Exploring the Relationship between Religious Faith, Mental Health Help Seeking Attitudes, and Preferences for Counselor Characteristics among Black American Churchgoers

Darryl P. Plunkett
Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations

Part of the Counseling Psychology Commons, Personality and Social Contexts Commons, and the Race and Ethnicity Commons

Recommended Citation
Dissertations. 705.
https://scholarworks.wmich.edu/dissertations/705

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact wmu-scholarworks@wmich.edu.
EXPLORING THE RELATIONSHIP BETWEEN RELIGIOUS FAITH, MENTAL
HEALTH HELP SEEKING ATTITUDES, AND PREFERENCES FOR
COUNSELOR CHARACTERISTICS AMONG BLACK
AMERICAN CHURCHGOERS

by

Darryl P. Plunkett

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education and Counseling Psychology
Advisor: Stephen Craig, Ph.D.

Western Michigan University
Kalamazoo, Michigan
August 2009
EXPLORING THE RELATIONSHIP BETWEEN RELIGIOUS FAITH, MENTAL HEALTH HELP SEEKING ATTITUDES, AND PREFERENCES FOR COUNSELOR CHARACTERISTICS AMONG BLACK AMERICAN CHURCHGOERS

Darryl P. Plunkett, Ph.D.
Western Michigan University, 2009

Empirical data has shown that Black American churchgoers have generally higher baseline rates of religious involvement than the general U.S. population, as well as higher rates of religious involvement than most Black Americans (Chatters, Taylor & Lincoln, 1999). Researchers have noted the influence of religion on the help seeking attitudes of Black Americans (Abernethy, Houston, Mimms, & Boyd-Franklin, 2006) and have also identified counselor characteristics preferred by Black Americans when seeking help for mental health problems (Atkinson, Furlong, & Poston, 1986). However, Black American churchgoers are rarely identified as the target population in empirical studies and little is known about the relationships between their religious faith, help seeking attitudes and preferences for counselor characteristics. Researchers have called for expanded studies to examine both the role of religion and the potential of the Black Church to provide mental health services for Black American churchgoers. This study responds to this call by exploring the relationships between Black American churchgoers' religious faith, mental health help seeking attitudes and preferences for counselor characteristics.
Participants were Black American churchgoers (N=276) who attended Black churches in two Midwestern states. Participants completed a survey packet that consisted of four instruments: a demographic questionnaire, the Age-Universal Religious Orientation Scale (AUROS) (Gorsuch & Venable, 1983), Fischer and Turner’s (1970) Attitude toward Seeking Professional Psychological Help Scale (ATSPPHS), and a modified version of the Preferences for Counselor Characteristics Scale (Atkinson, Furlong & Poston, 1986).

The Bradley-Terry-Luce (BTL) (as cited in McGuire & Davison, 1991) model of weighted least squares regression analysis was used to determine if differences existed in participants’ preferences for the following characteristics of a counselor relative to the participants’: similar religion, similar attitudes and values, more educated, similar personality and older age. Results of the weighted least squares regression analysis indicated that the most salient characteristics of a counselor for participants in this study were similar religion, more educated and similar attitudes and values. Implications for the counseling profession and counselor education training are discussed.
DEDICATION

This project is dedicated to my father, Willie J. Plunkett, my brother,
Lekeever T. Plunkett, my father-in-law, Eugene O. Crenshaw and my grandparents.
May you all continue to find rest unto your souls.
ACKNOWLEDGMENTS

"For I know the plans I have for you" declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future." Jer. 29:11 (King James Version).

"Jesus said unto him, 'If thou canst believe, all things are possible to him that believeth.'" Mk 9:23.

The journey to complete this project began with faith and its end has been manifested by God's grace. It's my understanding that when God has a plan and purpose, He orchestrates every detail to implement His plan and bring His purpose to fruition. Knowing this, all praise, honor and glory belong to God for this project. "This is the Lord's doing; it is marvelous in our eyes". Ps. 118:23.

I thank God for anointing me with the power of the Holy Spirit to conduct this study, and I thank Him for all the people He has planted in my path to help me along the way. To individually name and thank each person who assisted me in this project would consume the pages herein and more. Therefore, and whereas I can not mention each person and entity individually, know that you have my heartfelt gratitude.

To my loving wife, La Tonia Plunkett, who has supported me even before the beginning of this project, thank you so much. Without your love, support, understanding and help, this would have been a seemingly impossible journey. I thank God for you and I love you so much. To my immediate family, my mother, Alberta Plunkett, my sisters and brothers'-in-laws, Marilyn and Kevin Quail and Barbara & Duane Brooks, thank you for believing in me; and thank you for praying for me. To my nieces and nephews who helped to keep me spiritually grounded, thank you. To all of my in-laws (the team), Mrs. Dorothy Crenshaw, Deborah and
Acknowledgments – Continued

Han Carpenter, Eugene M. Crenshaw, Reginal and Kathy Crenshaw, Karen and Richard Epps, Ronald and Melodye Crenshaw, Darrell Crenshaw, Antoine Crenshaw and special thanks to Lori and Ernie Bryant, I cannot thank you all enough for your help, support, and encouragement.

Thanks to my committee members, Dr. Stephen E. Craig, Dr. Patrick Munley, Dr. E. Brooks Applegate, and Dr. Lonnie E. Duncan, whom without their support I could not have completed this project. Dr. Craig, thank you for your diligence in guiding me and instructing me in every detail throughout this process and for your encouragement. Dr. Munley, thank you for believing in me and always offering suggestions to make this a quality project. Dr. Applegate, thank you for the long hours and tireless effort you spent in helping me to understand the statistical analysis of this study. Dr. Duncan, thank you for your reality checks and helping me to keep a common sense approach to this project.

I would be remiss not to mention the following people: Dr. Carla Bradley, Dr. Phillip Johnson, Dr. Linda Flowers, my counselor education program cohort and all of the other doctoral students in the counselor education program. Thank you all for your support. Finally, and not in the least, I thank every church, and each and every person who participated in this study by completing the surveys. Without your participation this study could not have been conducted. Thanks be to God for orchestrating the coming together of us all for the manifestation of His glory.

Darryl P. Plunkett
# TABLE OF CONTENTS

ACKNOWLEDGMENTS .......................................................................................................................... ii

LIST OF TABLES.................................................................................................................................. viii

LIST OF FIGURES................................................................................................................................. ix

CHAPTER

1. INTRODUCTION ................................................................................................................................. 1

   Religion and Society ........................................................................................................................... 1

   Religion and Black Americans .......................................................................................................... 2

   Religion and Health ............................................................................................................................ 3

   Mental Health Help Seeking Attitudes ............................................................................................. 5

   Preferences for Counselor Characteristics ....................................................................................... 6

   The Black Church .............................................................................................................................. 6

   Implications for Counseling and Counselor Education .................................................................. 7

   Statement of the Problem ................................................................................................................ 9

   Purpose of the Study .......................................................................................................................... 10

   Statement of Research Questions .................................................................................................... 10

   Significance of the Study .................................................................................................................. 11

   Operational Definitions .................................................................................................................... 12

   Summary ............................................................................................................................................ 13
# Table of Contents-Continued

## CHAPTER

2. REVIEW OF THE LITERATURE ................................................................................. 15

  - Afrocentric Paradigm .......................................................................................... 16
  - Multisystemic Approach ....................................................................................... 21
  - Religion and Health .............................................................................................. 23
  - Mental Health Help Seeking Attitudes ..................................................................... 27
  - Preferences for Counselor Characteristics ............................................................ 38
  - The Black Church .................................................................................................. 49
  - Summary ............................................................................................................... 54

3. METHODOLOGY .................................................................................................... 57

  - Participants ........................................................................................................... 57
  - Instrumentation ...................................................................................................... 58
    - Demographic Sheet .............................................................................................. 58
    - Age-Universal Religious Orientation Scale (AUROS) (Gorsuch & Venable, 1983) .............................................................................. 59
    - Attitude toward Seeking Professional Psychological Helps Scale (ATSPPHS) (Fischer & Turner, 1970) ........................................ 62
    - Preferences for Counselor Characteristics Scale (Atkinson et al. 1986) ........ 63
  - Procedures ............................................................................................................ 66
  - Research Design .................................................................................................... 69
  - Data Analysis ........................................................................................................ 69
Table of Contents-Continued

CHAPTER

4. RESULTS ................................................................. 73
   Description of Participants ........................................ 73
   Summary of Findings .................................................. 94

5. DISCUSSION .............................................................. 96
   Overview of the Study ................................................. 96
   Discussion of the Results ............................................. 97
   Demographic Characteristics ......................................... 98
   Contributions and Limitations of the Study ....................... 115
   Conclusions of the Study ............................................. 118
   Implications for the Counseling Profession ....................... 120
   Recommendations for Future Research ............................... 122
   Concluding Remarks .................................................. 123

REFERENCES .............................................................. 124

APPENDICES

A. Script for Potential Participants .................................. 143
B. Consent Form .......................................................... 146
C. Demographic Data Questionnaire .................................. 148
D. Preferences for Counselor Characteristics Scale ................ 151
E. Paired Comparison Matrices of Counselor Characteristics by Religious Orientation/Help Seeking Groups ......................... 153
APPENDICES

F. Human Subjects Institutional Review Board
   Letter of Approval ............................................................. 158
LIST OF TABLES

1. Denominational Distribution within the Sample of 276 Black American Churchgoers................................................................. 74

2. Involvement in Professional Counseling by Gender.....................76

3. Involvement in Pastoral Counseling or Clerical Counseling by Gender.... 76

4. Frequency and Percentage of Professional Counseling Experience by Income.................................................................77

5. Mean and Standard Deviations for Religious Subscale by Denomination................................................................. 79

6. Mean and Standard Deviations for the ATSPPHS by Denomination........81

7. Mean Percentages and Standard Deviations for Counselor Characteristics by Religious Orientations...........................................82

8. Mean and Standard Deviations for Counselor Characteristics by Attitudes Towards Seeking Psychological Help............................. 84

