormal sense of guilt attached to sex and teach that sex is not evil. In expressing their relief from their sexual inhibitions, others may incorrectly interpret this as psychology favoring sexual promiscuity.

In conclusion, Menninger (1959) looked at the daily work of the psychiatrist: caring for "the most miserable, the most unloved, the most pitiable and at times the most offensive and even dangerous of human beings" (p. 783). He can be conceived in the role of a friend, a guide, a protector, a helper, a lover for these unhappy people. He has

tolerance, forebearance, and patience for "stubbornness,
anger, spitefulness, silliness, sulkiness, belligerency,
desperateness, unreasonableness, maliciousness--all mani-
festations of hate" (p. 783). Therefore, the question was
asked by Menninger (1959) does this sound like ungodliness?

Psychotherapy Within Religion

Psychotherapy has had a tremendous effect upon
religion during the past quarter century. It has influenced
theology, seminary education, the role and work of the
parish minister, and the mission of the church. Many
denominations have developed psychotherapeutic evaluation
programs for clergy and missionary candidates and a few
offer some kind of psychotherapy under church auspices for
clergy and/or their family (Hawthorne, 1966). Seventh-day
Adventist colleges and universities provide counseling and
testing services for their students and employees. These
services offer counseling in the areas of personal, social,
religious, educational and vocational concerns.

Psychological testing and counseling are used
extensively in most seminaries to assist the theological
student in their preparation for the ministry. Carrigan
(1967) gave possible reasons for the increased use of psycho-
therapy with seminary students.

1. In the seminary the student deals with deeply
   personal questions of life: questions concerning
   faith, doubt, sin, guilt, etc.--all of which are

quite demanding. This involvement can be psychologically disturbing. Also studied is man's relationship to God and his fellow man. It is reasonable to expect that at some point the seminarian ponders his own relationship--to God and to man.

2. The seminary student who "felt called" into the ministry usually liked people and sought to related to others. The danger exists in the seminarian losing himself in people to the extent of losing his own identity. For example, psychological conflicts may occur when the parishioners want to see their minister as a "Servant of the People" and the minister is torn between that image and the image of "Shepherd of the Flock" (challenging the parishioners and leading them to serve God). The ministers' inner compulsion to be all things to all people must be redirected to resolve such conflicts.

3. Psychological pressures are produced by the unclear and undefined nature of the American church.

4. Questions of identity. There is much doubt concerning the significance of the church and its relevance to the contemporary world. The seminary student might be uneasy about his motivations for going into the ministry.

Another trend in the church is (Hathorne, 1966) the
application of group therapy principles to church groups.
One of the most extensive areas of growth is pastoral
counseling and the development of church-related counseling
centers.

The pastoral counselor, according to Hathorne (1966),
usually views his role as a religious one. He functions
within the church or church-related institutions. Though he
may deal with social and behavioral problems and most of
his counseling is in the area of marriage and family rela-
tions, he brings a religious as well as a psychotherapeutic
orientation to his work.

With the increase of pastoral counselors, there has
also been an increase in church-sponsored counseling centers
(Hathorne, 1966). Of the counseling centers in existence,
84% were started since 1953, and half were started since
1959. The trend in these centers has functionally been
toward specialization in marriage and family counseling.
Generally, the "client-centered" approach is used, emphasis
is on short-term rather than long term therapy, and the
majority (75%) of these counselors are clergymen giving
part-time service.

A survey (Mannino, et al., 1967) of clergy referrals
to mental health clinics suggested that there is a growing
relationship between the clergy and mental health facilities.
The survey of 60 clergymen's referrals from January, 1952

through December, 1961, revealed 125 referrals had been made.
This included 88 adults whose major type problem was marital
difficulty and 37 children, whose major type of problem was
anti-social behavior.

Sandler (1966) surveyed ministers in Memphis, Tennessee,
concerning their attitudes toward psychiatry. The survey
revealed that training in counseling for clergy came from
self-study, seminary, seminars, and post-graduate courses.
Self-study was the major means of training for the pre-1945
group, and the seminary for the post-1945 group. Concerning
the relation between psychiatry and religion, most of the
clergy thought that mutual understanding was the key to a
desireable relation. Each profession, however, should stick
to its own field. Many felt that psychiatry needed to be
more tolerant of religion (Sandler, 1966).

Rudin (1963) felt that there was a division between
the activity of the pastoral counselor and the psychologist.
He stated that the pastoral counselor should remain within
the conscious realm, although it is good for him to be
knowledgeable about the unconscious psychic life, to keep it
always in view, and to act cautiously in its regard. On the
other hand, he continued, psychotherapy can profit from a
constant awareness that even in the compulsive neurotic
there is a conscious realm of the soul, and, at least indi-
rectly, the will power of these patients should be strengthened.
Both, the clergy and the psychologist, should help man to form
his life integrally and meaningfully (Rudin, 1968).

CHAPTER V

SEVENTH-DAY ADVENTISM

The subjects in this study are Seventh-day Adventist
males attending a Seventh-day Adventist college or university.
A brief sketch of the teachings and work of Seventh-day
Adventist will be given. In addition, a more detailed
discussion is presented in Appendix A.

Seventh-day Adventists, as their name suggest, are
Christian Sabbath keepers who believe in the literal return,
the second advent of Jesus Christ. This name was adopted
because of these two outstanding beliefs: the seventh-day
Sabbath and Christ's second advent.

Seventh-day Adventists observe Saturday as the Sabbath
because there is no scriptural basis for the change of the
day of worship from Saturday, the seventh-day Sabbath, to
Sunday, the first day of the week. To them, the hours
between sunset Friday and sunset Saturday are sacred, when
no unnecessary work should be done. The Seventh-day Adventist
Church Manual states:

> The Sabbath hours belong to God. . . Our own pleasure,
> our own words, our own business, our own thoughts,
> should find no place in the observance of the Lord's
> day. . . The Sabbath is a special day for worship in
> the home and in the church. . . a day in which to
> learn more of God through the Bible and the great
> lesson book of nature. It is a time to visit the sick
> and to work for the salvation of souls. The ordinary

affairs of the six working days should be laid aside.
No unnecessary work should be performed. Secular
reading or secular broadcasts should not occupy our
time on God's holy day (p. 207).

The Holy Scripture states:

> Remember the sabbath day, to keep it holy. Six
> days shalt thou labour, and do all thy work: But
> the seventh day is the Sabbath of the Lord thy
> God: in it thou shalt not do any work. . . If thou
> turn away thy foot from the sabbath, from doing thy
> pleasure on my holy day; and call the sabbath a
> delight, . . . not doing thine own ways, nor finding
> thine own pleasure, nor speaking thine own words:
> then shall thou delight thyself in the Lord. . .
> Wherefore it is lawful to do well on sabbath days
> (Exodus 20:8-10; Isaiah 58:13-14; Matthew 12:12).

Seventh-day Adventists believe that the second advent
of Jesus Christ is very important because of the events they
feel are associated with His coming. These events include
the resurrection of the dead, the destruction of the wicked,
the purifying of the earth, the reward of the righteous, and
the establishment of Christ's everlasting kingdom.

Seventh-day Adventists hold certain fundamental
beliefs, the principle features of which may be summarized
as follows:

1. Both the Old and New Testaments of the Bible are
    inspired by God and contain an all-sufficient
    revelation of His will to men, and are the only
    unerring rule of faith and practice (2 Timothy
    3:15 17).

2. The Godhead or Trinity consists of the Eternal
    Father, Jesus Christ and the Holy Spirit
    (Isaiah 44:6; 48:13; Matthew 28:19; 12:32;
    2 Corinthians 13:14; Revelation 1:8, 11).

3. Jesus Christ is very God, being of the same
   nature and essence as the Eternal Father
   (John 1:1, 14; Hebrews 2:9-18; 8:1, 2;
   4:14-16; 7:25).

4. Baptism by immersion (Romans 6:1-8; Acts
   16:30-33).

5. The Ten Commandments are the law of God and
   binding upon all men (Exodus 20:1-17).

6. The law of ten commandments points out sin,
   the penalty of which is death. Because the
   law cannot save the transgressor from his sin,
   God provided Jesus Christ as a substitute to
   die in man's stead. By accepting Christ, man
   is reconciled to God. This experience is
   wrought by the Holy Spirit, who convinces of
   sin and leads to Christ, inducing the believer
   into a new relationship with God (2 Corinthians
   5:21; 1 John 2:1, 2; 3:4; Romans 1:16; 3:20;
   5:8-10; 7:7; Ephesians 2:8-10; 3:17; Galations
   2:20; Hebrews 8:8-12).

7. The fourth commandment requires the observance
   of the seventh-day Sabbath (Genesis 2:1-3;
   Exodus 20:8-11; 31:12-17; Hebrews 4:1-10).

8. The condition of man in death is one of unconscious-
   ness. All men good and evil, remain in the grave
   from death to the ressurrection (Ecclesiastes
   9:5, 6; Psalms 146:3, 4; John 5:28, 29).

9. Only God hath immortality and immortality is
   bestowed upon the righteous at the second coming
   of Christ, when the righteous dead are raised
   from the grave and the living righteous are
   translated to meet Christ (1 Corinthians 15:51-55).

10. Tithes and offerings are to be given to God.
    Tithes consist of one-tenth of one's income,
    increase, etc. (Leviticus 27:30; Malachi 3:8-12;
    Matthew 23:23; 1 Corinthians 9:9-14; 2 Corinthians
    9:6-15).

11. Jesus Christ will come again; this coming will be
    literal, personal and visible (Luke 17:26-30;
    John 14:1-3).

12. After Christ's return, the earth will be restored
    to be the home of the saints of the Lord forever
    (Genesis 13:14-17; Hebrews 11:8-16; Matthew 5:5).

13. The followers of Christ should be godly, not
    partakers of the unrighteous ways of the world;
    recognize their bodies to be the temple of the
    Holy Spirit. They should dress in heat, modest,
    and dignified apparel. They will abstain from
    all intoxicating drinks, tobacco and other
    narcotics and avoid every body- and mind-defiling
    habit and practice (1 Corinthians 3:16, 17; 9:25;
    10:31; 1 Timothy 2:9, 10; 1 John 2:6).

                                    (Seventh-day Adventist
                                    Church Manual, 1971)

Seventh-day Adventists are a people of Bible prophecy. They believe that the prophecies of the Bible are among the greatest evidences of the inspiration of the Scriptures. They teach that a close study of the prophecies found in Daniel and in the Revelation will disclose the fact that the present time is the most solemn of all times in this world's history. They believe that the final examination of the records of all people who profess a belief in God started in 1844 and that at the end of this investigative judgement Christ will return to the earth. Adventists believe that this coming is soon and that God's message for these "closing days of earth's history" is for all men to come to repentance (Haynes, 1967).

They are convinced that they have a divine commission to take God's message of repentance and the gospel of Jesus literally to "every nation, and kindred, and tongue and people" (Revelation 14:6). The church is constantly sending out missionaries and teachers to all of the world. There is not a continent in existence, and today scarcely a

country, where their missionaries and teachers and preachers
are not at work. Seventh day Adventists are working in 189
countries out of the 221 in the world as per the United
Nations. The church has established and is operating a
globe-encircling chain of publishing houses (50). It
maintains a world-wide chain of sanitariums, hospitals,
clinics, dispensaries and medical launches (371). It
operates an educational system of more than four hundred
academies and intermediate schools and almost four thousand
primary schools. They operate the largest Protestant school
system in the world. It supports approximately 30
health-food companies (These Times Ingathering Appeal, 1976).

Seventh day Adventist are tithers. One tenth of
their gross income, their increase from whatever source,
is considered as belonging to God. The tithe is only used
for the support of the ministry. The tithe is not spent on
other work to pay church or institutional debts, or building
operations. Gifts and offerings are considered beyond tithe
paying and come out of the other nine-tenths remaining.
Per capita, Seventh-day Adventist contribute more money than
any other religious group in the United States (Lake Union
Herald, 1977).

Seventh-day Adventist believe they qualify for the
Bible description of God's peculiar people, as being "in the
world," but "not of the world." They believe that whatever
they should eat, drink, wear, and do should please God. Man's

original diet in Eden included fruits, grains, nuts,
vegetables, green things, but not flesh. Seventh-day Adventists
believe that this original diet is the one best suited to
man's needs today, and thus encourage a vegetarian diet.
Since 1863 the following health principles have been taught
by Seventh day Adventist: the dangers of the use of poisonous
drugs; the harmfulness of tea, coffee, tobacco, alcohol, and
flesh foods; the benefits of healthful clothings; the value
of a simple, wholesome diet, exercise, rest, sunshine, and
fresh air; the usefulness of the right use of water in the
treatment of the sick; and the value of trust in divine
power. Today, Seventh-day Adventists live several years
longer than their non-Seventh-day Adventist counterparts.

They find in the Bible explicit injunctions against
dressing lavishly and extravagantly, against the use of gold
and precious stones, and other trinkets for the purpose of
adornment. .

They believe they should separate themselves from
the world's amusements, pleasures, follies and extravagances.
To them this worldliness has no part of Christian living.

Concerning war, Seventh-day Adventist are conscien-
tious objectors. This religious conviction has been
recognized by the United States Government; and Seventh-day
Adventist have been exempted from bearing arms in both the
civil and international wars. Seventh-day Adventists are
not pacifists, nor antimilitarists. They are just
noncombatants.

The Seventh-day Adventist church is unique in the consistency of religious practices of its members throughout the world. The Church Manual, which is followed world-wide, establishes well-defined procedures for every activity of the church, such as church membership, church officers and their duties, church organization, church discipline, and standards of Christian living.

There is an individual whose influence is extremely extensive among Seventh-day Adventists. This individual is Mrs. Ellen G. White (1827-1915). Mrs. White is recognized among Adventists as possessing the gift of the spirit of prophecy. Her writings, which include over 32 books and numerous articles and manuscripts, are regarded as containing inspired counsel and instruction. While Adventists hold her writings in highest esteem, the Church emphasizes that the Scriptures are considered the only foundation of all true Christian doctrines (Seventh-day Adventists Answer Questions on Doctrine, 1957). However, dedicated Seventh-day Adventists study Mrs. White's writings very diligently. In Schwarts' (1970) study of Seventh-day Adventism, he noted that in the group he studied, the pastor would support any argument about the meaning of a biblical passage with a reference to Mrs. White's writings on the subject. Therefore, Mrs. White's writings can be viewed as having a significant influence upon attitudes of the subjects in this study toward psychotherapy.

Mrs. White wrote that the study of the mind is important. In general, she stated that the study of the mind is the nicest work; the mind should be trained and disciplined; a disciplined mind will accomplish better work; one should strive for the highest mental and moral excellence; understanding minds are of great value in dealing with the sick (Guidelines to Mental Health, 1966).

In the area of therapy, Mrs. White differentiates between false systems of therapy and safe mind therapy (Guidelines to Mental Health, 1966). Seventh-day Adventists' attraction toward psychotherapy would seem to be influenced by the religious values of the therapist. However, this variable was not examined in this study.

METHODOLOGY AND PROCEDURES

CHAPTER VI

HYPOTHESES

Hypothesis I. There is a statistically significant relationship between strength of therapy attraction (as measured by the Picture Impressions Test (PIT) and counseling readiness (as measured by the Counseling Readiness Scale (CRS)).

Hypothesis II. There is a statistically significant negative relationship between strength of religious attitudes (as measured by the Religious Belief Scale (RBS), the Religious Ethnocentrism Scale (RES), and the Religious World Views Scale (RWVS) and strength of therapy attraction (as measured by the PIT).

Hypothesis III. There is a statistically significant negative relationship between strength of religious attitudes (as measured by the RBS, the RES, and the RWVS) and readiness for counseling (as measured by the CRS).

<u>Hypothesis I</u>

Hypothesis I assumed that there would be a positive relationship between attraction to therapy and readiness for therapy, though this might be a small to moderate relationship.

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Two instruments were used in this study to tap different, but related aspects of client-therapist attraction. One, the PIT is a projective instrument designed by Libo (1957) to measure the attraction of a client toward the therapist or the therapeutic situation. The other instrument, the CRS, a paper-pencil measure, consisting of self-descriptive adjectives, was developed to identify clients who would remain in therapy long enough to derive some benefits from it. To the extent that readiness for counseling includes a certain amount of positive anticipation, a positive relationship with therapy attraction would seem to result. This should hold even though one of the measures is a paper and pencil test and the other a projective measure. Libo (1957), Mullen and Abeles (1967), and Matthews (1972) reported that the PIT was successful in predicting whether clients would or would not return for therapy after an initial interview. Return was defined as returning to the therapist for three or more sessions after the initial interview and continuing until the client and the therapist both agreed to terminate the sessions.

According to Heilbrun and Sullivan (1962) the CRS satisfactorily predicted whether a client would return to therapy after an initial interview or would terminate prematurely. Return was defined as remaining in therapy for more than five sessions after the initial screening contact. Both scales were validated using a college-student population.

In this study, because both instruments were used, the CRS could serve to further validate the PIT.

Hypotheses II and III

Hypotheses II and III essentially tested the strengths of the relationship between attraction to therapy and religious beliefs and readiness for therapy and religious beliefs.

Three instruments were used to measure strength of religious beliefs. The Religious Belief Scale (RBS) and the Religious World Views Scale (RWVS) measured the strength of fundamental religious beliefs (belief in the literal interpretation of the Scriptures). The Religious Ethnocentrism Scale (RES) measured religious ethnocentrism (belief that one's religious organization is superior to other religious organizations).

Gilmore (1969) suggested that in considering personality differences in religious populations, a distinction should be made between the content of religious beliefs and the manner in which such beliefs are held. She hypothesized that within a highly homogeneous group of Pentecostals (known to hold the same fundamental beliefs) those who were identified as holding their beliefs in a dogmatic manner would have predictably different personality patterns from those identified as holding their beliefs in a nondogmatic manner. The data revealed the groups to be homogeneous in content of religious beliefs and extent of personal

religious practices. However, those identified as non-dogmatic when compared with those identified as dogmatic, were significantly higher on the following California Personality inventory scales: dominance, capacity for status, socialability, self-acceptance, sense of well-being, tolerance, intellectual efficiency, psychological-mindedness, flexibility and achievement via independence. Those identified as dogmatic rated significantly higher on the achievement via conformance scale.

Osward (1971) studied the relationships between certain personality variables and theological beliefs of seminary students identified as conservative (C), moderate (M), and liberal (L). Comparison of the liberal and the conservative students indicated the following: (1) The liberal students were more reflective and scientific in their thinking and showed an interest in a wide range of ideas. They were also the least dogmatic, the most anxious, and tended to have poor self-concepts; (2) The conservative students were the most dogmatic, the least anxious, and had stronger self-concepts.

These studies tended to support the proposition that within a religious population those who are most liberal in their religious beliefs and non-dogmatic in the manner in which their beliefs are held, are more psychologically minded. This group may be more likely to seek psychotherapy than their counterparts.

The Religious Belief Scale (RBS) and the Religious Ethnocentrism Scale (RES) were developed to measure the extent of personal investment in religious beliefs. The possible score range on the RBS and the RES is 24 to 144 and 12 to 72 respectively. In Phillip's (1968) study, using Michigan State University students as subjects, the obtained standard deviation for the scales were 25.07 (RBS) and 9.41 (RES). During the pilot study when the scales were used on Andrews University students, the obtained standard deviation was 14.43 (RBS) and 8.70(RES). As noted, the mean deviation for the subjects attending Andrews University, which is a Seventh-day Adventist school, was less than that of the subjects attending Michigan State University.

The Religious World Views Scale (RWVS) was developed to help students understand and clarify their religious world view. The possible range on the RWVS is 25 to 150. Patterns of religious beliefs range from natural humanism to orthodox Christianity. In this study, it was proposed that the differences in strength of religious beliefs would be related to differential client-therapist attraction.

CHAPTER VII

SUBJECTS

The subjects in this study were male students who
attended Oakwood College in Huntsville, Alabama and Andrews
University in Berrien Springs, Michigan. They were enrolled
in Introductory Psychology classes at their respective
schools. Some students enrolled in the Religion and Theology
Division and General Chemistry classes at Oakwood College
were also included. Their participation was voluntary.
Both schools are Seventh-day Adventist institutions and the
faculty and student body adhere to the beliefs and principles
of the Seventh-day Adventist church.

At either school a student may forfeit his connection
with the school if his attitudes and general conduct are not
in accord with the school's standards and objectives. The
following specific behaviors are given in Oakwood College's
and Andrews University's college bulletin as offenses con-
sidered as very serious and may be a cause for dismissal:

1. The use of tobacco, alcoholic beverages,
   narcotic or other dangerous drugs.
2. Dancing, attending a dance hall (or a theater
   or movie house: Oakwood's bulletin only).
3. Indulging in profanity and vulgarity.
4. Possessing lewd or obscene materials.
5. Gambling, betting or use of gambling devices.
6. Undermining the religious ideals of the school.

7. Marriage, without the school's permission, during
   the school year.
8. Delinquency in attendance at religious services,
   dorm worship or academic classes.

Oakwood College, a four-year liberal arts school, is
the only Seventh-day Adventist college in the United States
with a predominantly Black (99.9%) student body. During
the 1974-75 school year, 534 males and 617 females attended
Oakwood College. This was the first year Oakwood College
had an enrollment of over 1,000 students. Ninety-seven
percent of the students were Seventh-day Adventist. Of the
33 non-Seventh-day Adventist students, 25 were lower division
students. Because of Oakwood College's peculiarity of being
the only predominantly Black Seventh-day Adventist college
in the United States, its students come from a wide variety
of states. In 74-75, the states leading in student population
were: Alabama, New York, California, Illinois and Michigan.
Based on total enrollment, the median income of the students'
families was $6,000-7,499. The estimated cost for attending
Oakwood College as a resident hall student for the '75 school
year was $1,802.00.

Andrews University consists of a four-year liberal
arts college, a graduate school and the Seventh-day Adventist
Theological seminary. The University had a total enrollment
of 2,364 for the 74-75 school year. Because the subjects for
the research are undergraduates, the references to Andrews
University will pertain to the undergraduate school, unless

stated otherwise. The undergraduate school consisted of
1,718 students of which 785 were males and 933 were females.
Ninety-three percent of the students were Seventh-day
Adventist. Andrews is a predominantly White school with an
American Black student body of 9%. The estimated cost of
attending Andrews University during the '75 school year for
resident hall students was $2,100.00.

Ninety-six students from Andrews University and 84
students from Oakwood College were subjects in this research.
All of the subjects were males, Seventh-day Adventist and
Americans. The subjects from Andrews University were White
and the subjects from Oakwood College were Black.

Generally, the Andrews University subjects were
younger than the Oakwood College students. Also, a greater
percentage of subjects from Andrews were classified as lower
division students (see Table 1).

TABLE 1

A COMPARISON OF AGE AND ACADEMIC CLASSIFICATION
BETWEEN OAKWOOD COLLEGE AND ANDREWS UNIVERSITY
SUBJECTS

| | Age | | | Classification | |
School	16-19	20-22	23+	Lower Division	Upper Division
Andrews University	66%	26%	8%	85%	15%
Oakwood College	38%	32%	29%	62%	38%

CHAPTER VIII

THE INSTRUMENTS

Picture Impressions Test

Libo (1959) designed a projective technique, the
Picture Impressions Test (PIT), which measures the attrac-
tion of a client toward the therapist or to the therapeutic
situation. The PIT consists of two forms of four pictures,
one form for male clients and one for female clients.
These are presented to the client after a clinical interview,
and the client is told to make up a story about each picture.
The attraction measured is defined as the "resultant of all
forces acting on the patient to maintain his relationship
with the therapist. . . the strength of the patient--therapist
relationship" (p. 1).

The first picture is of a man (or woman) standing
with chin in hand, and above the person and to the right is
a balloon—like structure such as is seen in cartoons. In
the balloon two people are pictured seated in chairs facing
each other. One (the man) has a note pad on his knee. The
second pictures a man (or woman) sitting in a chair at a
distance from another individual seated behind a desk. The
third pictures a man (or woman) leaving an office and the
door to the office has the words "Dr. Jones" lettered on it.
The person is leaving through the doorway and a man is

seated behind the desk in the office watching the person. The last picture is of a man (or woman) sitting in a waiting room alone. Also in the picture is in office door with a sign that reads "the doctor is in" hanging at an angle from the door. According to Libo (1956), the four pictures can be used for Black and White subjects and for adolescents and adults of both sexes. However, an additional set of PIT pictures were redrawn with the therapist and client being Afro-Americans instead of White for the Black subjects.