9. Paired-Comparison Matrix of Counselor Characteristics Stimuli........86

10. Dummy Coding for J=6 Stimulus for Sample of 274 Black American Churchgoers............................................................. 87


12. Multiple Correlations and Significance Test: Weighted Least Squares..... 91

13. Weighted Least Squares Regression Weights and Scale Value Estimates...92
LIST OF FIGURES

1. Stimulus scale values by religious and help seeking groups............. 94
CHAPTER 1

INTRODUCTION

Religion and Society

The majority of individuals in the United States subscribe to some identifiable form of expression of their religion or spirituality (Dunn & Dawes, 1999). More specifically, survey data indicates that 90% of Americans pray; 71% are members of a church or synagogue; 42% attend religious services weekly or nearly every week; 57% percent pray on a daily basis; and 88% consider religion either very important or fairly important in their lives (Hill et al., 2000). In a more recent survey, Miller and Thorensen (2003) reported similar numbers which revealed that 96% of North Americans profess a belief in God or a higher power; 42% of the population attends a religious service at least weekly; and 60% report that religion is important or very important in their lives. Evidenced by the survey data, religiosity is a significant part of the lives of the general United States population. Moreover, religion is a central theme in the lives and culture of Black Americans (Lincoln & Mamiya, 1990; Constantine, Lewis, Conner, & Sanchez, 2000) and research data has suggested that Black Americans have generally higher baseline rates of religious involvement than the general United States population (Chatters, Taylor, & Lincoln, 1999; Taylor, Chatters, Jayakody, & Levin, 1996).
Religion and Black Americans

According to Lukoff, Turner, and Lu (1992) religion and spirituality are important factors of the human experience, encompassing peoples’ beliefs, morals and values. For Black Americans, religion and spirituality are not only embedded in the culture, but they are also considered ways of life that have helped them endure generations of various hardships including the middle passage, the Diaspora and centuries of slavery (Lincoln and Mamiya, 1990). While history indicates other minority populations have been subjected to mistreatment by the dominant population, there are important differences between Black Americans and other minority groups which affect the psychology of human existence and are worth noting. For example, many other minority groups were voluntary immigrants to the United States, whereas Black Americans were forced occupants and laborers in a land they did not embrace as their own. Another important difference is that Black Americans were stripped of their culture, separated from their kinships and forced to assimilate into American culture, all without the privilege of American citizenship. Also significantly different, is that Black Americans have endured a history of emotional, physical, psychological, economical and educational hardships and adversity more so than other minority groups in the United States (Hines & Boyd-Franklin, 1996). Traditionally, Black Americans have relied on religion and spirituality as coping mechanisms to deal with the inhumane treatment imposed upon them by the majority population and the myriad of circumstances and problems they face in daily living, which includes physical as well as emotional and mental problems.
According to Cooper-Lewter and Mitchell (1986), the unique experience of slavery and oppression of Black Americans has resulted in a phenomenon called “Soul Theology” (pp. 1-13). They describe Soul Theology as a worldview or set of core religious beliefs held by Black Americans that have sustained them through years of slavery and oppression by inducing survivalist cogitation and influencing meaning making (Cooper-Lewter & Mitchell). It is an inductive process that builds from the experiences of Black Americans and influences their belief about God, about God's providence, sovereignty, omnipotence and omnipresence. The core religious beliefs of Soul Theology have helped empower Black Americans to face untoward challenges and hardships, and these beliefs contribute to the physical, emotional and spiritual health of Black Americans (Cooper-Lewter & Mitchell; Fletcher, 1993). Taylor, Mattis, and Chatters (1999) corroborated the ideas suggested by Soul Theology by noting that religious beliefs and practices provide a culturally meaningful context for helping Black Americans deal with both the joys and hardships of everyday living.

Religion and Health

Holt, Lewellyn, and Rathweg (2005) noted several studies that have explored the relationship to religion as it relates to the avoidance of alcohol and drugs, cancer rates, the use of Pap smear tests, and health in general. Several studies have produced contrasting results in the exploration of the relationship between religion and health. Koenig, Moberg, and Kvale, (1988) reported a negative relationship between religiosity and health; Atchley (1997) concluded that there was no significant relationship; and Ferraro and Albrecht-Jensen (1991), and Levin, Chatters, and Taylor (1995) reported both positive and negative relationships. However, Koenig, McCullough, and Larson
(2001) reviewed the literature on religiosity and many health concerns including heart
disease, hypertension, brain disease and cancer, and indicated that overall religion has a
beneficial influence on health. Likewise, in a comprehensive meta-analysis of nearly
200 studies on religion and health, Levin (2001) concluded that a largely positive
relationship exists between religion and health.

Mental health is also a major concern in the Black American community
Historically, religion has been seen as a key variable in supporting the mental well-
being of Black Americans (Levin & Taylor, 1996). Jackson & Gurin (1997), as part of
the Research on Blacks in the United States, utilized the National Survey of Black
Americans (NSBA) to study numerous cultural components of the lives of Black
Americans. Several researchers (Levin, & Chatters, 1998; Levin, Chatters, and Taylor,
1995; Levin & Taylor, 1998), using the NSBA data, found general support for religion
and religious involvement having salutary effects (positive associations with life
satisfaction, happiness, and congruence) on the mental health and well-being of Black
Americans.

Moreover, Ellison (1998) reported on the analyses of survey data from the
general population and noted that religious involvement generally bore a stronger
positive relationship to mental well-being and life satisfaction for Black Americans
than it did for White Americans from similar backgrounds. For example, St. George
and McNamara (1984) found that religious affiliation and attending religious services
were unrelated to life satisfaction among White Americans, but were associated with
life satisfaction among Black American adults. This finding is consistent with the
studies noted above and further highlights the importance of religious involvement in the lives of Black Americans.

Mental Health Help Seeking Attitudes

There is an extensive literature base that offers research on help seeking attitudes among Black Americans, as well as studies that assess Black Americans' utilization of mental health services and premature termination from services. Some factors found to influence the mental health help seeking attitudes of Black Americans and their use of mental health services are cultural mistrust (Nickerson, Helms, & Terrell, 1994; Terrell & Terrell, 1981); negative expectations of counseling with White counselors (Watkins & Terrell, 1988); racial identity (Bosch & Cimbolic, 1994; Campbell-Flint, 2000; Delphin & Rollock, 1995; Parham & Helms, 1981; Ponterotto, Alexander, & Hinkston, 1988); gender (Terrell & Terrell, 1984); social class and age (Neighbors, 1991); stigmatization and embarrassment (Cooper-Patrick et al., 1995, cited in Snowden, 2001); lack of mental health insurance coverage (Snowden & Pingitore 2002); value differences (Duncan, 2003); use of informal support systems (Chatters, Lincoln, & Schroepfer, 2002; Snowden, 1998); and religious identity and spiritual tradition (Abernethy, Houston, Mimms, & Boyd-Franklin, 2006; Broman, 1987; Broman, 1996; Cooper-Patrick et al., 1998, cited in Snowden, 2001). Religious identity and spiritual tradition are key factors which influence the help-seeking attitudes and utilization of mental health services among Black American churchgoers.

In a recent study, Rogers (2007) found that there was no significant relationship between Black American churchgoers' religiosity and confidence in mental health practitioners; and Singer (1997) reported in his study of female college students that
degree of religiosity was not related to the help seeking attitudes of the respondents. However, Cook and Wiley (2000) suggested that for Black American churchgoers, religious and spiritual tradition might be the most salient factors influencing the decision of whether or not to seek secular help for mental health issues. Furthermore, the utilization or non-utilization of mental health services among Black American churchgoers are influenced by the characteristics of the mental health professionals from whom they seek help (Cook & Wiley).

Preferences for Counselor Characteristics

Clients’ expectations about counseling have been a topic of research from various perspectives, and they have been found to influence counseling processes and outcomes (Turton, 2004; Watkins & Terrell, 1988). According to Tinsley, Bowman, and Ray (1988), clients’ expectations about counseling impact their decision to enter or remain in counseling as well as moderate the effectiveness of counseling. One such expectation is clients’ assumption that counselors will display certain characteristics germane to the counseling profession such as acceptance, genuineness, empathy, expertise and trustworthiness (Watkins & Terrell). Additionally, Singer (1997) found in his study of female college students that the degree of religiosity was related to preferences for counselor characteristics. Similarly, Belaire and Young (2000) reported qualitative data indicating that clients preferred counselors who would attend to their spirituality in the counseling process.

The Black Church

The Black Church is embedded in the culture of Black Americans and serves as the primary communal and most influential institution within the Black community.
Moreover, the Black Church is the primordial institution that has taken on the responsibility of attending to the educational, social, economic, psychological, religious and spiritual welfare of Black Americans (Boyd-Franklin, Cook & Wiley; Richards & Bergin, 1997; Taylor et al.). According to Lincoln and Mamiya, “much of Black culture was forged in the heart of Black religion and the Black Church” (p. 10); thus, the Black Church has an enormous impact on the worldview of many Black Americans. Furthermore, Richards and Bergin (1997) surmised that the Black Church is the primary means through which Black Americans develop and express their religious and spiritual beliefs and values.

Implications for Counseling and Counselor Education

In the mental health profession, there is an increasing awareness of the need for consideration of the religious and spiritual aspects of clients’ lives. Several studies have found that counselors and psychologists are increasingly more interested in and accepting of religion and spirituality as part of their clients’ lives (Aten & Couden-Hernandez, 2004; Benes, Walsh, McMinn, Dominquez, & Aiken, 2000; Eck 2002; Schulte, Skinner, Clairborne, & Charles, 2002; Shafranske & Malony 1990). It appears as more people acknowledge the importance of spiritual beliefs in their lives, religion and spirituality will become increasingly salient aspects of the counseling experience for clients as well as counselors.

Moreover, the increased attention in the literature given to religion and spirituality has been spawned by the inclusion of religious and spiritual values as a
consideration of social and cultural diversity issues in the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (CACREP, Section, II.G.2. 2009). The CACREP standards call for an understanding of clients' religious and spiritual values in curriculum standards for studies in the common core area of Social and Cultural Foundations (CACREP, 2009). The American Counseling Association (ACA) Code of Ethics also highlights the counselor's responsibility to be sensitive towards clients' religious and spiritual beliefs (ACA Code of Ethics, 2005). Additionally, the Spirituality Competencies have contributed to the increased focus on religion and spirituality in counselor education (Miller, 1999).