The purposes of the PIT are:

(a) To ascertain the nature of the patient-therapist relationship (e.g., expectations of the patient, demands to be made on the therapist, attitudes of the patient toward the therapist).

(b) To predict whether or not a patient will return for his next scheduled interview (an operational criterion of attraction).

(c) To determine the potential effect on the patient of the therapeutic interaction; i.e., the likelihood of the patient's being influenced in his attitudes and behavior as a result of contact with the therapist (the degree of attraction and the success of interpersonal influence are directly correlated).

(d) To determine differences between therapist,

clinical settings, and procedures in their effects

on patient-doctor relationship.

In a study by Libo (1957), using the PIT, the accuracy of

prediction of returns and no returns was very high. Of the

31 patients who returned to the therapist for a second

interview, 24 were accurately classified by the test, while

of the 9 who did not return, 6 were accurately classified

by the test.

Mullen and Abeles (1967) provided additional vali-

dating data with their investigation using the PIT. The

investigation was concerned with expectations people have

of others and the communication of these expectancies, and

especially in client-therapist relationships. An important

factor in whether or not an interpersonal relationship is

continued is the attraction of those involved. The PIT was

used to investigate questions concerning (1) differences in

attraction scores for students who had had no prior contact

with psychotherapy; and (2) the predictive validity of this

instrument with a different population in a different

setting from that used by Libo.

Subjects were students at Michigan State University.

A total of 137 students were used. There was an experimental

group who had been seen at the Counseling Center for an

initial interview before administration of the PIT to them,

and a control group of students enrolled in advanced

undergraduate courses in psychology, who indicated they had no previous contact with a counselor and had no desire for any contact in the immediate future.

The results indicated that the experimental subjects had a mean of attraction scores significantly higher in a positive direction than the control group. The experimental group had had an interpersonal contact just prior to administration of the PIT. The control group had had no contact.

The results on predictive validity in this study were also significant. The PIT classified accurately 33 of the 34 who did return and 11 of 15 clients who did not return; a predictive relationship significant at the .02 level.

The PIT was also used by Matthews (1972) to investigate the relationship between client-therapist attraction and duration of therapy. In addition, the client personality variable of dominance-submission was also investigated as it was related to duration of therapy and to client-therapist attraction. The hypothesis tested were (1) Clients weaker in interpersonal strength, assertion and confidence are more attracted to the client-therapist relationship; and (2) those clients more concerned with fears, worries and anxious immobilization are more attracted to the client-therapist relationship.

The PIT was used to measure client-therapist attraction. Leary's (1957) interpersonal system which used MMPI

indices was used to measure the dominance-submission variable. The MMPI indices were achieved through the formulas (Leary, 1957) Ma minus D and Hs minus Pt (Ma = Hypomania, D = Depression, Hs = Hypochondriasis, and Pt = Psychasthenia).

The subjects were 45 clients who were undergraduates at the Michigan State University Counseling Center. All of them had been seen for an initial interview prior to the administration of the test instruments.

The results of Matthews' (1972) investigation supported the first hypothesis but not the second.

Counseling Readiness Scale

The Counseling Readiness Scale (CRS) was developed by Heilbrun and Sullivan (1962). The purpose of the CRS is to help identify the client who will remain in counseling long enough for some benefits to accrue and the client who will leave counseling prematurely, therefore disallowing the possibility of important gains. The CRS was validated using a sample of college students with personal adjustment problems seen at a University counseling center. A client was defined as a stay subject if he or she remained in counseling for more than five interviews past the initial screening contact. A drop subject was one who: (1) failed to keep his initial screening appointment; (2) failed to meet with his assigned counselor despite a mutual agreement in the screening interview to begin personal counseling; or

(3) met his assigned counselor but terminated on his own initiative prior to the sixth interview. Each client was given the Adjective Check List (ACL) which included 300 self-descriptive adjectives from which the person was asked to select those which are self-characteristic. Since previous studies by Heilbrun (1961a, 1961b) suggested differential personality patterns associated with duration of counseling for males and females, separate counseling readiness scales were developed for males and for females. Heilbrun (1962) described the construction of the CRS as follows:

> The procedure for construction of a counseling readiness scale was an empirical one. Those ACL adjectives for which there was a different rate of endorsement for personal clients who terminated prematurely and for those who did not were determined by chi-square analysis. . . Those adjectives which were more frequently endorsed by stay clients were assigned plus credit and those for which the drop group showed higher rate of endorsement were given negative credit. The final raw score on either the male or female CRS represented the sum of the plus-credit adjectives endorsed by a person minus the sum of the minus-credit adjectives he selected as self-characteristic. . . . Scores on both CRS's correlated with the total number of adjectives as self-characteristic. Accordingly, conversion from raw to T-scores was performed independently for four ranges of total adjectives checked, a procedure which has been shown to remove the undesired correlation (pp. 112-113).

The ideal validation procedure would have been a cross-validation with independent samples of males and female personal counseling stay and drop clients, but this was impossible because all available clients meeting those characteristics had been used in developing the CRS.

However, two validation procedures were used. The first
was the use of the ACL's personal clients who had been
used to develop the scales. They were scored for the CRS.
Heilbrun and Sullivan (1962) recognized that this procedure
tended to overestimate the power of the scale, but they
felt it was probably safe to assume that the results pro-
vided an estimate of the maximum power of the scales. In
addition, one new type of personal client group was
included. These were clients seen for only the initial
screening interview following which a mutual or unilateral
decision to not initiate personal counseling or a referral
to another agency occurred. The CRS was statistically
significant in predicting the drop or stay clients.
Specifically, 84% of the males and 79% of the females were
correctly identified as stay or drop clients.

Cross-validation was considered as crucial, but an
independent sample of male and female personal counseling
stay and drop clients was not available because all avail-
able subjects were used in developing the scales. Therefore,
college clients seeking vocational and/or educational
counseling were used. Drop subjects were those who applied
at the Counseling Service for vocational counseling, took
the intake battery of tests, but then failed to appear for
the first counseling interview. Stay subjects were those
who applied, were tested, and remained in vocational
counseling either four or five interviews, which is longer

than the modal number of interviews (from one to three)
characteristic of vocational counseling. The difference
between CRS means for the male drop and stay vocational
and personal counseling groups was in the predicted direc-
tion and highly significant. The difference in means for
the female groups was also in the predicted direction.
These results provide additional evidence for the validity
of the CRS (Heilbrun and Sullivan, 1962).

Religious Belief Scale

The Religious Belief Scale (RBS) developed by
Phillips (1968) sought to measure the strength of an
individual's religious beliefs. The scale is in a language
which most persons can answer, regardless of their religious
orientation. The format uses a six-point Likert Scale.
The 25-item scale was administered as part of a pilot study
to a group of 40 male and 40 female Seventh-day Adventist
students enrolled in Introductory Psychology classes at
Andrews University, a religiously affiliated college with
an undergraduate enrollment of approximately 1500. While
the possible range of the scores was 25-175, the obtained
mean was 152.5. Since the subjects tested were all from a
fundamental religious background, the skewed distribution
was interpreted as supporting validity for this scale
(Phillips, 1968).

Religious Ethnocentrism Scale

During the pilot study with the RES, Phillips (1968)
felt that certain items measured religious ethnocentrism
rather than religious belief. These items were removed
from the RBS and formed the nucleus of an 8-item Religious
Ethnocentrism Scale (RES). The pilot study also used
students from Andrews University. As with the RBS, the
distribution was skewed toward the upper end of the range
continuum. Phillips (1968) expected this since the
Seventh-day Adventist Church is a proselytization-oriented
sect which firmly teaches that the Church is in possession
of major portions of the "Truth" (Seventh-day Adventists
Answer Questions on Doctrine, 1957).

The final version of the RES consisted of seven
positively and five negatively worded statements concerning
the superiority of one's own religious beliefs and group,
and the need for separation from other religious groups on
such matters as marriage, friendship and ideology. Phillips
(1968) stated the following concerning the RES:

> The individual items present a relatively larger
> number of situations involving religious ethno-
> centrism, as well as a variety of intensities of
> the construct. Also the prejudicial content of
> the statements is not directed in favor of or
> against any particular religious group; yet the
> statements are not so vague as to eliminate all
> notions of discrimination. It was thereby
> anticipated that the scale would prove applicable
> to all individuals, regardless of their orienta-
> tion toward religion (p. 27).

The items on the RBS and the RES were rated by the subject according to a Likert scale, ranging from -3 (disagree very much) to +3 (agree very much). The RBS and the RES were relatively balanced with negatively and positively worded statements in an effort to eliminate any corresponding biasing factors arising from response style. It was felt by Phillips (1968) that reversal (negative wording) of some items did not result in any major alteration in the content of those items. In scoring, the signs of the values (+ or -) assigned to reversed items by the subject were changed; thus, the final score for any item was always in terms of increasing values for more religious responses. Also, four points were added to each of the items on the scales to insure that all total scores would be positive.

In Phillips' study (1968) the relationship to each other of the RBS, the RES, and Rokeach's Dogmatism Scale were explored. The three scales were also used to study the effects of a dogmatic derogatory communication. The subjects were Introductory Psychology students at Michigan State University. Since the study included two new scales, test-retest reliabilities and internal consistency scores were obtained for the RBS and RES. The test-retest reliability coefficients for the RBS and the RES were .86 and .74 respectively. These reliabilities were significant beyond the .001 level.

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The Coefficient Alpha test, equivalent to the Kuder-Richardson, but applicable to scales in which more than two responses to the items are available, was used as an estimate of internal consistency. The Coefficient Alpha correlations for the RBS and the RES were .91 and .57 respectively.

Pearson product-moment correlations between the variables of class status and age and scores on the RBS and RES was computed. The results revealed these variables not to be a significant determinant of RBS and RES scores among the subjects involved in the study.

No significant differences were found between scores of males and females on the REB. On the RBS, however, the differences were significant at the .05 level, with the females scoring higher.

Religious World Views Scale

McLean (1952) described religious points of view as a horizontal spectrum which ranged from orthodox Christianity, through religious liberalism, to naturalistic humanism. These perspectives are said to transcend knowledge and interpret experiences. According to McLean (1952), the average individual is unable to distinguish between various religious points of view. The Religious World Views Scale (RWVS) was developed by McLean (1952) to help individuals identify their own religious point of view.

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The RWVS consists of twenty-five religious statements. Fourteen statements are positively worded, while eleven are negatively worded. The responses to these statements yield a position on a horizontal scale ranging from naturalistic humanism to orthodox Christianity.

As an aid to those doing research on individual religiosity, Jennings (1972) tested the reliability of the RWVS along with several other religious scales. The data were gathered from 364 junior college students. All items were on a 5-point Likert scale varying from strongly agree to strongly disagree. The RWVS had a possible score range of 25 to 125.

The mean and standard deviation for the RWVS were 84.54 and 21.07 respectively. When comparing sex differences, the mean scores were significantly different at the .01 level. The females scored higher than the males.

To obtain an estimate of test reliability internal comparison correlations were computed. The Split-half correlation coefficient was .87. The Spearman-Brown Correction coefficient was .93.

Item intercorrelations were also computed. All but two of the twenty-five statements had item-total correlations of .40 or higher. The mean item-total correlations was .57.

When the RWVS was correlated with another religious scale, the Scriptural Literalism Scale (Jennings, 1972), the correlation coefficient was .91. The statistical data

provided by Jennings (1972) indicated that the RWVS is a reliable measure of religiosity.

For the purpose of this study, a 6-point Likert Scale format was used. This format reduces the response tendency to choose the mid-point of the agree-disagree dimension. The raters were forced to choose along the dimension of either agree or along the dimension of dis-agree. The score range was 25 to 150.

CHAPTER IX

PROCEDURES

During the 1975 school year, students in lower division behavioral science classes at Oakwood College and Andrews University were approached to participate in this research. They were informed by their instructor that the males in the class had been selected to participate in an attitude study of Seventh-day Adventist College students. They were told that their participation was voluntarily requested and the time involved would be one to one and a half hours outside of class time. As an incentive, the instructors offered extra credit points to those who participated. The students who volunteered were then given a time and place to meet. Because of insufficient number of volunteers at Oakwood College, the announcement was extended to classes within the Religion and Theology Division and a General Chemistry class.

At the place of examination, the subjects were told the purpose of this research was to examine the attitudes toward personal and religious values of college students with fundamental religious beliefs, such as that held by the Seventh-day Adventist church. They were also informed that their academic departments would receive a summary of the research results.

In addition to the original set of Picture Impressions Test (PIT) cards, the PIT cards 1, 2, 3, and 4 were redrawn to picture the therapist and the client as a Black person. Also, PIT card 1 was redrawn twice: one with the therapist White and the client Black and the other with the therapist Black and the client White. The subjects at Andrews viewed the original 4 PIT cards and PIT card #5 which was the redrawn PIT card #1 with the therapist as a Black person and the client remaining White. The subjects at Oakwood College viewed PIT cards 1, 2, 3, and 4, with the therapist and client drawn as a Black person and PIT card #5, which was the redrawn PIT card #1 in which the client was Black and the therapist remained White.

The subjects received a booklet which contained the research instruments in the following order (see Appendix C): The Picture Impressions Test (PIT) outline sheets, the Religious Attitude Scale, the Counseling Readiness Scale (CRS), and a personal questionnaire. The Religious Attitude Scale contained the Religious Belief Scale (RBS, items 1-24), the Religious World Views Scale (RWVS, items 25-49), and the Religious Ethnocentrism Scale (RES, items 50-61).

The PIT pictures were projected upon a screen to the subjects as a group. The instructions given were taken from the PIT Manual (Libo, 1956) and modified for a group setting. The following instructions were given:

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I am going to show you some pictures to look at.
There are five pictures in all. As I show you
these pictures, one at a time, look at the pictures,
form your own ideas about it, then make up a short
story about what you see in the pictures. Use your
imagination. There is no right or wrong way. Your
story should be about what you see in the picture.

To help you make up a story you have received an
outline (Refer to first five sheets in test booklet)
to follow. By answering these questions, all the
parts of your story's plot will be covered. Look
at the picture briefly, then write your story by
answering the questions on the outline sheet. Write
a definite, interesting story, rather than a simple
description of the picture.

Please work fast. Each story should take about five
minutes to write.

All right? Here is the first picture (p. 3).

Scoring of the stories was based on several criteria
(Libo, 1956):

1. The story must include a doctor, therapist,
    or examiner (e.g., medical man, dentist,
    psychologist, psychiatrist, etc., as opposed
    to friend, lawyer, employee, etc.).

2. The story must include an individual client
    or patient, whose relationship to the
    therapist is with reference to medical or
    therapeutic function for the individual
    client or patient.

In the actual scoring, a (1) was given for any
indicator of client-therapist attraction and a (-1) was
given for every indicator of repulsion. There was a total
score consisting of an algebraic sum of "+" and "-" scores.
The number of stories which receive a score of 0, 1, 2, 3,
or 4 were considered as the involvement in the task. Libo
(1956) felt that this in itself may be an indicator of
attraction. Both total score and number of stories

receiving scores were recorded. The following table sum-marizes the scoring criteria.

TABLE 2

SCORING CRITERIA (See PIT Manual,
Libo, 1956)

No. of stories with a score	Total Score	Interpretation	Prediction
2, 3, or 4	1 or higher	Attracted	Return
Any	0 or lower	Not Attracted	Not Return
0 or 1	Any	Not Attracted	Not Return

There are certain rules for scoring set up by Libo (1956) which were followed here. The scorable unit is any word, phrase, clause, or sentence (or combination) qualifying under one of several coding categories. Only one score can be credited to each scorable unit. In scoring, an attempt is made to score the shortest part of a story necessary to meet the criterion for a score, so that other parts of the story will be left available to receive other scores. With regard to series of words, a series in the same category with the same sign is scored as one unit. Each verb-adjective combination is treated as one unit, and when a series can be scored both plus and minus, it receives only one plus and one minus, regardless of the total number of positive and negatives in the series.

Either-or-statements are not scored and moralistic state-
ments are not scored. Chance events are not scored, and
forced events (e.g., "They made him see a therapist")
are not scored. Unless things meeting scoring criteria
are explicitly mentioned, they cannot be assumed by the
scorer.

There are five coding categories which are: actual
or attempted locomotion (AL), desired locomotion (DL),
barriers to desired locomotion (BL), barriers overcome (BLO),
and satisfaction (S) (Libo, 1956). Actual locomotion indi-
cates an attempt on the part of the client to remain in
contact with the therapist, or strengthen their relation-
ship. It includes movement toward and involvement with the
therapist. It is scored (AL) positive and the opposite of
these desires is scored (AL) negative. The desire for all
of the above is scored as (DL) positive or negative
(e.g., desire to remain in contact with the therapist is
evidence of desired locomotion). Barriers to desired
locomotion (BL) are indicators of any kind of barrier of
actual locomotion not imposed by the client or therapist.
In order to score these positive, they must follow an indi-
cation of desired locomotion away from the therapist (DL)
then they are scored as negative. Next is the category of
barriers to desired locomotion overcome (BLO), which are
scored when a barrier to locomotion earlier in the story is
overcome. They are scored positive or negative depending

on whether or not the barrier to locomotion earlier in the story was positive or negative. The last category is satisfaction (S), which is judged by an indication of benefit, whether actual or expected, caused by the therapist or the relationship with the therapist. Indications of benefit are scored as positive (S) while indications of loss of benefit attributed to the relationship with the therapist or caused by the therapist are scored as negative (S-).

For the CRS, the adjectives which are listed in Table 3, are those characterizing male clients who terminate therapy prematurely and those who remain in therapy (Heilbrun and Sullivan, 1962). CRS scores correlate with the total number of adjectives checked as self-characteristic (r=-.20 for males). The raw score to T-score conversion tables for the CRS are found in Table 4.

To illustrate the use of these tables, a male client checks 100 adjectives on the Adjective Check List (ACL) and obtains a raw score of 3 on the CRS. Entering the third quartile range (96-121 adjectives checked) column, a raw score of 3 converts to a T equivalent of 70. The CRS's S.D. is set at 10 and the mean at T=50. Thus this client's score is two standard deviations above the mean; he would represent a relatively high degree of counseling readiness.

TABLE 3

ACL ADJECTIVES CHARACTERIZING MALE CLIENTS
WHO TERMINATE PREMATURELY AND THOSE WHO
REMAIN IN THERAPY (Heilbrun
and Sullivan, 1962)

STAY		DROP	
Awkward	Rigid	Active	Enthusiastic
Cautious	Self-seeking	Adventurous	Headstrong
Cold	Sensitive	Affectionate	Humorous
Commonplace	Shy	Ambitious	Initiative
Complicated	Silent	Boastful	Jolly
Dull	Slow	Capable	Original
Fussy	Soft-hearted	Cheerful	Robust
Inhibited	Spineless	Clever	Sociable
Meek	Submissive	Confident	Spontaneous
Moderate	Timid	Courageous	Strong
Peculiar	Unrealistic	Determined	Tempermental
Quiet	Withdrawn	Egotistical	Tough
		Emotional	Uninhibited
		Energetic	Witty

TABLE 4

MALE RAW TO T-SCORE CONVERSION TABLES
AND COLLEGE NORMS FOR THE CRS
(Heilbrun and Sullivan, 1962)

| | Total Number Adjectives Checked | | | |
Raw Score	(1-75) 1st Quartile	(76-95) 2nd Quartile	(96-121) 3rd Quartile	(122-300) 4th Quartile
24	107	107	106	99
23	105	105	104	98
22	103	103	102	96
21	101	102	101	95
20	99	100	99	94
19	97	98	97	92
18	95	96	96	91
17	93	94	94	89
16	91	92	92	88
15	89	90	90	86
14	87	88	89	85
13	85	86	87	83
12	83	84	85	82
11	81	82	84	80
10	79	80	82	79
9	77	78	80	78
8	75	76	78	76
7	73	75	77	75
6	71	73	75	73
5	69	71	73	72
4	67	69	71	70
3	65	67	70	69
2	63	65	68	67
1	61	63	66	66
0	59	61	65	65
-1	57	59	63	63
-2	55	57	61	62
-3	53	55	59	60
-4	51	53	58	59
-5	49	51	56	57
-6	47	49	54	56
-7	45	48	53	54
-8	43	46	51	53
-9	41	44	49	51
-10	39	42	47	50
-11	37	40	46	49
-12	35	38	44	47
-13	33	36	42	46
-14	31	34	41	44
-15	29	32	39	43
-16	27	30	37	41

TABLE 4 (cont'd)

-17			
-18	25	28	
-19	23	26	35	40
-20	21	24	34	38
-21	19	22	32	37
-22	17	20	30	36
-23	14	19	28	34
-24	12	17	27	33
-25	10	15	25	31
-26	8	13	23	30
-27	6	11	22	28
-28	4	9	20	27
	2	7	18	25
			16	24

ANALYSIS OF DATA

CHAPTER X

RESULTS

At Andrews University 119 subjects participated in
this study. Of that number, 14 subjects were from foreign
countries and were eliminated from the analyzed data. In
addition, 9 American Black subjects participated. They were
also eliminated from the analyzed data. Thus, from Andrews
University, 96 questionnaires were analyzed. The subjects
were Caucasian.

At Oakwood College 95 Black students participated in
the study. This included 2 non-Seventh-day Adventist
students and 9 foreign students from Africa and the West
Indies. These 11 student questionnaires were not included
in the analyzed data. Therefore, Oakwood College had an
N of 84.

Reliability of the Picture
Impressions Test (PIT)

Because of the projective nature of the PIT, 68
records were scored independently by two raters. The follow-
ing criteria were used in determining the scoring reliability:
(1) Agreement on interpretation of attracted or not
attracted; (2) Agreement on number of stories with a score;
and (3) Agreement on the total score. The agreement between

the two raters on the 68 records scored was 95.5% agreement on interpretation of attracted or not attracted, 94.12% agreement on the number of stories with a score, and 82.35% agreement on the total score.

PIT and CRS Relationship

The Point-Biserial Correlation was the statistic used to study the relationship between scores on the PIT and the Counseling Readiness Scale (CRS). The PIT ratings (attracted or not attracted) are considered to be a dichotomous variable. The CRS scores are considered to be a continuous variable. A Point-Biserial Correlation assumes that one variable is dichotomous and the other is continuous.

Table 5 shows the Point-Biserial correlations between PIT and CRS scores for the Andrews population sample, the Oakwood population sample, and a combination of Andrews and Oakwood populations.