In addition to professional standards and competencies, the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 1994) defines a clinical condition associated with spiritual or religious problems as "distressing experiences that involve loss or questioning of faith, problems with conversion to a new faith, or questioning of spiritual values..." (p. 843). Identifying religion and spirituality in this context has caused some counselors to become more willing to attend to the religiosity and spirituality of their clients.

Inasmuch, Kelly (1995) suggested that an assessment of clients' religious beliefs and values be conducted as part of the intake procedure. Cook and Wiley (2000), however, disagreed with the use of religious instruments for assessment with Black Americans due to the lack of instruments normed on Black Americans and the emotional distance caused by the introduction of instruments in the counseling process. Instead, they opted for obtaining information about clients' religiosity through clinical interviews. Also, several authors have recognized the need to give particular attention to religion during
the working phase of the counseling process with Black Americans (Cook & Wiley, 2000; Constantine et al., 2000; Holt, Llewyn & Rathweg, 2005; McRae, Thompson, & Cooper, 1999, Neighbors, 1985; Queener & Martin, 2001; Snowden, 1999).

In addition to recognizing the need for assessing Black American clients' religiosity, gaining an understanding of the influence that religiosity and mental health help seeking attitudes have on their preferences for counselor characteristics could impact the ways that counselors engage Black American churchgoers in the counseling process.

Statement of the Problem

Most Black Americans are reluctant to seek counseling for a variety of reasons including stigmatization, embarrassment, and feelings of mistrust, value differences and perceived lack of understanding from counselors (Duncan, 2003; Nickerson, Helms, & Terrell, 1994; Watkins & Terrell, 1988). Moreover, for many Black American churchgoers, their religious involvement (church attendance) impacts their decision on whether or not to seek counseling and what type of counseling they would seek. For many, the religious practice of prayer and their faith lead them to believe traditional counseling is unnecessary (Cook & Wiley, 2000). Other Black American churchgoers believe their religious beliefs and values would be unattended to if they engaged in traditional counseling, thus they prefer to seek help from within the church (Cook & Wiley).

Recent research has attempted to demonstrate the correlation between Black American churchgoers' religiosity and mental health help seeking attitudes (Rogers, 2007); and conceptual knowledge about Black American churchgoers and counseling
suggests it is important for counselors to display empathic understanding with this population (Cook & Wiley, 2000). However, the counseling literature is void of current empirical research delineating the relationships between Black American churchgoers' religiosity, mental health help seeking attitudes and their preferences for counselor characteristics beyond empathic understanding. This study was conceptualized to explore the relationships between Black American churchgoers' religious faith, their mental health help seeking attitudes and their preferences for counselor characteristics. It is unknown whether religious faith and mental health help seeking attitudes are related to preferences for counselor characteristics; and if preferences for counselor characteristics are affected by religious faith and mental health help seeking attitudes among Black American churchgoers.

Purpose of the Study

The purpose of this study is to explore the relationships between Black Americans' religious faith, their mental health help seeking attitudes and their preferences for counselor characteristics. The investigation seeks to determine if religious faith and mental health help seeking attitudes are related to preferences for counselor characteristics; and if religious faith and mental health help seeking attitudes affect preferences for counselor characteristics.

Statement of Research Questions

The following research questions are addressed in this study:

Research Question 1: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their religious faith?
Research Question 2: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their mental health help seeking attitudes?

Research Question 3: Does religious faith and mental health help seeking attitudes affect preferences for counselor characteristics among Black American churchgoers?

Significance of the Study

This study is designed to explore the relationships between Black American churchgoers' religious faith, their mental health help seeking attitudes and their preferences for counselor characteristics. The significance of religion, mental health help seeking attitudes and preferences for counselor characteristics among Black American churchgoers can be understood from the context of Black culture. According to Lincoln and Mamiya (1990), the religious worldview of Black Americans is at the heart of Black culture and encapsulates its core values. Similarly, Stewart (1999) argues that Black spirituality is the ultimate reference point for Black existence. Furthermore, the Black Church has historically been the institution that has cultivated and maintained the religious worldview of Black Americans (Battle, 1999; Lincoln & Mamiya, 1990; Stewart, 1999; Raboteau, 1999).

Several researchers have noted the influence of religion on the mental health help seeking attitudes of Black Americans (Abernethy, Houston, Mimms, & Boyd-Franklin, 2006; Broman 1987; Broman 1996; Cooper-Patrick et al., 1998, cited in Snowden, 2001; Rogers, 2007; Wiley, 2000). Others have identified counselor characteristics that influence the preferences of Black Americans when seeking help for mental health problems (Atkinson, Furlong, & Poston, 1986; Ponterotto, Alexander, &
Hinkston, 1988). However, in the case of Black American churchgoers, religious involvement (church attendance) and its influence on Black cultural practices is often missed or overlooked by those in the helping profession (Lincoln & Mamiya, 1990). This study seeks to explore the relationships between Black Americans churchgoers’ religious faith, mental health help seeking attitudes and their preferences for counselor characteristics. This information can be useful in understanding the mental health help seeking attitudes and preferences for counselor characteristics among Black American churchgoers; and it provides the counselor education profession with information that can be utilized in instruction on multicultural and diversity issues.

Operational Definitions

*Black Church* - The Black Church refers to an institution that includes any Black Christian person who is a member of a Black congregation (Lincoln & Mamiya, 1990). Adkison-Bradley, Johnson, Lipford-Sanders, Duncan, and Holcomb-McCoy (2005) extend this to mean, “Even if the congregation is part of a predominantly White American religious denomination” (p. 147).

*Black Churchgoer* - Self identified Black American who attends a Black Church.

*Religious faith or Religiosity* - Refers to behaviors that reflect organizational and non-organizational religious involvement and subjective religious attitudes (Levin, Chatters, & Taylor, 1995). Religiosity as measured by the Age-Universal Religious Orientation Scale (AUROS) (Gorsuch & Venable, 1983).

*Spirituality* - The means by which individuals search for meaning and purpose in their lives (Stanard, Sandhu, & Painter, 2000).
Summary

The aim of this study is to expand the knowledge base of the counseling profession regarding Black American churchgoers by exploring the relationships between their religious faith, mental health help seeking attitudes and preferences for counselor characteristics. Historically, research conducted on Black Americans has tended to treat this population as a monolithic group (Howard-Hamilton, 2004). Black Americans who attend Black churches seem to have an expanded worldview that is more religiously oriented than those who do not attend Black churches.

Counseling professionals would benefit from gaining an understanding of whether or not Black American churchgoers’ religious beliefs and values impact their decision to seek traditional mental health services. As noted by Sue and Sue (2008), graduate counseling programs continue to give inadequate attention to the mental health issues of ethnic minorities. More so, the counseling professions’ arcane knowledge of Black American churchgoers’ religious worldview, mental health help seeking attitudes and their preferences for counselor characteristics leaves an empirically grounded research gap in the counseling literature. Failure to understand the unique religiosity of Black American churchgoers and its influence on their lives may lead to their avoidance of traditional counseling, or it may lead to negative counseling experiences and less positive treatment outcomes.

According to Cook and Wiley (2000), the worship experiences of Black American churchgoers are a compelling determinant of whether or not they seek traditional counseling services. This investigation attempts to identify the counselor characteristics that are appealing to those Black American churchgoers who would
enter into traditional counseling. Previous research has indicated that clients’ preferences for counselor characteristics affect counseling processes and outcomes (Turton, 2004; Watkins & Terrell, 1988). According to Rogers (2007), the Black Church has been recognized as the institution that accentuates empowerment for Black American churchgoers, and he recommended further research to help in understanding the role of the Black Church in the lives of Black Americans. Likewise, Jones (1997) called for expanded research to address the role religion, through the Black Church, has as a potential mental health intervention for Black Americans. This researcher seeks to answer the call for research that helps the counseling profession understand whether or not religious faith and mental health help seeking attitudes are related to preferences for counselor characteristics among Black American churchgoers.
CHAPTER 2

REVIEW OF THE LITERATURE

Through ancestral and historical influence, religion has always been a central theme in the lives of many Black Americans. The values, beliefs, attitudes and practices of religion as espoused by many Black Americans affect every aspect of their lives (Boyd-Franklin, 2003; Cook & Wiley, 2000). Religion for Black Americans is informed by what Cone (1997) referred to as Black Theology. He describes Black Theology as “the story of Black people’s struggle for liberation in an extreme situation of oppression” (p. 49). Thus, the Black experience encompasses a struggle by Black Americans for their physical and mental liberation from oppressive conditions, and recognition of their humanity; and it necessitates their survivalist mentality. For many Black Americans, religion may provide a way to confront and transcend the oppressive conditions that often lead to physical, social, emotional or psychological distress.

The following are the conceptual frameworks that serve as the foundations for this study, and provide a review of the relevant literature that has contributed to some understanding of Black Americans’ religiosity, mental health help seeking attitudes and preferences for counselor characteristics and the Black Church. Schiele’s (1996) afrocentric paradigm and Boyd-Franklin’s (1989) multisystemic approach serves as the backdrop for investigating these constructs. Although a search of the literature has revealed a plethora of empirical research and conceptual examination of the individual components of the present study, there has been a paucity of research that has empirically investigated the interconnectedness of these constructs for Black American churchgoers. Recent research has examined the relationship between Black American
churchgoers' religiosity and mental health help seeking attitudes (Rogers, 2007). Also, Cook and Wiley (2002) provided conceptual knowledge about Black American churchgoers and counseling and suggested it is important for counselors to display empathic understanding with this population.

However, the counseling literature is void of current empirical research delineating the relationships between Black American churchgoers' religious faith, mental health help seeking attitudes and their preferences for counselor characteristics beyond empathic understanding. For Black American churchgoers, religious involvement (church attendance) and its influence on Black cultural practices is often missed or overlooked by those in the helping profession (Lincoln & Mamiya, 1990). This study was conceptualized to explore the relationships between Black American churchgoers' religious faith, their mental health help seeking attitudes and their preferences for counselor characteristics.