TABLE 5

POINT BISERIAL CORRELATIONS BETWEEN PIT
SCORES AND CRS SCORES FOR
COLLEGE STUDENT SAMPLE

School	rPIT,CRS
Andrews University Population	.02
Oakwood College Population	.00
Andrews and Oakwood Populations	.01

This data indicates that therapy attraction as measured by the PIT and readiness for counseling as measured
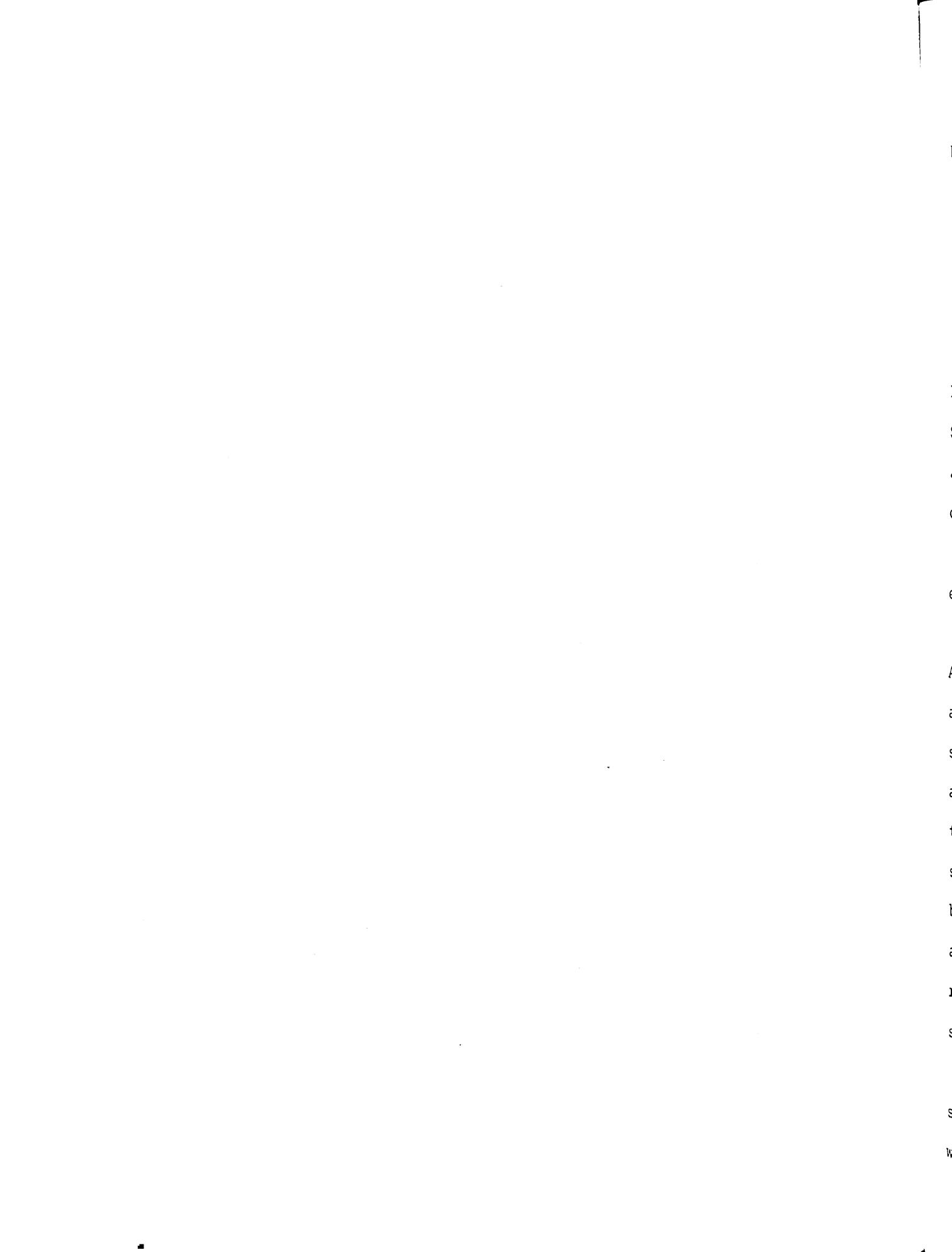
by the CRS were not statistically related. Thus, Hypothesis I was rejected.

Religious Attitudes and
Therapy Attraction

The Point-Biserial Correlation was used to study the relationship between religious attitudes as measured by the Religious Belief Scale (RBS), the Religious World Views Scale (RWVS), and the Religious Ethnocentrism Scale (RES) and therapy attraction (PIT). The religious scales were continuous scores measuring strength of religious beliefs (RBS), religious fundamentalism (RWVS), and religious ethnocentrism (RES).

The Point-Biserial Correlations were computed for the Andrews population sample, the Oakwood population sample and a combination of Andrews and Oakwood populations. Table 6 shows the correlations between PIT and the RBS, the RWVS, and the RES for the Andrews sample, the Oakwood sample, and the Andrews and Oakwood sample combined. The correlations show that for the Oakwood sample, strength of religious beliefs (RBS) and strength of religious ethnocentrism (RES) are negatively related to therapy attraction (PIT). The remaining correlations indicate no relationship between PIT scores and RES, RWVS, and RES scores.

The Fisher Zr transformation was used to test the significance of the differences between Andrews' and Oakwood's Point Biserial Correlation Coefficients between the

TABLE 6

POINT BISERIAL CORRELATIONS BETWEEN PIT
SCORES AND RBS, RWVS, AND RES SCORES
FOR THE ANDREWS SAMPLE, THE OAKWOOD
SAMPLE, AND THE ANDREWS AND OAKWOOD
SAMPLE COMBINED

	Andrews PITrpb	Oakwood PITrpb	Oakwood & Andrews PITrpb
RBS	.06	-.20*	-.06
RWVS	.07	-.09	-.02
RES	.09	-.22*	-.05

*p < .01

TABLE 7

SIGNIFICANCE OF THE DIFFERENCE BETWEEN THE
ANDREWS SAMPLE AND THE OAKWOOD SAMPLE POINT
BISERIAL CORRELATIONS BETWEEN PIT SCORES
AND RBS, RWVS, AND RES SCORES

	r,Andrews, Oakwood	Zr
PIT, RBS	.06, - .20	1.731*
PIT, RWVS	.07, - .09	1.057
PIT, RES	.09, - .22	2.075**

*p < .05
**p < .01

PIT and the RBS, and RWVS, and the RES. Table 7 shows the
coefficients that were significantly different.

Religious Attitudes and
Counseling Readiness

The Pearson r was computed to study the relationship between counseling readiness (CRS) and religious attitudes (RBS, RWVS, and RES). These scales were analyzed for the Andrews sample, the Oakwood sample, and the Andrews and Oakwood samples combined. Table 8 shows the Pearson r between the CRS and the RBS, the RWVS, and the RES for the Andrews sample, the Oakwood sample, and the Andrews and Oakwood samples combined.

These correlations indicate that counseling readiness as measured by the CRS and strength of religious attitudes as measured by the RBS, the RWVS, and the RES were not statistically related. Therefore, Hypothesis III was rejected.

TABLE 8

PEARSON CORRELATIONS BETWEEN CRS SCORES
AND RBS, RWVS, AND RES SCORES FOR THE
ANDREWS SAMPLE, THE OAKWOOD SAMPLE,
AND THE ANDREWS AND OAKWOOD SAMPLES
COMBINED

	Andrews CRSr	Oakwood CRSr	Oakwood & Andrews CRSr
RBS	.05	.01	-.02
RWVS	.16	-.04	.07
RES	.06	-.16	-.03

The Fisher Zr transformation was used to test whether the Pearson r for the Andrews sample was significantly different from the Pearson r for the Oakwood sample. Table 9 indicates that the differences were significant for the coefficients between the CRS and the RWVS and between the CRS and the RES.

TABLE 9

SIGNIFICANCE OF THE DIFFERENCE BETWEEN THE
ANDREWS SAMPLE AND THE OAKWOOD SAMPLE
PEARSON CORRELATIONS BETWEEN THE CRS
AND THE RBS, THE RWVS, AND THE RES

	r,Andrews, Oakwood	Zr
CRS, RBS	.05, .01	.264
CRS, RWVS	.16, - .04	1.328*
CRS, RES	.06, - .16	1.461*

*p < .05

PIT Relationship Between Andrews and Oakwood

The researcher believed that the Black subjects from Oakwood College and the White subjects from Andrews University would not differ in their attraction to therapy (PIT). The Chi-square test of significance was used to study this relationship.

Table 10 shows the relationship between attraction to therapy scores for Andrews and Oakwood student samples. Differences between the two samples were not significant.

TABLE 10

RELATIONSHIP OF PIT INTERPRETATION
FOR COLLEGE STUDENT SAMPLE

| School | PIT Interpretation | |
	Attracted	Not Attracted
Andrews University Population	27	69
Oakwood College Population	31	53
		$x^2 - 1.581$

CRS Relationship Between
Andrews and Oakwood

The researcher also believed that the two samples would not differ in their readiness for counseling (CRS). Table 11 presents the results for the Andrews sample and Oakwood sample scores of the CRS compared. As suggested, no significant differences were found.

TABLE 11

RELATIONSHIP OF CRS'S MEANS FOR
COLLEGE STUDENT SAMPLE

School	CRS Mean	S.D.
Andrews University Population	49.35	9.51
Oakwood College Population	48.72	8.17
		t = .469

Comparisons Between PIT Card I
and PIT Card V

The standard PIT was modified in the study. The subjects at Andrews viewed the standard PIT which included cards I, II, III, IV. After viewing the standard PIT cards, they were shown a redrawing of PIT card I, in which the therapist was a Black man. This card was labeled card V. The subjects at Oakwood viewed modified PIT cards I, II, III, IV in which the therapist was a Black man. They were then shown the PIT Card I, in which the therapist was White. The researcher compared therapy attraction to card I and therapy attraction to card V for subjects at both schools. The Chi-square test of significance was used to study this relationship.

Tables 12 and 13 indicate the relationship between card I and card V for the Andrews sample and for the Oakwood sample. The data show that there is a statistical relationship between therapy attraction as measured by PIT card I and PIT card V for the Andrews and Oakwood samples.

TABLE 12

COMPARISON BETWEEN PIT
CARD I AND PIT CARD V,
ANDREWS STUDENT SAMPLE

| | | PIT Card I | |
		Attracted	Not Attracted
PIT	Attracted	5	12
Card V	Not Attracted	8	71
			$x^2 = 4.444*$

*$p < .05$

TABLE 13

COMPARISON BETWEEN PIT
CARD I AND PIT CARD V,
OAKWOOD STUDENT SAMPLE

| | | PIT Card I | |
		Attracted	Not Attracted
PIT	Attracted	7	10
Card V	Not Attracted	8	59
			$x^2 = 7.901*$

*$p < .01$

CONCLUSIONS, SUMMARY, AND RECOMMENDATIONS

CHAPTER XI

DISCUSSION

It was hypothesized that the Picture Impression Test
(PIT) and the Counseling Readiness Scale (CRS) tap different,
but related aspects of attraction to a therapeutic relation
ship. This study found the PIT and CRS to be unrelated
statistically (r = .01), suggesting therefore that attraction
toward a therapeutic relationship and actually remaining in
a therapeutic relationship are independent variables. It
would appear that the PIT and the CRS measure different
aspects of the client therapist-relationship.

It was assumed that the White Seventh-day Adventist
subjects from Andrews University as well as the Black
Seventh-day Adventist subjects from Oakwood College would
both have a strong fundamental religious belief system. This
assumption was based on the subjects' membership in a Seventh-
day Adventist church and the guidelines previously mentioned
for maintaining membership in a Seventh-day Adventist church.
To briefly summarize, possessing a Seventh-day Adventist
church membership strongly suggests that the individual's
life is being lived in agreement with the fundamental
teachings of the Bible as interpreted by the Church. This
assumption was supported in this study.

It can be noted that the Religious Belief Scale (RBS) had a possible score range from 24 to 144, with the lowest score (24) representing the strongest religious beliefs the scale could reflect. The sample population had a mean score of 51 on the RBS. This suggests that the sample population agreed with practically every positively worded religious statement and disagreed with practically every negatively worded religious statement.

The possible range for the Religious World Views Scale (RWVS) was 25 to 150. The population mean score was 50. As on the RBS, the subjects expressed a very positive accept ance of the pro-religious statements.

The range of scores for the Religious Ethnocentrism Scale (RES) was 12 to 72. The mean score was 28. This implies that the subjects expressed a qualified positive acceptance of the religious ethnocentricism statements (see Table 17).

The results indicated that although the Andrews subjects' religious attitude was strongly fundamental, they did not express negative attitudes toward therapy or counsel ing readiness as hypothesized. Instead, their attitude toward therapy and counseling readiness could be described as independent of their religious beliefs. Similar results were found for the Oakwood subjects when examining their religious attitudes as related to counseling readiness. However, among the Oakwood subjects, there was a small, but significantly

negative relationship, as hypothesized, between therapy

attraction and two of the religious scales: the RBS and

the RES. Therefore, among the Oakwood subjects, fundamental

religious beliefs and being religiously ethnocentric was

negatively related to therapy attraction.

In addition to the obvious racial differences between

the two groups of Seventh-day Adventist subjects the popula-

tions also differed on the following: school attended,

educational level of parents and family yearly income. This

data was obtained from a biographical sheet attached to the

testing materials (see Appendix C). The Oakwood sample came

from families on a lower socioeconomic level than the Andrews

sample. The socioeconomic differences may have contributed

to the difference between the relationships of therapy

attraction (PIT) and religious beliefs (RBS) and religious

ethnocentricism (RES) for the Andrews and the Oakwood sample.

Studies relating socioeconomic level and psychotherapy

suggest that a social class difference between therapist and

client may be a relevant factor in the psychotherapy process.

The great majority of professionals in the mental health

field are white and middle-or upper—class. The Oakwood

subjects may have viewed the therapists projected on the PIT

cards to be of a social class different from their own.