Afrocentric Paradigm

Schiele's (1996) Afrocentric or African paradigm provides a theoretical base for conceptualizing the cultural values of people of African descent. The terms African, Africentric and Afrocentric have been used interchangeably (Akbar, 1984; Parham, 2002). Schiele also noted there is no political difference between the terms and chose to use Afrocentric to mean African and Africentric. For the purposes of this study, the author chose to extrapolate this model from the social work perspective to provide a more cogent understanding of the cultural values, attitudes, beliefs and practices of people of color. Schiele posits that the failure to understand people of color from their cultural perspective perpetuates the dominant Eurocentric worldview as the basis for
understanding human behavior and solving human problems. Furthermore, the Eurocentric worldview tends to promote Eurocentric concepts in developing practice models and intervention strategies in social work with people of color (Schiele).

The afrocentric paradigm assumes that the application and imposition of Eurocentric theories of human behavior to explain Black Americans' behavior are oppressive (Schiele, 1996). Schiele explains that the hegemonic political economy of Euro-Americans have led to a hegemony of knowledge production and knowledge validation that omits or marginalizes the worldview of people of color. He argues that Eurocentric theories are the basis for scientific racism and notes that Eurocentric theories of human behavior have historically vilified people of color, especially Black Americans. This vilification of Black Americans began and found its justification in the European slave trade. A common justification perpetuated in European theological discourse was the Hamitic myth, which contended that Africans were descendents of Ham, the son of Noah in the biblical book of Genesis, and they were cursed and relegated to a life of servitude (Mbiti, 1990). This justification allowed for the unwarranted portrayal of people of African descent as uncivilized and the projection of the belief that they have not made any contributions to world development and human history (Schiele). Furthermore, this vilification developed into a basis for subtle or symbolic scientific racism in which theories of intelligence, family organization and crime, use superficially race-neutral codes to promote racist connotations (Schiele). For example, terms such as dysfunctional family, urban crime and violence, youth violence, welfare queens, gangsters and drug addicts all are used to covertly point to people of
color, especially Black Americans. The afrocentric paradigm offers a rather different perspective of Black Americans.

The afrocentric paradigm acknowledges the considerable attention given to addressing concerns of people of color through ethnic sensitivity; however, the theoretical foundations of many of the helping models are not consistent with the diversity of cultural values and worldviews seen in the pluralist society of the United States (Schiele, 1996). On the other hand, social scientists from oppressed and marginalized groups, especially Black Americans, have integrated cultural values and worldviews into their scholarship and professional practice (Akbar, 1984; Asante, 1992; Mbiti, 1990; Nobles, 1980). Despite the contributions of Black American scholars, the Eurocentric worldview continues to serve as the fundamental perspective for dealing with societal and human problems, in part, because there remains a disproportionate number of Caucasian to Black Americans in the academy (Holcomb-McCoy & Bradley, 2003). A Eurocentric worldview and interventions based upon this worldview are used to render social services to the large number of people of color who experience greater poverty and have fewer resources than the general population (Schiele).

The afrocentric paradigm stems from the philosophical concepts of contemporary Black American and African tradition. According to Schiele (1996), the Afrocentric worldview is a continuation of the philosophical integrity of African tradition by Black Americans. Moreover, he iterates that African culture was not lost in the Middle Passage, but has been carried on throughout generations of slavery and the cultural vestiges of Africa remains with Black Americans today. Contrary to the intent
of social isolation of African slaves and segregation of Black Americans, this isolation tended to solidify and sustain the preservation of traditional African philosophical assumptions (Schiele).

Afrocentric social scientists seem to agree that enough of the African tradition has been internalized and maintained by Black Americans to make them a distinct cultural and ethnic group. These scholars maintain that it is inappropriate and contrary to best practice to apply Eurocentric theories of human behavior to explain the behavior and ethos of Black Americans (Akbar, 1984; Asante, 1992; Nobles, 1980). One reason for the inappropriateness of the application of Eurocentric theories to explain the behavior and ethos of Black Americans can be postulated from the afrocentric paradigm's assumption that social science theories are derived from specific experiences and cultural perspectives of the theorist. The underlying concept is Eurocentric theories are developed by European theorists from a monolithic perspective and may not necessarily apply to people of different ethnicities (Schiele, 1996). Thus, Afrocentric theorists do not assume theoretical universalism, regardless of ethnicity of the theorist. Instead, they acknowledge similarities among and between various cultural and ethnic groups while simultaneously understanding the importance of group differences (Schiele). These differences create a richness of diversity and heterogeneity within cultural groups. An example of this can be observed in the variations of religious affiliation, doctrine and practices among Black Americans.

The objectives of the afrocentric paradigm, as proposed by Schiele (1996), are (a) to promote an alternative social science paradigm which is more reflective of the cultural reality of Black Americans, (b) to dispel the negative distortions about Black
Americans by articulating and legitimizing an Afrocentric worldview, and (c) to promote this worldview as a means to facilitate human and societal transformation of Black Americans towards spiritual and humanistic ends (Schiele). The emphasis on Afrocentricity provides a basis for understanding the specific liberation and survival needs of Black Americans.

The afrocentric paradigm asserts that human identity is formulated in the context of a collective group identity. It also assumes that individual spirituality is as important as other factors in understanding the acquisition of knowledge, and that affective knowledge is a valid source of knowing (Schiele, 1996). The afrocentric paradigm understands individual identity as a collective identity. That is, the individual can only be fully understood in the context of their social groups. The fundamental concept of collective group identity can be extrapolated from Kurt Lewin's field theory (1939) proposition that the social environment and social relations influence the individuals' subjective psychological world or life space. According to field theory, an individual's behaviors and values are partly determined by his participation in, and reaction to the society in which he lives (Lewin), which can be instrumental in promoting a collective identity. This value of a collective identity is captured in the African adage, "I am because we are, and because we are, therefore I am" (Mbiti, 1990, p. 141). Thus, the afrocentric paradigm places a great emphasis on collective identity and collective survival. Moreover, within the afrocentric paradigm, the spiritual aspect of human beings is considered as the invisible universal substance that connects all human beings to each other and to a Creator or Supreme Being (Schiele). The spirit or soul is the amorphous part of the human being transcending time and space and is
considered as much an important and legitimate source of knowledge as is the mind and body (Schiele). Furthermore, there is an interdependence and interrelatedness between mind, body and soul. This approach is not confined by boundaries among science, philosophy and theology, and its’ concepts are not limited to directly observable concepts or phenomena (Schiele). The afrocentric paradigm views affect as a valid source of knowing and offer as a major tenet that emotions are the most direct expression of self. It suggests that thoughts do not occur independent of feelings, nor do feelings occur independent of thoughts; thus rationality and emotionality are two congruent and equal ways in which people experience life (Schiele).

The afrocentric paradigm offers an alternative theoretical foundation for understanding human behavior. It also provides a framework for understanding Black Americans’ attitudes, beliefs and values from a cultural and contextual values perspective. The Afrocentric viewpoint is useful in understanding Black American churchgoers’ religiosity and their attitudes and beliefs about seeking help for mental health problems.

Multisystemic Approach

Boyd-Franklin (1989) described a multisystemic approach that emphasizes the importance of various systems, including the family system (nuclear and extended), organizational and institutional systems, and social and environmental systems, in understanding Black Americans. Boyd-Franklin suggests that the Black Church is an important system within the Black community which operates as several systems identified in this approach. For example, the Black Church is often seen as a family. This is observed in the close relationships developed among its members who often
refer to each other as brother or sister (Boyd-Franklin). Furthermore, there is a matriarchal presence suggested by the elderly women being referred to as mothers in the Black Church (Lincoln & Mamiya, 1990). However, many Black churches are dominated by Black male leadership, as in pastors, deacons and board of trustee members; therefore there is no male counterpart to the church mother designation. This is important because it implies the absence of a father figure in the Black Church, which parallels the idea of the absent father in Black families. Unlike many Black families, there are older Black males in the church who are often seen as role models for younger Black males both within and outside the Black Church. In working with Black American families, knowledge of the inclusiveness of church members as extended family members provides a more holistic and cultural understanding of familial influence on Black Americans (Boyd-Franklin).

The Black Church originated as the invisible institution during the time of slavery (Lincoln & Mamiya, 1990; Raboteau, 1999) and the multisystemic approach recognizes it as an institution within the Black community which serves many functions and affords Black Americans opportunities that otherwise might be limited. For example, leadership roles in the Black Church in various ministries and programs serve to enhance the self-esteem of Black American churchgoers (Cook & Wiley, 2000). Additionally, the Black Church works within the community as a venue to meet the educational, social, economic, and psychological needs of Black Americans. Lincoln and Mamiya found that 68% of Black churches cooperated with social agencies or non-church programs in dealing with community problems. However, there has been little collaborative efforts from the Black Church in cooperating with government-funded
programs (federal, state and city). In their survey of 2,150 urban and rural churches, Lincoln and Mamiya reported that only 7.9% of urban churches and 2.7% of rural churches participated in government funded programs. One reason for such lack of participation may be attributed to the mandated separation of church and state. Lincoln and Mamiya have cited another reason, namely that Black churches who speak out against federal, state and local programs may appear hypocritical if they are concurrently participating with the same agencies and programs. Given the importance of the Black Church in the lives of many Black Americans and the many social ills faced by Black Americans, mental health professionals should be cognizant of how the Black Church, as a system, influences the attitudes, beliefs and values of Black Americans.

Religion and Health

Miller and Thorensen (2003) acknowledged that the scientific study of religion is not a new area of research in the social sciences, but noted it has evolved in relative isolation from the mainstream physical and behavioral sciences. Several researchers (Atchely, 1997; Ferraro & Albrecht-Jensen, 1991; Koenig, Molberg, & Kvale, 1988; Levin, 2001; Levin, Chatters, & Taylor, 1995) have studied the relationship between religion and health, yet the precise nature of these relationships remains unclear. For example, Levin indicated in his review of over 200 studies on religion and health that religion was largely a positive mediating factor on health. However, other researchers have noted the ambiguous relationship between religion and health (Atchely; Ferraro & Albrecht-Jensen; Koenig, Moberg, & Kvale; Levin, Chatters, & Taylor). The differences in findings of these research outcomes have been attributed to the lack of
conceptual and methodological sophistication (Levin, Chatters & Taylor; Miller and Thorensen).