It should be remembered, however, that most of the

subjects in this study, regardless of socioeconomic and

racial variables, were not especially attracted to a therapeutic

relationship. In general, they were not interested in psychotherapy.

There were no statistical differences between the Oakwood subjects and the Andrews subjects on the religious scales. The researcher believes this to be due to the subjects' commitment to Seventh-day Adventist beliefs. Because of the procedures for admittance into the Seventh-day Adventist church, the organizational structure, the training program for the ministers, and the Scriptural basis for all the beliefs, a high degree of agreement was expected and found between the two groups of subjects on the religious scales. Schwartz's (1970) research also substantiates these conclusions.

Schwartz (1970) examined the religious ideology of Seventh-day Adventists. Schwartz is not affiliated with the Seventh-day Adventist church. He looked at both the social roots of Seventh-day Adventists and the impact of this commitment upon the member's daily life. The study was based upon official church writings, sermons and Sabbath school talks given in the group studied, and informal discussions with church members. Concerning his sources, Schwartz (1970) stated:

> The agreement between these sources is striking; in almost every instance I found the opinions expressed in each complementary (p. 94).

> Seventh-day Adventists allow for a certain amount of latitude in the interpretation of some of their teachings. These areas of nonheretical disagreement

are carefully established; the boundaries of
acceptable theological dissent are explicit. . .
Any member who questioned the truth of major
theological or ethical teachings would be forced
to leave the movement. . . Seventh-day Adventists,
then, have a tradition of unwavering consenses on
fundamental doctrines (pp. 94 95).

The present investigator was also interested in
determining whether subjects would be more attracted to a
therapist of the same race as the subject. The statistics
indicated that the two groups did not differ in their
attraction to a Black therapist and their attraction to a
White therapist. This would imply that the subjects' attrac-
tion to therapy was independent of the race of the therapist.
However, as previously noted, it is difficult to draw con-
clusive generalizations because a large majority of the
subjects were not attracted to psychotherapy (PIT) at all.

Numerically, more subjects were attracted to PIT
card V, when compared to attraction to PIT card I. It was
felt by the researcher that the order of card presentation
probably contributed to greater attraction to a different
race therapist (PIT card V). PIT card I, which pictured a
White therapist to the White subjects and a Black therapist
to the Black subjects, was the first card shown. Prior to
seeing PIT card I, the subjects had received only the PIT
instructions. PIT cards III and IV were the third and fourth
pictures shown. They are highly suggestive of a medical or
clinical setting. PIT card V followed. It was felt that the
variable of card sequence and not the race of the therapist

was responsible for the greater attraction to PIT card V
when compared to PIT card I. · The halo effect described
might be reduced by changing the order of card presentation.
For example, the subjects could be randomly divided into two
groups. Group A would view the PIT cards in the following
order: PIT card V, I, II, III, and IV. Group B would view
the PIT cards in the order used in this study: PIT cards
I, II, III, IV, and V. The researcher could look for differ-
ences between Group A's and Group B's attraction to PIT
cards I and V. Differences between groups would support the
idea of greater attraction to Card V being the result of a
halo effect of seeing that card last.

Recommendations for Further Research

The researcher feels that this study does contribute
to the understanding of the therapeutic relationship. It is
hoped that this study will be used as a stepping stone for
other related studies. The following are suggestions which
would improve this study and/or add to the understanding of
the relationship between fundamental beliefs and psychotherapy.

The subjects in this study were generally homogeneous
in religious beliefs. The addition of a measure of adjustment
to the test battery is recommended. This measure would
probably provide more heterogeneous data. Correlations
between strength of adjustment and psychotherapy attraction
could be made.

It was suggested in this paper that the religious values of the therapist would influence the subjects' attraction toward psychotherapy. This variable was not examined. It is recommended that a comparative study be made using a therapy attraction measure which would differentiate between a religious and a non religious therapist. This would facilitate an increased understanding of the relationship between the fundamentalist and the psychotherapist.

The subjects' participation in this study was solicited while they attended their academic classes. Should this study be replicated, students at the school counseling center could be used. These students would be actively seeking help.

The participates were male college students. Therefore, the results can be generalized only to a similar college population. This is a small segment of Seventh-day Adventists as well as fundamentalists. The use of older and less educated Seventh-day Adventists subjects would provide a sample which represent a larger population. The use of female subjects would also provide additional information. Males and females differ significantly in their attraction to psychotherapy. Generally, females are more attracted to psychotherapy than males. A sample including males and females should analyze the sex variable separately.

This study should be replicated using subjects from other fundamental denominations. The study could include

some of the recommendations given above. The results would provide additional understanding of the relationship between fundamental beliefs and psychotherapy. The data would be more generalizable to fundamentalists than the results of this study.

In general this study suggests that more research is needed in order to fully understand the relationships between fundamental beliefs and other social attitudes including attitudes toward psychotherapy.

CHAPTER XII

SUMMARY

Attitudes toward client therapist attraction and counseling readiness were studied in relationship to religious ethnocentrism and strength of religious beliefs as held by Seventh-day Adventist college students.

To measure client-therapist attraction, Libo's Picture Impressions Test was used. Heilbrun's and Sullivan's Counseling Readiness Scale which consist of 300 self-descriptive adjectives was used to measure counseling readiness. This scale was developed to identify clients who would remain in or prematurely leave a counseling relationship. The scales which measured strength of religious beliefs, religious ethnocentrism, and religious fundamentalism were respectively the Phillips' Religious Belief Scale, Phillips' Religious Ethnocentrism Scale, and McLean's Religious World Views Scale. These three scales used a six-point Likert format.

The subjects were 180 Seventh-day Adventist males who volunteered to participate in this study from an announcement made in their classes. Ninety-four were White and attended Andrews University, and the remaining 84 subjects were Black and attended Oakwood College. Both schools are operated by the Seventh-day Adventist church which is a fundamentalistic denomination.

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Based on a review of the relevant literature, three major hypotheses were tested: (1) Strength of client-therapist attraction is related to strength of counseling readiness; (2) Strength of client-therapist attraction is negatively related to strength of pro-religious attitudes; (3) Strength of counseling readiness is negatively related to strength of pro-religious attitudes.

Results indicated lack of support for hypotheses one and three. There was some support for hypothesis two among the Oakwood sample. Client-therapist attraction was negatively related to fundamental religious attitudes as measured by two scales (Religious Belief Scale and Religious Ethnocentrism Scale). The Oakwood sample and Andrews sample did not differ in their attraction to and readiness for a therapeutic relationship. Also, race did not emerge as a significant variable related to therapy attraction.

In general, the hypotheses were not supported in this study. The lack of support for the first hypothesis suggested that client-therapist attraction may be independent of counseling readiness. The general lack of support for the second and third hypotheses may have been due to the fact that the subjects wished to convey a picture of psychological well-being. Most of the subjects were not attracted to, nor did they exhibit readiness for a client-therapist relationship. Suggestions were given which might be used were this study to be replicated.

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APPENDICES

BASIC BELIEFS OF SEVENTH-DAY ADVENTISTS

PART I: Scriptural Basis for the Seventh-day Sabbath

Making of the Sabbath

John 1:1-3, 10, 14; Genesis 2:1-3; Exodus 20:8-11; Mark 2:27; Isaiah 66:22, 23; Isaiah 58:13.

Sabbath in the Old Testament

Numbers 15:30-36; Ezekiel 20:10-12; Jeremiah 17:21-27.

Sabbath in the New Testament

Luke 4:16; Matthew 24:20; 28:1; Luke 23:56; Acts 13:14, 42; 16:13; Acts 18:3, 4, 11.

The First Day in the New Testament

The first day is mentioned eight times in the New Testament, but at no time is it called the Sabbath. Matthew 28:1; Mark 16:1, 2, 9; Luke 24:1; John 20:1, 19; Acts 20:7; 1 Corinthians 16:2.

The Change of the Sabbath

The earliest recognition of the observance of Sunday as a legal duty is a constitution of Constantine in 321 A.D., enacting that all courts of justice, inhabitants of towns and workshops were to be at rest on Sunday, with an exception of those engaged in agricultural labor (Encyclopaedia Britannica, 11th ed., p. 359).

Christ did not Change the Sabbath

Matthew 5:17, 18.

The Apostles did not Change the Sabbath

Acts 13:14, 42, 44; 17:1-3; 18:4.

God knew that a power would arise that would claim the right to change its law. Daniel 7:25; "A time and times, and the dividing of time" is also mentioned in Revelation 12:14 and is interpreted in Revelation 12:6 to be "a thousand two hundred and three score days." Applying the rule of interpretation that a day in prophetic time stands for one year (Ezekiel 4:6), this power was to endure for 1260 years. The Papacy fits every part of this prophecy. She arose to supremacy in A.D. 538 and remained supreme for 1260 years until in 1798 when the Pope was taken prisoner by General Berthier.

Papal Powers Acknowledge Changing the Sabbath

"The pope is of so great authority and power that he can modify, explain, or interpret even divine laws. . . The pope can modify divine law, since his power is not of man, but of God, and he acts as vicegerent of God upon earth." Translated from Lucious Ferraris, *Prompta Bibliotheca* (Ready Library), "Papa," art 2. "By the very act of changing the Sabbath into Sunday, which Protestants allow of; and therefore they fondly contradict themselves, by keeping Sunday strictly, and breaking most other feasts commanded by the same church"--Henry Tuberville, An Abridgment of the *Christ Doctrine* (1833), p. 58; Daniel Ferris, *Manual of Christian Doctrines,* (1916), p. 67.

"Had she (the Catholic church) not such power, she could not have done that in which all modern religionists agree with her; . . . she could not have substituted the observance of Sunday the first day of the week, for the observance of Saturday the seventh day, a change for which there is no Scriptural authority."--Stephen Keenan, A Doctrinal Catechism (3rd Ed.) p. 174.

"The Catholic Church. . . by virtue of her divine mission, changed the day from Saturday to Sunday."--The Catholic Mirror, official organ of Cardinal Gibbons, Sept. 23, 1893.

"We observe Sunday instead of Saturday because the Catholic Church transferred the solemnity from Saturday to Sunday."--Peter Geiermann, The Convert's Catechism of Catholic Doctrine (1946 ed.), p. 50. (Bible Readings for the Home, p. 323).

"You may read the Bible from Genesis to Revelation, and you will not find a single line authorizing the sanctification of Sunday. The Scriptures enforce the religious observance of Saturday, a day which we never sanctify."

James Cardinal Gibbons, The Faith of Our Fathers (1917 ed.) p. 72, 73.

"Nowhere in the Bible is it stated that worship should be changed from Saturday to Sunday. The fact is that the Church was in existence for several centuries before the

Bible was given to the world. The Church made the Bible, the Bible did not make the Church.

"Now the Church. . . instituted, by God's authority, Sunday as the day or worship. This same Church, by the divine authority, taught the doctrine of Purgatory long before the Bible was made. We have, therefore, the same authority for Purgatory as we have for Sunday." Martin L. Scott, Things Catholics Are Asked About (1927), p. 136.

"Some theologians have held that God likewise directly determined the Sunday as the day of worship in the New Law, that He Himself has explicitly substituted the Sunday for the Sabbath. But this theory is now entirely abandoned. It is now commonly held that God simply gave His Church the power to set aside whatever day or days, she would deem suitable as Holy Days. The Church chose Sunday, the first day of the week, and in the course of time added other days, as holy days."--Vincent J. Kelly, Forbidden Sunday and Feast-Day Occupations (1943) p. 2.

Protestant writers acknowledge no Bible command for the sanctification of Sunday:

"The Lord's day was merely of ecclesiastical institution. It was not introduced by virtue of the fourth commandment." Jeremy Taylor (Church of England), Dutor Dubitantium, Part 1, Book 2, Chapter 2, rule 6, secs. 51, 59, (1850), Vol. 9, pp. 458, 464.

"The Lord's Day is not sanctified by any specific command or by any inevitable inference. In all the New Testament there is not hint or suggestion of a legal obligation binding any man, whether saint or sinner, to observe the Day. Its sanctity arises only out of what it means to the true believer."--J. J. Taylor (Baptist), The Sabbathic Question, p. 72.