There have been a large number of empirical studies on physical health and religion in general, however, the research on Black Americans' religion and health has been scarce and contradictory. The existing research in the medical field indicates that Black Americans suffer from more health related illnesses and diseases than do other groups (Foreman & Willsie, 2006). According to Levin, Briggs, Hollar, Husaini, Hennekens, and Kilbourne, (2007) Black Americans suffer a higher mortality rate from heart disease, cancer, hypertension, AIDS and other illnesses than do other groups. However, when examining the relationship between religion and health in Black Americans, investigators report dissimilar findings. For example, Brown and Gary (1987) concluded that religiosity was not significantly related to the health of Black American men; and it was negatively associated with the health of Black American women. Conversely, Bryant and Rakowski (1992) reported that religious involvement helped reduce the mortality risk among older Black Americans. The research in this area has been limited, and further empirical studies may be beneficial in establishing a more definitive nature of the relationship between religion and health among Black Americans.

The extant literature on religion and mental health has also shared some of the same ambiguity as that of research on religion and health. Historically, religiosity was associated with a variety of mental disorders and emotional disturbances (Ellis, 1980; Freud, 1927). However, Bergin, Masters, and Richards (1987) reported in their study of 119 religious undergraduate students that religiosity is related to normalcy and is not
indicative of emotional disturbances. In a later study involving 60 undergraduate students, Bergin, Stinchfield, Gaskin, Masters, and Sullivan (1988) reported there was no evidence of an overall negative or positive correlation between religiosity and mental health. Bergin (1991) conducted a meta-analysis of 14 studies consisting of 20 data sets and found that overall there was no correlation between religion and mental illness. Similarly, Worthington, Kurusu, and McCullough (1996) conducted a more extensive ten-year review and prospectus on empirical research on religion and psychotherapy processes and outcomes and their overall conclusion was that religion was not negatively associated with mental health. More specifically, they noted that intrinsically religious people tended to obtain substantial positive mental health benefits from their religion, whereas extrinsically motivated people did not gain benefits or experience negative consequences. Both Bergin and Worthington et al. made the distinction between participants who were extrinsically religious and those who were intrinsically religious. According to Allport and Ross (1967), there is a clear delineation between extrinsic religion in which a person uses religion as a means of obtaining security or status and intrinsic religion where the person internalizes beliefs and lives by them regardless of social pressure.

Research studies on religion, subjective well-being and life satisfaction, though more scarce, have been more consistent, especially for Black Americans. Okun (1995) described subjective well-being as a meta-construct which encompasses personal evaluations of the responses of individuals to their life experiences. Similarly, George (1981) defined life satisfactions as the "cognitive assessment of progress toward desired goals and an evaluation of the congruence between ideal and real life circumstances"
(p. 351), and suggested it is a component of subjective well-being. Jensen and Bergin (1988) offer a comprehensive description of mental health that distinguishes it from subjective well being and life satisfaction. They define mental health as:

Having a sense of identity and feelings of worth; being skilled in interpersonal communication; sensitivity, nurturance, and trust; being genuine and honest; having self control and personal responsibility; being committed in marriage, family, and social relationships; having a capacity to forgive others and oneself; having orienting values and meaningful purposes; having deepened self-awareness and motivation for growth; having adaptive coping strategies for managing stresses and crises; finding fulfillment in work; and practicing good habits of physical health. (p. 295)

St. George and McNamara (1984), and Thomas and Holmes (1992) found that religious affiliation and religious involvement related more positively and significantly to life satisfaction for Black Americans than for White Americans. Additionally, Levin, Chatters, and Taylor (1995) studied the religious effects on health status and life satisfaction among Black Americans and reported that organizational and subjective religiosity was significantly related to life satisfaction. Furthermore, Levin and Taylor (1998) used data from the National Survey of Black Americans in their study of the contemporaneous or longitudinal effects of religious involvement on the subjective well-being of Black Americans. They found positive relationships between religious involvement and subjective well-being. Specifically, they found that religious activity and subjective religiosity were positively associated with happiness and life satisfaction; and church involvement and subjective religiosity were inversely
associated with psychological distress. Levin and Taylor identified research methodologies as probable explanations for contemporaneous effects being more salient than longitudinal effects of religious involvement on well-being. The knowledge of the short-term effects of religious involvement on the well being and life satisfaction of Black Americans can be used as a basis for further understanding their mental health help seeking attitudes and preferences for counselor characteristics.

Mental Health Help Seeking Attitudes

Fischer and Turner (1970) proposed that an individual's basic attitude influences their attitude for seeking professional psychological help for mental health issues. Seeking help for mental health issues is viewed differently by different cultural groups and is perceived as being positive, negative or ambivalent (Angermeyer, Matschinger, & Reidel-Heller, 1999). For many Black Americans, several issues influence their attitudes about seeking help for mental health issues and impact their decision of whether or not to engage in the therapeutic process.

One such issue, cultural mistrust, was identified by Nickerson, Helms and Terrell (1994) as the most consistent and powerful predictor of mental health help seeking attitudes of Black college students. In their study of cultural mistrust, opinions about mental health and attitudes towards seeking psychological help from White Counselors, Nickerson et al. surveyed 105 Black undergraduate college students enrolled in a predominantly White University in the southwest region of the United States. The group consisted of 51 male and 54 female students ranging in age from 17 to 37 years. Participants were administered the Cultural Mistrust Invention (CMI), the Opinions about Mental Illness Scale (OMI), the Help Seeking Attitude Scale (HSAS),
the Reid-Gunlach Social Service Satisfaction Scale (R-GSSS), and a background information questionnaire.

The CMI was developed by Terrell and Terrell (1981), and it uses 48 items to assess the extent to which Blacks mistrust Whites. Examples of items on the CMI are: “Whites are usually fair to all people regardless of race”, “A Black person can usually trust his/her white coworker” and “White friends are least likely to break their promises”. The items are responded to using a 7-point Likert scale ranging from strongly agree (1) to strongly disagree (7). The total score comes from an accumulation of the points for each item, and negative items are reverse scored. Higher scores reflect more mistrust of Whites. The authors reported item-total correlations ranging from .34 to .47 and a 2-week test-reliability estimate of .82.

The 51 item OMI was developed by Cohen and Struening (1962) to identify opinions about the cause, treatment, description, and prognosis of mental illness. These items are scored with a 6-point Likert scale ranging from strongly agree (1) to strongly disagree (6). The authors’ factor analysis revealed the following five factors: (a) Authoritarianism (represents opinions about the inferiority of the mentally ill to normal people, and the mentally ill as those who require coercive treatment); (b) Benevolence (indicates attitudes of those who are empathic towards the mentally ill, but are fearful of the mentally ill); (c) Mental Hygiene Ideology (embodies the principles of the normalcy of the mentally ill and disavows the negative stigma associated with mental illness); (d) Social Restrictiveness (emphasizes the use of the least restrictive environment for mental health patients); and (e) Interpersonal Etiology, (reflects the belief that mental illness is caused by interpersonal experiences) (Cohen & Struening).
High scores on the scale indicate an endorsement of the five factors. Cohen and Struening found the measure of internal consistency for the OMI factors ranged from .21 to .89.

The HSAS (Plotkin, 1983) was developed to reflect the non-white cultural values or beliefs concerning seeking mental health help. The scale consists of 40 items related to seeking psychotherapy and uses a dichotomous format of “yes” and “no” to indicate agreement or disagreement with the items. Examples of items on the scale include: “The fact that a person goes to psychotherapy does not mean that his/her family has failed in some way”, “A person does not develop a deeper understanding of himself or others through psychotherapy”, and “It is better not to talk about problems with a stranger such as a therapist”. Internal reliability of the HSAS has been found to be .87, and it has been correlated positively and significantly for construct validity (r = .49) with the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Turner, 1970).

The R-GSSS (Reid-Gundlach, 1983) was developed to assess clients’ overall satisfaction with social services. There are 51 items measured on a 5-point Likert scale ranging from strongly agree (1) to strongly disagree (5). The instrument yields three subscale scores in the areas of (a) relevance of service (b) impact of service, and (b) gratification with service. The lower scores on the subscales indicate greater satisfaction, relevancy, or outcome of the services received.

The inventories were administered to groups of participants, ranging in size from 15 to 25, by four advanced undergraduate students, two white and two Black women, who had received two hours of training on general administration procedures.
Results from hierarchical multiple regression analyses indicated that participants’
gender, cultural mistrust, and social restrictiveness opinions about mental illness were
all predictive of help-seeking attitudes as measured by the HSAS. Cultural mistrust was
the only significant predictor of help seeking attitudes as measured by the R-GSSS.
However, participants’ gender and opinions about mental illness were not consistently
predictive of help seeking attitudes. The investigators concluded that higher levels of
mistrust were associated with more negative general attitudes about seeking
psychological help from a clinic staffed by Whites and with an expectation that services
provided by White counselors would be less relevant, have less of an impact, and
would be less gratifying. Nickerson et al. (1994), noted that these findings were
consistent with other studies that found Blacks who were classified as more mistrustful
of White counselors were less likely to choose to be seen by White counselors, and had
more negative preconceived notions about White counselors. In addition to identifying
cultural mistrust as a predictor of help seeking attitudes among Black participants, the
results of this study provided a subtle suggestion that race may also influence help
seeking attitudes. Thus, the investigators suggested that further research in this area
should explore race, as well as other demographic factors such as age, education and
socioeconomic status as mediating factors which might influence help seeking attitudes
among Black participants.