"And where are we told in the Scriptures that we are to keep the first day at all? We are commanded to keep the seventh; but we are nowhere commanded to keep the first day. . . The reasons why we keep the first day of the week holy instead of the seventh is for the same reason that we observe many other things, not because the Bible, but because the Church has enjoined it." Isaac Williams (Anglican), Plain Sermons on the Catechism, Vol. 1, pp. 334-336.

PART II. Scriptural Basis for Events
Surrounding Christ's Return

TABLE 14

EVENTS SURROUNDING CHRIST'S RETURN

The First Resurrection	The Millennium	The Second Resurrection
Christ's second coming. Closing period of present age.	1000 years between the two ressurrections.	Christ descends from heaven with the saints.
Righteous dead raised. Righteous living changed.	Righteous reign with Christ in heaven.	Descending of the new Jerusalem.
Righteous gathered to heaven.	Satan is bound.	Wicked dead raised.
Wicked dead undisturbed.	The earth is desolate.	Wicked destroyed.
		Earth made new.
		The establishment of Christ's everlasting kingdom.

Christ's Return Predicted

Matthew 16:27; 24:30, 36-39; 26:64; Revelation 22:7, 12, 20; 1 Thessalonians 4:16; 2 Timothy 4:8; Hebrews 9:28; 1 Peter 1:7, 13; 5:4; 2 Peter 1:16; James 5:7, 8; 1 John 2:28; 3:2; Revelation 1:7; Psalm 50:3-5; Isaiah 25:8-10; 34:5, 9, 10; 66:15, 16.

Manner of the Second Advent

Matthew 24:27, 30; Revelation 1:7; Acts 1:9-11; John 14:3; Luke 9:26.

Experience of the Righteous

1 Thessalonians 4:13-17; Revelation 20:6; 1 Corinthians
15:22, 23, 51-57; Revelation 20:4; 1 Corinthians 6:1-3;
Matthew 25:34; 1 Corinthians 13:12; Revelation 3:12; 7:14-17;
21:3.

Experience of the Wicked

Matthew 25:31-46; 2 Thessalonians 1:7, 8; Revelation
6:14-17; 11:18; Jeremiah 25:31-33; Revelation 20:5, 8, 9;
Malachi 4:1, 3; 2 Thessalonians 1:6-9; 2 Peter 3:10-12.

The Millennium

Revelation 20:1-9.

A New Earth Created

2 Peter 3:10-14; Revelation 21:1-27; Isaiah 65:17-25;
66:22, 23.

PART III: Scriptural Basis for the
Paying of Tithe and Offerings

Tithe

Leviticus 27:30, 32; Malachi 3:8-12; Matthew 23:23; 1 Corinthians 9:9-14; Genesis 28:20-22; Numbers 18:21, 24; Hebrews 7:1-6, 14-17.

Offerings

Psalm 96:8; Mark 12:41-44; Acts 20:35; 1 Corinthians 16:2; 2 Corinthians 8:12; 9:6-15.

PART IV: Scriptural Basis
for Healthful Living

Body Temple of God and
Purchased Possession of Christ

1 Corinthians 6:19, 20; 3:16; Romans 12:1, 2;

2 Corinthians 6:16.

Guide to Eating

3 John 2; 1 Corinthians 10:31; Genesis 1:29; 3:18,

9:1-4; Deuteronomy 14; Leviticus 11; Isaiah 66:15-17.

Guide to Drinking

Proverbs 20:1; 23:20, 29-32; 21:17; Galatians

5:19-22; Hosea 4:11; Isaiah 24:9; 28:7; 5:22; 1 Corinthians

6:9, 10; 10:31; Luke 21:34; Leviticus 10:8, 9; Habakkuk

2:15; Ephesians 5:18; Judges 13:4.

Guide in Every Day Living

Proverbs 17:22; Philippians 4:8; Matthew 7:12;

2 Corinthians 6:14; Matthew 19:4-9; 5:32; 1 Timothy 2:9;

1 Peter 3:3, 4.

PART V: Consistency of Religious
Beliefs and Practices

The Seventh-day Adventist Church Manual, which

establishes well-defined rules for both ministry and laity

world wide, states:

> Everyone who applies for admittance to the Church. . .
> should be faithfully taught. . . the principles for
> which the church stands. Thorough instructions in
> the fundamental teachings of the church should be
> given to every candidate for church membership before
> he is baptized and received into church fellowship
> (p. 49).

> If a member falls into sin, sincere efforts must be
> made to reclaim him. . . When grievous sins are
> involved disciplinary measures must be taken
> (p. 231-232).

> This is done by: (1) A vote of censure; (2) A vote
> of disfellowship.

> Among the grievous sins for which members shall be
> subject to church discipline are the following:

> 1. Denial of faith in the fundamentals of the
>   gospel and in the cardinal doctrines of the
>   church or teaching doctrines contrary to the
>   same.

> 2. Open violation of the law of God, such as
>   worship of idols, murder, adultery, fornica-
>   tion and various perversions, stealing,
>   profanity, gambling, Sabbath breaking, willful
>   and habitual falsehood and the remarriage of a
>   divorced person, except of the innocent party
>   in a divorce for adultery.

> 3. Fraud or willful misrepresentation in business.

> 4. Disorderly conduct which bring reproach upon
>   the cause.

> 5. Adhering to or taking part in a divisive or
>   disloyal movement or organization or persistent
>   refusal to recognize properly constituted
>   church authority or to submit to the order and
>   discipline of the church.

6. The use, manufacture, or sale of alcoholic beverages.

7. The use of tobacco or addiction to narcotic drugs. (pp. 234-235).

PART VI: A Sample of Quotations from

Mrs. Ellen G. White on the

Subject of Mental Health

To deal with minds is the nicest work in which men ever engaged. Testimonies for the Church, Vol. 3, p. 269.

It is the duty of every Christian to acquire habits of order, thoroughness and dispatch. Christ's Object Lessons, p. 344.

The cultivated mind is the measure of the man. Your education should continue during your lifetime; everyday you should be learning and putting to practical use the knowledge gained. Ministry of Healing.

In order to lead souls to Jesus there must be a knowledge of human nature and a study of the human mind. Testimonies for the Church, Vol. 4, p. 67.

The true principles of psychology are found in the Holy Scriptures. Manuscript 121, 1902.

God takes men as they are, and educates them for his service, if they will yield themselves to Him. The Spirit of God, received into the soul quickens all its faculties. Under the guidance of the Holy Spirit, the mind that is devoted unreservedly to God, develops harmoniously and is strengthened to comprehend and fulfill the requirements of God. Gospel Workers, pp. 285-286.

The influence of the mind on the body, as well as of the body on the mind should be emphasized. The electric power of the brain, promoted by mental activity, vitalizes the whole system, and is thus an invaluable aid in resisting disease. This should be made plain. The power of the will and the importance of self control, both in the preservation and in the recovery of health, and the depressing and even ruinous effect of anger, discontent, selfishness, or impurity and on the other hand, the marvelous life-giving power to be found in cheerfulness, unselfishness, gratitude, should also be known. Education, p. 197.

Satan takes control of every mind that is not decidedly under the control of the Spirit of God. Testimonies to Ministers, p. 79.

Labor is a blessing. It is impossible for us to enjoy
health without labor. All the faculties should be
called into use that they may be properly developed
and that men and women may have well-balanced minds.
Testimonies for the Church, Vol. 3, pp. 154-155.

Satan is continually seeking to influence human minds
by his subtle arts. Our High Calling, p. 210.

Satan's plans and devices are soliciting us on every
hand. We should ever remember that he comes to us
in disguise, covering his motives and the character
of his temptations. Our High Calling, p. 88.

In these days when skepticism and infidelity so often
appear in a scientific garb, we need to be guarded on
every hand. Through this means our great adversary
is deceiving thousands, and leading them captive
according to his will. The advantage he takes of the
sciences which pertain to the human mind, is tremendous.
Here, serpent-like, he imperceptibly creeps into
corrupt the work of God.

This entering in of Satan through the sciences is
well devised. Through the channel of phrenology and
mesimerism, he comes more directly to the people of
this generation and works with that power which is to
characterize his efforts near the end of probation.
The minds of thousands have thus been poisoned and
led into infidelity. Selected Messages, Book 2,
pp. 351-352.

The influence of mind on mind, so strong a power for
good when sanctified, is equally strong for evil in
the hands of those opposed to God. SDA Bible Commen-
tary, Vol. 7, p. 973.

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The cultivated mind is the measure of the man. Your education should continue during your life-time; everyday you should be learning and putting to practical use the knowledge gained. *Ministry of Healing*.

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APPENDIX B

TABLES

TABLE 15

PIT ATTRACTION PERCENTAGES
FOR COLLEGE STUDENT SAMPLE

School	Attracted	Not Attracted
Andrews University Population	28%	72%
Oakwood College Population	37%	63%
Andrews and Oakwood Population	32%	68%

TABLE 16

CRS'S MEAN'S FOR COLLEGE
STUDENT SAMPLE*

School	CRS Mean
Andrews University Population	49.35
Oakwood College Population	48.72
Andrews and Oakwood Population	49.05

*Subjects with mean scores lower than 59 were considered not
ready for counseling.

TABLE 17

MEAN SCORES OF THE RBS, RWVS, AND RES
FOR THE COLLEGE STUDENT
SAMPLE COMBINED

	Mean Scores
RBS	51
RWVS	50
RES	28

TABLE 18

COMPARISON BETWEEN ANDREWS STUDENT
SAMPLE AND OAKWOOD STUDENT SAMPLE
OF FAMILY INCOMES

Income	Andrews	Oakwood
$3,000 or less	10%	24%
$3,001 to $8,000	17%	30%
$8,001 to $11,000	15%	15%
$11,001 and over	58%	31%

TABLE 19

COMPARISON BETWEEN ANDREWS STUDENT
SAMPLE AND OAKWOOD STUDENT SAMPLE
OF PARENTS' EDUCATIONAL LEVELS

Education	Andrews		Oakwood	
	Father	Mother	Father	Mother
9 years or less	16%	8%	30%	25%
12 years of less	21%	25%	33%	29%
Some college	16%	38%	11%	22%
College degree or higher	47%	29%	26%	24%

RESEARCH BOOKLET

PICTURE 1

1. What is happening? Who is involved?

2. What led up to this? What happened before?

3. What is being thought or felt? What is wanted?

4. What will happen? What will be done?

1. What is happening? Who is involved?

2. What led up to this? What happened before?

3. What is being thought or felt? What is wanted?

4. What will happen? What will be done?

PICTURE III

1. What is happening? Who is involved?

2. What led up to this? What happened before?

3. What is being thought or felt? What is wanted?

4. What will happen? What will be done?

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PICTURE IV

1. What is happening? Who is involved?

2. What led up to this? What happened before?

3. What is being thought or felt? What is wanted?

4. What will happen? What will be done?

PICTURE I

1. What is happening? Who is involved?

2. What led up to this? What happened before?

3. What is being thought or felt? What is wanted?

4. What will happen? What will be done?

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RELIGIOUS ATTITUDE SCALE

The following is a study of what the general public thinks and feels about a number of important religious questions. The best answer to each statement below is your _personal_ opinion. We have tried to cover many different and opposing points of view; you may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others; whether you agree or disagree with any statement, you can be sure that many people feel the same as you do.

You should make a heavy dark line on the IBM answer sheet in the block under the response you agree with. The responses are:

1.: I agree very much   4: I disagree a little

2: I agree on the whole   5: I disagree on the whole

3: I agree a little   6: I disagree very much

Please _mark_ _everyone_. Here is a sample statement:

1. All Scripture is given by inspiration of God.

1.   1   2   3   4   [5 marked X]   6   7   8   9   10

This indicated that you "disagree on the whole" with this statement.

1. The foremost reason for church attendance should be the fellowship of friends.

2. All Scripture is given by inspiration of God.

3. A truly self-fulfilling life includes a distinct religious experience resulting in a definite deepening of religious feelings.

4. Man's history and present situation demonstrate that reliance on any divine Being for guidance is folly.

5. Personal immortality is an outmoded concept having no basis in reality.

6. Some form of religious orientation or belief is vital in order to achieve a fully mature philosophy of life.

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7. The Bible is not inspired by any Supreme Being and cannot be accepted as entirely true in any literal sense.