Duncan (2003) studied Black males’ attitude toward counseling by examining
the relationships between age, socioeconomic status, cultural mistrust, African self-
consciousness, and attitudes about seeking psychological help among Black male
college students. He utilized the Cultural Mistrust Inventory (CMI), the African Self-
Consciousness (ASC) scale and the Attitudes toward Seeking Professional Help Scale (ATSPPHS) to investigate Black male college students' attitude toward seeking help, based upon ASC, social class, age and cultural mistrust.

African self-consciousness (ASC), as expressed by Baldwin and Bell (1985), is a theoretical construct which embodies congruent patterns of beliefs, attitudes and behaviors derived from an African-centered ethos. It is the conscious-level organizing principle of the Black personality that emphasizes the relational, collective, and communal self-consciousness (Baldwin & Bell). The ASC is consistent with the afrocentric paradigm's concept of an Afrocentric worldview. According to Duncan (2003), the ASC provides a culturally relevant perspective to explain the psychological functioning and behaviors of people of African descent. The ASC (Baldwin & Bell) has 42 items which are used to assess the construct of Black personality or African self-consciousness. Based upon theoretical concepts, Baldwin and Bell describe indices of the ASC as: (a) awareness and recognition of one's Black identity and heritage, (b) general ideological and activity priorities placed on Black survival, liberation, and proactive and/or affirmative development, (c) specific activity priorities placed on self-knowledge and self-affirmation, and (d) a posture of resistance toward anti-Black forces and threats to Black survival. Specific items of the ASC are based upon the Black American experience in the areas of education, family, religion, cultural activities, interpersonal relations, and political orientation. Responses are scored on an 8-point Likert-type scale ranging from strongly agree (1) to strongly disagree (8). High scores indicate a high level of ASC. Baldwin and Bell reported test-retest reliability estimates with coefficients in the range of $r = .90$. Construct validity was established.
based on the ASC scale’s correlation with the Black Personality Questionnaire (Williams, 1981), which produced a coefficient of \( r(68) = .68, p < .001 \) (Baldwin & Bell).

Simultaneous regression analysis was used to analyze the data, and results indicated that age and social class made significant independent contributions in predicting attitudes towards seeking professional psychological help (Duncan, 2003). Additionally, according to Duncan, the CMI and ASC were not significant independent predictors of ATSPPHS scores. This finding is in stark contrast to that of Nickerson et al. (1984). However, Duncan reported that when age, SES, and ASC were controlled, CMI made a statistically significant independent contribution toward predicting help seeking attitudes. These results indicate that there may be a different level of cultural mistrust among Black Americans of different ages and social economic status, as well as differences in their overall Afrocentric worldview. Moreover, these findings further extend the afrocentric paradigm’s perspective of cultural diversity and homogeneity among Black Americans.

Despite the usefulness of the findings of the previously mentioned studies, they share a common limitation in their methodology. Limitation of the generalizability of the results to other Blacks can be attributed to the sample of participants of the studies. The college students who participated in these studies were not counseling clients and their attitudes may not be consistent with Black clients, or potential clients who are actually experiencing mental health problems. Nonetheless, the underlying idea remains that cultural mistrust and other demographic factors such as age, education, social economic factors, personality, and cultural values and attitudes are important factors to
be considered when examining the attitudes towards seeking help for mental health issues among Black Americans.

Religious faith or religiosity is another factor that may have a significant influence on mental health help seeking attitudes. Some researchers have examined this phenomenon to determine whether or not a direct relationship exists between religiosity and mental health help seeking attitudes (Lewis & Epperson, 1991; Rogers, 2007; Singer, 1997).

Singer (1997) examined the relationships between religiosity and mental health help seeking attitudes and counselor preferences among 111 female college students from a predominantly White, eastern public university. He investigated whether or not there were differences in mental health help seeking attitudes of college students from three different religious groups. He also examined within group differences based upon participants' degree of religiosity. A third inquiry of this study pertained to the participants' preferences for counselor characteristics based upon their religion. Finally, Singer examined the within religious group differences for preferred counselor characteristics.

The participants in Singer's (1997) study represented three religious groups; 31.5% (n=35) were Protestant, 36% (n=40) were Catholic, and 32.5% (n=36) were Jewish. The participants ranged in age from 17 to 49 years, with a mean age of 25 years. Forty percent of the participants reported they had previously sought help for psychological problems with 22.5% indicating they had sought the advice of a psychologist; 5.4% had sought the advice of a psychiatrist; 5.4% had sought the advice of a social worker; 4.5% had sought the advice of a clergy member; and 2.7% had
sought the advice of another mental health professional. Singer used the ATSPPHS, the Preferences for Counselor Characteristics Scale developed by Atkinson, Furlong, & Poston (1986), and an instrument developed by Keating and Fretz (1990) to measure the degree of religiosity of participants, and a demographic questionnaire.

The ATSPPHS (Fischer & Turner, 1970) and the Preferences for Counselor Characteristics Scale (Atkinson et al., 1986) are used in the present investigation and will be described in detail in the methodology section. The degree of religiosity instrument was developed by Keating and Fretz (1990) to assess the strength of religious beliefs among Christian college students. The 30 questions on this scale are divided into three categories with each category containing 10 questions relating to approach to human authorities, approach to scripture or doctrine, and identification with the religious group. Keating and Fretz reported Cronbach’s coefficient alpha’s of the three categories to be .76, .69 and .90, respectively. The alpha coefficient for the combined scale was .92. The authors of this instrument chose to combine the responses from all three scales into one score for degree of religiosity based upon the high level of internal consistency of the three scales (Keating & Fretz).

Results from this study indicated there was no significant statistical relationship between degree of religiosity and attitudes towards seeking professional help among the three religious groups. Singer’s (1997) assumption was that the participants’ likelihood of seeking professional psychological help would decrease as their religious affiliation and commitment increased. He contributed the lack of support for this assumption to the particular characteristics of the sample, as well as the inadequacy of the instrument used to determine help seeking attitudes to differentiate between secular and non-
secular psychological help. Singer noted the possibility existed that some of the participants would seek help from non-clinical sources such as clergypersons. Although, there was no significant difference among the three religious groups, Singer reported that age and prior therapeutic experience were related to attitudes towards seeking psychological help. Older participants and those with prior therapeutic experience were more likely to have favorable attitudes towards seeking psychological help than younger participants and those with no prior therapeutic experience (Singer).

Rogers (2007) conducted a similar study and found there was no statistically significant relationship between religiosity, confidence in mental health practitioners, stigmatized view of mental disorders and interpersonal openness among Black churchgoers. Based upon the literature, Rogers suggested that Black American churchgoers' receptivity towards traditional counseling is inhibited by their lack of confidence in mental health practitioners; by the way they view mental disorders, and by their reluctance to display interpersonal openness (Rogers). Multiple regression analysis, with religiosity as the predictor variable, was used to examine the relationships between the three outcome variables. The participants in this study were 267 Black American churchgoers affiliated with six denominations: Southeastern Baptist (n=122), Methodist (n=15), Church of God in Christ (n=101), Presbyterian (n=8) and non-denominational (n=13) and other churches (n=8). Sixty-six percent of the participants were female, and thirty-three percent were male. The participants ranged in age from 17 to 78 years, with a mean age of 45 years. Over half of the participants (55%) were married, 27% percent were single, and 17% were divorced or
widowed. Forty-five percent of the participants indicated they had received previous counseling services, although the type of counseling service was not indicated.

Instead of using the combined ATSPPHS, the three subscales of the ATSPPHS were used individually to measure confidence in mental health practitioners, stigmatized view of mental disorders, and interpersonal openness. Additionally, the Spiritual Well Being Scale (SWBS) (Paloutzian & Ellison (1982), was used to determine participants’ degree of religiosity, and personal data was collected from the participants using a demographic questionnaire developed by the researcher. The SWBS, developed by Paloutzian and Ellison, is a 20-item self-report instrument with two subscales, the Religious Well-Being (RWB) and the Existential Well-Being (EWB) scales. The RWB scale contains 10 items which refer to God and assesses the vertical dimension of spirituality. The EWB subscale has 10 items which measures the horizontal dimension of well-being in relation to a sense of purpose in life and life satisfaction (Bufford, Paloutzian, & Ellison, 1991). Each item is rated on a 6-point Likert scale ranging from strongly agree (1) to strongly disagree (6). Half of the items are reversed ordered to minimize the influence of response sets. The SWBS has been found to have test-retest reliability above .85, and a coefficient alpha of internal consistency of .84. The SWBS and its' subscales are positively correlated with indicators of positive self-concept, finding meaning and purpose in life, high assertiveness and low aggressiveness (Paloutzian & Ellison). Although Rogers used the SWBS as a measure of religiosity, the SWBS is more useful in measuring well-being as it relates to physical and mental health, psychological adjustment and assertiveness.
(Bufford et al.). Furthermore, according to Bufford et al. the SWBS is most useful in clinical settings to detect the presence of a significantly impaired level of well-being.

Overall results of Rogers' (2007) study indicated that Black American churchgoers viewed themselves as having a relatively open attitude toward seeking professional mental health help. This is somewhat consistent with 45% percent of the participants having sought previous advice from a professional mental health worker. However, the use of the individual subscales of the ATSPPHS as opposed to the full scale may have contributed to none of the predictor variables contributing significantly to participants' religiosity scores. Furthermore, because of the intended use of the SWBS, it is unclear if there was a valid measure of the participants' religiosity, instead of their spirituality.

Another influence on the mental health help seeking attitudes of Black Americans noted in the literature is their help seeking behavior of using informal support for help with mental problems. Neighbors (1984) noted that many Black Americans utilize informal social networks for help with their personal problems. Neighbors and Jackson (1984) reported data which indicated that 44% of Black Americans used only informal support as a way of coping with personal problems; and 44% used a combination of informal support in conjunction with formal assistance. Although there is a paucity of research on racial comparisons studying the assumption of Black Americans' tendency to utilize informal help more than others, Broman (1987) demonstrated that Black Americans were less likely than White Americans to seek help from ministers for mental health problems. Snowden (1998) found that Black Americans were less likely than White Americans to seek help from informal support
systems and religious authorities when faced with mental health problems. The assumptions regarding racial comparisons in the use of informal and formal support systems should be taken cautiously when attempting to understand the use of formal and informal support in seeking help for mental health problems among Black Americans and other groups (Broman).