8. Such concepts as miracles and divinely inspired visions have little or no value.

9. Religion is little more than an opiate which drugs and deludes the masses.

10. Religion should play a key role in one's upbringing.

11. Considering the present condition of the world, it would be foolish to doubt the existence of God.

12. Christ should be regarded solely as a great teacher, not as being divine.

13. There is neither a personal Creator nor an infinite intelligent being.

14. My religious beliefs are as firm as or firmer than the beliefs of my parents.

15. One of the greatest powers available to man is the gift of prayer.

16. Man has the possibility of eternal life.

17. The conflict between science and religion is in all likelihood irreconcilable.

18. Man's primary goal in life should be his and others' personal salvation.

19. Such rituals as baptism or special annual religious celebrations have little or no real value.

20. There is an infinitely wise, omnipotent Creator of the universe and of natural laws whose protection and favor may be obtained through worship and prayer.

21. True psychological health definitely includes certain religious sentiments and needs.

22. On the whole the influence of religion is probably harmful.

23. Christ as the gospels state, should be regarded as divine--as the human incarnation of God.

7. The Bible is not inspired by any Supreme Being and cannot be accepted as entirely true in any literal sense.

8. Such concepts as miracles and divinely inspired visions have little or no value.

9. Religion is little more than an opiate which drugs and deludes the masses.

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17. The conflict between science and religion is in all likelihood irreconcilable.

18. Man's primary goal in life should be his and others' personal salvation.

19. Such rituals as baptism or special annual religious celebrations have little or no real value.

20. There is an infinitely wise, omnipotent Creator of the universe and of natural laws whose protection and favor may be obtained through worship and prayer.

21. True psychological health definitely includes certain religious sentiments and needs.

22. On the whole the influence of religion is probably natural.

23. Christ as the gospels state, should be regarded as divine--as the human incarnation of God.

24. Beyond the personal peace of mind an individual might obtain through it, prayer has little real value.

25. I believe Hell is a form of existence in a future life.

26. The writings of Plato, Aristotle, Dante, and Shakespeare are as much inspired as are the writings of Moses and Paul.

27. Belief that in the end God's purposes will be achieved tends to destroy man's sense of social responsibility.

28. The biblical story of creation is probably based on one of the early Babylonian myths.

29. Man is saved by the free gift of God's grace.

30. The work of the church could be just as effectively done by the schools and social agencies.

31. Man is ultimately responsible to God.

32. God is the great companion who shares with us the travail and tragedy of the world.

33. The chief end of man is to glorify God and enjoy him forever.

34. If I believed that any part of the Bible were unreli-able, I would no longer have confidence in its moral and spiritual teachings.

35. Jesus was born of the Virgin in a manner different from human beings.

36. The revelation of God's word in the Holy Scriptures is man's ultimate authority.

37. God is only a symbol of man's ideals.

38. We were made for fellowship with God and our hearts are restless until they rest in him.

39. The attempt to believe in a supernatural being is a sign of a person's failure to accept responsibility for his own life.

40. The biblical writers were endowed with a divine wisdom which enabled them to foretell specific events in the distant future.

41. I believe that men working and thinking together can build a just society without supernatural help.

42. Jesus walked on water and raised the dead.

43. We live in a universe indifferent to human values.

44. The four gospels, Matthew, Mark, Luke and John, contain some legendary materials.

45. I believe in God the Father Almighty, maker of heaven and earth.

46. The fall of man in the story of the Garden of Eden is a myth symbolizing the problem of good and evil in the world.

47. In general, I consider church (or synagogue) attendance a waste of time.

48. I believe in the guidance of the Holy Spirit.

49. All miracles in the Bible are true.

50. In general, it is wiser to form friends among those with similar beliefs concerning religious issues.

51. Within a certain religion are to be found the foundations for the most rewarding life.

52. Religious orientation should play little if any role in one's choice of a marriage partner.

53. If all men could be converted to God's Truth, the world would certainly be a happier place in which to live.

54. At the present time I am not in agreement with the beliefs of any one particular church.

55. Distinctions between religious denominations are out-dated and should be eliminated.

56. The true intentions of certain religious groups are definitely not to be trusted.

57. In these troublous times, a truly conscientious person, because of his religious beliefs, should consider himself separate from the rest of society in some respects.

58. Although there are minor variations among churches, any talk about one religion having substantially more truth than another is simply not true.

59. Since one's knowledge will at best remain imperfect, extensive studying of other religious beliefs would probably result in greater confusion.

60. I must admit I feel a greater bond with those of my own religious orientation than with those having different beliefs.

61. A person's religious background in no way affects my basic attitude toward him as an individual.

The following sheets contain a list of adjectives. Please read them quickly, and make a heavy dark line on the second and third IBM answer sheets. Make the mark in the first block after the number of the adjective you would consider to be self-descriptive. For example, if (11) anxious and (110) touchy are descriptive of you, on the second answer sheet you would make the following mark:

11. ☒ ☐ ☐ ☐ ☐
    1 2 3 4 5

and on the third answer sheet you would make the following mark:

110. ☒ ☐ ☐ ☐ ☐
    1 2 3 4 5

Do not worry about duplications, contradictions, and so forth. Work quickly and do not spend too much time on any one adjective. Try to be frank, and make those adjectives which describe you as you really are, and not as you would like to be.

1. absent-minded	17. assertive	33. clear-thinking
2. active	18. attractive	34. clever
3. adaptable	19. autocratic	35. coarse
4. adventurous	20 awkward	36. cold
5. affected	21. bitter	37. commonplace
6. affectionate	22. blustery	38. complaining
7. aggressive	23. boastful	39. complicated
8. alert	24. bossy	40. conceited
9. aloof	25. calm	41. confident
10. ambitious	26. capable	42. confused
11. anxious	27. careless	43. conscientious
12. apathetic	28. cautious	44. conservative
13. appreciative	29. changeable	45. considerate
14. argumentative	30. charming	46. contented
15. arrogant	31. cheerful	47. conventional
16. artistic	32. civilized	48. cool

49. cooperative	75. effeminate	101. gloomy
50. courageous	76. egotistical	102. good-looking
51. cowardly	77. emotional	103. good-natured
52. cruel	78. energetic	104. greedy
53. curious	79. enterprising	105. handsome
54. cynical	80. enthusiastic	106. hard-headed
55. daring	81. evasive	107. hard-hearted
56. deceitful	82. excitable	108. hasty
57. defensive	83. fair-minded	109. headstrong
58. deliberate	84. fault-finding	110. healthy
59. demanding	85. fearful	111. helpful
60. dependable	86. feminine	112. high-strung
61. dependent	87. fickle	113. honest
62. despondent	88. flirtatious	114. hostile
63. determined	89. foolish	115. humorous
64. dignified	90. forceful	116. hurried
65. discreet	91. foresighted	117. idealistic
66. disorderly	92. forgetful	118. imaginative
67. dissatisfied	93. forgiving	119. immature
68. distractible	94. formal	120. impatient
69. distrustful	95. frank	121. impulsive
70. dominant	96. friendly	122. independent
71. dreamy	97. frivolous	123. indifferent
72. dull	98. fussy	124. individualistic
73. easy going	99. generous	125. industrious
74. effeminate	100. gentle	126. infantile

127. informal	155. moody	22. praising
128. ingenious	156. nagging	23. precise
129. inhibited	157. natural	24. prejudiced
130. initiative	158. nervous	25. preoccupied
131. insightful	159. noisy	26. progressive
132. intelligent	160. obliging	27. prudish
133. interests narrow		28. quarrelsome
134 interests wide	1. obnoxious	29. queer
135. intolerant	2. opinionated	30. quick
136. inventive	3. opportunistic	31. quiet
137. irresponsible	4. optimistic	32. quitting
138. irritable	5. organized	33. rational
139. jolly	6. original	34. rattlebrained
140. kind	7. outgoing	35. realistic
141. lazy	8. outspoken	36. reasonable
142. leisurely	9. painstaking	37. rebellious
143. logical	10. patient	38. reckless
144. loud	11. peaceable	39. reflective
145. loyal	12. peculiar	40. relaxed
146. mannerly	13. persevering	41. reliable
147. masculine	14. persistent	42. resentful
148. mature	15. pessimistic	43. reserved
149. meek	16. planful	44. resourceful
150. methodical	17. pleasant	45. responsible
151. mild	18. pleasure seeking	46. restless
152. mischievous	19. poised	47. retiring
153. moderate	20. polished	48. rigid
154 modest	21. practical	49. robust

50.	rude	76.	sly
51.	sarcastic	77.	smug
52.	self-centered	78.	snobbish
53.	self-confident	79.	sociable
54.	self-controlled	80.	soft-hearted
55.	self-denying	81.	sophisticated
56.	self-pitying	82.	spendthrift
57.	self-punishing	83.	spineless
58.	self-seeking	84.	spontaneous
59.	selfish	85.	spunky
60.	sensitive	86.	stable
61.	sentimental	87.	steady
62.	serious	88.	stern
63.	severe	89.	stingy
64.	sexy	90.	stolid
65.	shallow	91.	strong
66.	sharp-witted	92.	stubborn
67.	shiftless	93.	submissive
68.	show-off	94.	suggestible
69.	shrewd	95.	sulky
70.	shy	96.	superstitious
71.	silent	97.	suspicious
72.	simple	98.	sympathetic
73.	sincere	99.	tactful
74.	slipshod	100.	tactless
75.	slow	101.	talkative

50. rude	76. sly
51. sarcastic	77. smug
52. self-centered	78. snobbish
53. self-confident	79. sociable
54. self-controlled	80. soft-hearted
55. self-denying	81. sophisticated
56. self-pitying	82. spendthrift
57. self-punishing	83. spineless
58. self-seeking	84. spontaneous
59. selfish	85. spunky
60. sensitive	86. stable
61. sentimental	87. steady
62. serious	88. stern
63. severe	89. stingy
64. sexy	90. stolid
65. shallow	91. strong
66. sharp-witted	92. stubborn
67. shiftless	93. submissive
68. show-off	94. suggestible
69. shrewd	95. sulky
70. shy	96. superstitious
71. silent	97. suspicious
72. simple	98. sympathetic
73. sincere	99. tactful
74. slipshod	100. tactless
75. slow	101. talkative

102. tempermental

103. tense

104. thankless

105. thorough

106. thoughtful

107. thrifty

108. timid

109. tolerant

110. touchy

111. tough

112. trusting

113. unaffected

114. unambitious

115. unassuming

116. unconventional

117. undependable

118. understanding

119. unemotional

120. unexcitable

121. unfriendly

122. uninhibited

123. unintelligent

124. unkind

125. unrealistic

126. unscrupulous

127. unselfish

128. unstable

129. vindictive

130. versatile

131. warm

132. wary

133. weak

134. whiny

135. wholesome

136. wise

137. withdrawn

138. witty

139. worrying

140. zany

This part of the questionnaire has to do with <u>personal</u> <u>information</u> about you. Since the questionnaire is <u>completely</u> <u>anonymous</u> or <u>confidential</u>, you may answer <u>all</u> of the questions freely without any concern about being identified. It is important to the study to obtain your answer to <u>every</u> question. Mark your response by the appropriate number on the third answer sheet. For example, if you are a "male" your response is:

152.

151. Which college are you enrolled at?

1. Andrews University
2. Oakwood College
3. Other

152. Please indicate your sex:

1. female
2. male

153. Please indicate your age as follows:

1. 16 years old and under
2. 17-19
3. 20-22
4. 23-29
5. 30 and over

154. What is your classification?

1. freshman
2. sophomore
3. junior
4. senior
5. graduate

155. What is your marital status?

1. married
2. single
3. divorced
4. widowed
5. separated

156. What is your religion?

1. Seventh-Day Adventist
2. other

157. Please indicate to which
     racial group you belong:

     1. Black
     2. White
     3. Oriental
     4. Indian (American)
     5. Other

158. What is the approximate
     yearly income of your family
     if you are single?

     1. less than $3,000
     2. $3,001 - $5,000
     3. $5,001 - $8,000
     4. $8,001 - $11,000
     5. $11,001 and over

159. How much education does your
     father have?

     1. 9 years of school or less
     2. 12 years of school or less
     3. some college or university
     4. a college or university degree
     5. master's degree or above

160. How much education does your
     mother have?

     1. 9 years of school or less
     2. 12 years of school or less
     3. some college or university
     4. a college or university degree
     5. master's degree or above