For Black Americans affiliated with the Black Church, pastors hold an important role and are very influential in forming the social, moral and ethical values of the church and within the Black American community. Pastors have traditionally provided counseling to their parishioners because of the stigma and mistrust associated with mental health agencies (Cook & Wiley, 2000). Furthermore, in the Black Church, denominational differences exist and church doctrine as well as the pastors’ views of counseling influences the mental health help seeking attitudes of Black American churchgoers.

Preferences for Counselor Characteristics

Considerable research has been reported on counselor characteristics that are sought after and expected from those seeking help for emotional and psychological problems (Atkinson et al., 1986; Atkinson, Poston, Furlong, & Mercado, 1989; McCullough & Worthington, 1995; Morrow et al., 1993; Ponterotto, Alexander, & Hinkston, 1988; Privette, Quackenbos, & Bundrick, 1994; Worthington, 1988; Singer, 1997). Although much of the research has focused on race and ethnicity (similarities and differences) as important characteristics to be considered in the counseling process, other factors influence whether or not clients or potential clients engage in the counseling process and with whom. On one hand, certain factors have been reported to
positively influence counseling outcomes (Duncan, 2005); conversely, Atkinson et al. (1986), noted it is still unclear whether or not preferences for particular counselor characteristics are linked to counseling effectiveness.

Researchers have agreed that race and ethnicity have a great impact on the counseling process; however with the diversification of multicultural counseling, more emphasis is being placed on other factors that may impact the counseling process. These factors include age, sex, education, socioeconomic status, attitudes and values, and religion. Of these factors, religion appears to present the most controversy because of how it is attended to in the counseling process (Worthington et al., 1996).

Empirical data exists that illuminates the importance of religiosity as a preferred characteristic in counselors, and counselors’ ability and willingness to address religious issues in the counseling process (Morrow et al., 1993). For example, Atkinson et al. (1986), reported that 49% of respondents preferred a counselor who shared a similar religion as the respondent, while 37% preferred a counselor who had a different religion than that of the respondent. Moreover, Worthington et al. (1996), noted that many religious clients would be attracted to counseling approaches or counselors who maintained that clients’ use of religious values was at the core of effective change. Sims' (1994), empirical research provided evidence of this as he found that 66% of clients preferred a therapist with spiritual values and beliefs, and 81% of clients preferred therapists who would be capable of integrating those values and beliefs into therapy. Additionally, those clients who were religiously committed viewed therapists who integrate spirituality and religion into the counseling experience as more optimistic and competent. Privette et al. (1994) inquired further into this phenomenon and
reported that clients made choices of whether to seek religious or secular counseling based upon the type of problem they faced. They reported three patterns of preferences: (a) preferences for religious counseling for marriage and family problems, (b) preferences for nonreligious counseling for severe mental problems, weight problems, nervousness, alcohol and drug problems, and (c) equal preferences for religious and nonreligious counseling for depression (Privette et al.). These preferences were based upon the respondents' frequency or infrequency of attending church.

Empirical research on Black Americans' preferences for counselor characteristics is sparse and dated. However, the limited research has indicated that Black Americans have a preference for racially similar counselors (Atkinson et al., 1986; Ponterotto, Alexander, & Hinkston, 1988; Terrell & Terrell, 1984). Though there is a myriad of research on religion, spirituality and counseling, and multiculturally competent counseling, there are no known studies to date which have specifically explored the relationship between Black American churchgoers' religiosity and their preferences for counselor characteristics. Since Black Americans with higher levels of religious involvement (i.e., church attendance) demonstrate a higher level of religiosity than do those who demonstrate lower levels of religious involvement (Chatters, Taylor, & Lincoln, 1999), this aspect of their religiosity, particularly for those who attend Black churches, may impact their decision to seek counseling and their preferences for counselor characteristics.

Atkinson et al. (1986) were the first to study clients' preferences for counselor characteristics among Black American participants using the paired-comparison method. Based upon the counseling literature and past research on counselor-client
similarity or dissimilarity, they used characteristics that had been widely accepted as being germane and essential to the counseling process to develop their paired-comparisons of counselor characteristic instrument based upon 16 identified counselor characteristics (Atkinson et al.).

In the first study of these counselor characteristics, Atkinson et al. (1986) surveyed 42 Black men and 86 Black women who attended a predominately Black community college in southern California. The two part survey consisted of a demographic questionnaire in which the participants were asked to identify their age, sex, ethnicity, occupation, annual income, and parents' annual income. The participants were also asked if they had ever seen a counselor for academic, vocational or personal problems; and they were asked to identify their commitment to Anglo-American and Afro-American culture by indicating strong for both, strong for Anglo-American/weak for Afro-American, weak for Anglo-American/strong for Afro-American, or weak for both. The ethnic identity question was posed as a self-report measure to identify within group differences related to racial and cultural identity. Part two of the survey was the Preference of Counselor Characteristics Scale (Atkinson et al.) designed to elicit the participants' preferences for specific and salient counselor characteristics. The participants were asked to choose between two counselors given counselor characteristics related to education (more/similar), attitudes and values (similar/dissimilar), personality (similar/dissimilar), ethnicity (similar/dissimilar), sex (same/opposite), socioeconomic status (similar/dissimilar), age (similar/older), and religion (similar/dissimilar). This paired-comparison design resulted in a total of 120 forced choice items.
The participants ranged in age from 17 to 52 years, with a mean age of 24.4 years. Of those who responded, 78% identified being a student as their primary occupation, and 14.8% indicated they were employed or going to school part-time.

Reports of personal annual income indicated that 13.4% had an annual income of over $10,000, and 34.7% percent indicated that their parents' household income exceeded $20,000. Fewer than half of the respondents, 43.8%, had engaged in the counseling process for a personal problem, 59.4% had seen a counselor for an academic problem and 60.2% had sought assistance for a vocational problem.

Each of the characteristics were paired with each of the other 15 characteristics and a synthesis of the data produced a rank ordering of the 16 counselor characteristics from the most frequently preferred to the least frequently preferred. The preferences fell within three categories, those characteristics selected over other options 45% to 55% of the time, those characteristics selected more than 55% of the time, and those characteristics selected less than 45% of the time. The most frequently selected characteristic was more educated (73.9%), and the less frequently selected characteristic was dissimilar religion (37%). Similar ethnicity was selected 54.8% of the time and was ranked 5th, and dissimilar ethnicity was selected 38% of the time and ranked 15th. The rank ordering when based upon strong commitment to Afro-American culture differed only in relative order of dissimilar religion (16th - total, 11th - strong commitment) and similar age (12th - total, 16th strong commitment). The characteristic of similar religion ranked eighth (49.9%), behind more educated (73.9%), similar attitudes and values (64.5%), older age (62.9%), similar personality (61%), similar ethnicity (54.8%), opposite sex (54.4%) and similar socioeconomic status (50.5%).
Atkinson et al. (1986) concluded that although Black college students preferred a Black counselor rather than a non-Black counselor, other counselor characteristics were more important to them than the counselors' ethnicity. The ranking of a more educated and older counselor above an ethnically similar counselor suggested that for Black college students, counselors' perceived expertise was a more important consideration in selecting counselors (Atkinson et al.). Additionally, the investigators reported no differences in preferences for counselor characteristics for Blacks who expressed a strong commitment to Black culture and those who expressed a weak commitment to Black culture. They suggested that the single item used to represent commitment to Black cultural identity may have been inadequate and may represent a different trait than that which is represented by measures of Black identity development (Atkinson et al.).

The mean percentages of respondents indicating preferences for counselor characteristics differed only slightly from the totals and the ranked order remained the same when the variable of prior counseling was considered. There was a more pronounced, but not statistically significant, difference in the mean percentages of respondents who reported having some counseling and those who reported they had never received counseling. For example, over half (51.7%) of the respondents who preferred counselors with a similar religion had received some counseling, whereas those who had not received counseling preferred a counselor with similar religion 46.1% of the time. Respondents who had engaged in prior counseling may have had a positive experience in regard to religion and indicated the importance of similarity between the respondent and counselor. Conversely, 36.2% of the respondents preferred
a counselor with a dissimilar religion; and 40.3% without counseling experience preferred a counselor with a dissimilar religion. Although not indicated in the study, the preference for a counselor with a similar or dissimilar religion could have been mitigated by whether the counseling was for educational, vocational or personal issues.

In a replication and extension of the previous study, Ponterotto et al. (1988) sought to test the generalizability of the results by incorporating a more empirically based and theoretically established measure of within-group differences. They surveyed 111 female Black American students from a major public and predominantly White university in the Midwest. The age range of the participants was 17 to 42 years, with a mean age of 21 years. Reports of annual income indicated that 95% of the participants earned less than $10,000, 3% earned between $10,000 and $20,000, and 2% earned between $20,000 and $30,000. The annual parental income indicated that 10% earned less than $10,000, 22% earned between $10,000 and $20,000, 24% earned from $20,000 to $30,000, 24% earned between $30,000 to $40,000, and 20% earned over $40,000. Seventy-six percent of the participants had received academic counseling; forty percent had received career or vocational counseling; and thirty-five percent had received counseling for personal or social problems.

This study consisted of a three-part survey. The first part was a demographic questionnaire similar to the one used in the Atkinson et al. (1986) study, except the question asking respondents to specify their religious identity was replaced with the question asking respondents to indicate their ethnic identity. The investigators used the same commitment to culture description as the Atkinson et al. study, but part two of the survey used the Racial Identity and Attitude Scale (RIAS) (Parham & Helms, 1981) as
a measure of the attitude components of Cross' (1971) four-stage theory of Negro-to-Black Conversion Experience. According to this stage theory, Black people evolve from a degraded view of self to one in which they are firmly secure with their Blackness (Cross). Briefly, the four stages are (a) the pre-encounter stage in which Black individuals view and think of the world as being non-Black or anti-Black and behave in ways that devalue their Black identity; (b) the encounter stage denotes when an individual becomes aware of what it means to be Black and begins to validate themselves in terms of their Blackness; (c) the immersion-emersion stage wherein individuals reject all non-Black values and totally immerse themselves in Black culture; and (d) the internalization stage in which individuals develop a secure and self-confident Black identity and are comfortable in expressing their interests and preferences for experiences from non-Black cultures (Cross). The RIAS has been used in various research studies as a within-group variable, however due to the small cell size differentials of this study, Ponterotto et al. (1988) chose to use only the participants in the encounter and internalization stage in the RIAS comparisons. Part three of the survey was the Preferences for Counselor Characteristics Scale (Atkinson et al.).

Ponterotto et al. (1988) computed the Kendall W coefficient of concordance statistic to examine whether the participants responded to the paired-comparisons in a consistent manner across within-group rankings. The results indicated a .96 Kendall W coefficient reflecting a high level of consistency in the participants’ approach to responding to the paired-comparisons. In comparison to the Atkinson et al. (1986), the same five characteristics emerged as the top five preferences in both studies. However, there were differences in their rankings. In the Atkinson et al. study, more educated
ranked first (73.9%), while Ponterotto et al reported similar attitude and values was first (75.9%) and more educated ranked third (69.1%). Additionally, similar ethnicity in the Atkinson et al. study ranked fifth (54.8%) versus its’ ranking of second (70.6%) in the Ponterotto et al study. Similar personality ranked fourth (61.0%, 65.4% respectively) in both studies, but older age ranked third (62.9%) in the Atkinson et al. study and fifth (63.9%) in this study. The characteristics pertaining to religion indicated that similar religion was ranked in the Atkinson et al. study as eighth (49.8%) and in this study it was ranked as seventh (53.5%); and dissimilar religion in the Atkinson et al. study was ranked sixteenth (37.7%) as compared to being ranked fourteenth (32.0%) in this study. Although other minor differences in total ranking were present, a computation of the Spearman’s rank order correlation was p = .91, which indicated highly correlated rankings. Similarly, there was a p = .96 correlation of rankings between the groups who were in the encounter and internalization stages based on their RIAS scores.

Further results indicated that for respondents who had received prior counseling, preference for a counselor with a similar religion ranked ninth; and for those who had no prior counseling, preference for a counselor with a similar religion ranked sixth as opposed to seventh for the total group. Preference for counselors with a dissimilar religion was ranked fourteenth by the total group and those with no prior counseling experience, but was ranked thirteenth by those who had received prior counseling. Similar to the Atkinson et al. (1986) study, Ponterotto et al. (1988) did not discriminate between the types of prior counseling received by respondents in their results.

Results from both studies suggest that Black individuals prefer counselors who are similar to themselves in attitudes and values, personality, and ethnicity, and who are
older than the respondents are. Additionally, individuals prefer counselors who are more educated than they are which may be a reflection of perceived counselor competency based upon education. However, before accepting broad generalizations based upon these results, consideration must be given to the sample population. The participants in these studies were college students and their preferences may not be reflective of Black Americans in general, or other subgroups of Black Americans. Moreover, the reported results of this study and the fact that there were respondents in different stages of identity development inform the afrocentric paradigm's rejection of theoretical universalism among and between various cultural and ethnic groups.

In a follow-up study of ethnic group preferences for counselor characteristics, Atkinson et al. (1989) used their Preferences for Counselor Characteristics Scale and found that rank order preferences for counselor characteristics were almost identical across groups of Asian-American, Mexican-American and Caucasian-American students. They reported the top four counselor characteristics across the groups as similar attitudes and values (1), similar personality (2), more educated (3), and older age (4). However, in their effort to reduce the Preferences for Counselor Characteristics Scale from 120 to 91 items, they eliminated similarity or dissimilarity of religion, citing them speciously as the least preferred characteristics in the Atkinson et al. (1986) study.

Almost ten years later, Singer (1997) used the Preferences for Counselor Characteristics Scale with three different religious groups of female college students. Although he did not indicate the racial identity of the participants, they were from a predominately White, eastern public university and were self identified as either Jewish, Catholic or Protestant. Singer sought to find out if there were any significant
differences in preferred counselor characteristics among and within the three religious groups.

In examining preferences for counselor characteristics, the 16 counselor characteristics were rank ordered from the most preferred to the least preferred characteristics. The results indicated the mean score for same religion as a preferred counselor characteristic was 7.90 for a ranking of eighth; and the mean score for preference for counselors with a dissimilar religion was 5.59 for a ranking of tenth. Counselors with similar attitudes and values was ranked as the most preferred counselor characteristic, and counselors with dissimilar attitudes were ranked as the least preferred counselor characteristic. Moreover, each religious group was subdivided into a low and high degree of religiosity sub-group and analysis of variance was used to examine the differences in preferences for counselor characteristics based upon degree of religiosity for each religious group. The mean score of religiosity for the Protestant group was 105.00; the Catholic group had a mean score of 101.50; and the Jewish groups' mean score on the degree of religiosity instrument was 94.50. The characteristics of similar religion, similar ethnicity, dissimilar religion, dissimilar ethnicity, and dissimilar socioeconomic status were all found to be statistically significantly different within the three religious groups.

Similar to the findings of previous studies, Singer (1997) reported the most salient counselor characteristics as similar attitudes and values, more educated, similar personality and older counselors. The only significant difference for preferences reported between the three groups pertained to the gender of the counselor. Catholic participants preferred a counselor of the opposite sex more than did the Jewish or
Protestant participants. In regards to religion, Singer reported that Jewish participants with a high degree of religious commitment, and Catholic and Protestant participants with a low degree of religious commitment preferred counselors with a dissimilar religion. The findings of this study help to identify preferences for salient counselor characteristics when religion is used as a variable. However, despite the extant literature, expanded empirical research is needed to explore how religion influences preferences for counselor characteristics among other ethnic and religious groups. More specifically, Black American churchgoers are often unidentified or omitted from empirical research that would inform the counseling profession of their preferences in regards to counselor characteristics.

The Black Church

The term Black Church is a regenerated reference to the previously designated Negro Church prior to the late 1960s and the African Church in the 1700s (Lincoln & Mamiya, 1990). Lincoln and Mamiya described the Black Church as an institution that includes any Black Christian person who is a member of a Black congregation. Appiah and Gates (2005) suggested a textbook definition of the Black Church as “a reference to the more than 65,000 Christian churches which have a predominance of African American members and Black clerical leadership” (p.486). Battle (2006) offered a more reflective depiction of the Black Church as the communal spirituality among African Americans who form the seven mainly Black denominations rooted in the Baptists, Methodists and Pentecostal traditions. This communal spirituality has been defined by Stewart (1999) as “the full matrix of beliefs, power, values, and behavior that shape people’s consciousness, understanding, and capacity of themselves to divine reality. A
process by which people interpret disclose, formulate, adapt, and innovate reality and
their understanding of God within a specific context or culture” (pg. 2). Thus, the Black
Church in America can be identified as the conglomeration of Black Christians who
share a common spirituality based upon their understanding of God; and who form the
main seven historically Black denominations which are rooted in the Baptist, Methodist
and Pentecostal religious traditions: the African Methodist Episcopal (AME) Church;
the African Methodist Episcopal Zion (AMEZ) Church; the Christian Methodist
Episcopal (CME) Church; the National Baptist Convention, U.S.A., Incorporated
(NBC); the National Baptist Convention of America, Unincorporated (NBCA); the
Progressive National Baptist Convention (PNBC) and the Church of God in Christ
(COGIC)

The Black Church in America began in the late 18th century because of the
shameful and indecent condition of Blacks as chattel of White Americans (Lincoln &
Mamiya, 1990). White slave masters and preachers attempted to justify the oppressive
conditions of the slaves by deliberate distortion and misrepresentation of the Christian
Gospel (Battle, 2006). Some common biblical scriptures used to make the slaves
believe that their plight was the will of God were the passages of scripture describing
the curse of Ham and the admonishment to the slaves to obey their masters and not to
steal from them (Battle; Raboteau, 1999). However, because of their concept of God
and their ancestral spiritual traditions, the slaves came to understand the hypocrisy and
moral turpitude of Whites and rejected the religion of their masters (Raboteau). This
does not mean that the slaves rejected Christianity altogether, but they began to
examine it from their own point of view. This examination, which led to the rejected
hypocrisy of White Christianity as purported by the slave owners is illustrated in the words of former slave Josephine Howard:

Dey allus done tell us it am wrong to lie and steal, but why did de white folds steal my mammy and her mammy? Dey lives clos to some water, somewheres over in Africy, and de man come in a little boat to de sho’ and tell dem he got presents in de big boat...and my mammy and her mammy gits took out to dat big boat and day locks dem in a black hole what mammy say so black you can’t see nothin’. Dat de sinfulles stealin’ dey is (Raboteau, 1999, p. 60).

The slave owners’ version of Christianity demanded the separation of the White Christian and the Black slave Christian during religious services (Raboteau, 1999). Although some slave owners allowed their slaves to attend separate worship services on the plantation or farm, the services were presided over by a visiting White preacher. Other slave masters allowed their slaves to attend church with them but the slaves were required to sit in the back pews or in the balconies (Raboteau). This hypocritical form of White Christianity and racial discrimination was the impetus toward the establishment of the Black Church (Lincoln & Mamiya, 1990). The dramatic and powerful influence of racial discrimination on the formation of the Black Church was well understood by Lincoln and Mamiya who maintained that, “If there had been no racism in America, there would be no racial churches; White denominations and Black denominations” (p. 6). The separation of worship services into Black and White churches was observed by Martin Luther King Jr. who asserted that the most segregated hour in America is on Sunday morning at 11:00 during church worship services.
According to Lincoln and Mamiya (1990) the first known Black churches in America were the African Baptist or Bluestone Church in Mecklenberg, Virginia on the William Byrd plantation in 1758 founded by a slave named Andrew Bryan; and the Silver Bluff Baptist Church, established on the South Carolina bank of the Savannah River, near Augusta Georgia founded by a slave named George Liele somewhere between 1753 and 1758. Also, Sernett (1999) noted that it was an incident of racial discrimination at St. George's Church in 1794 which led former slave Richard Allen to found the Bethel African Methodist Episcopal Church in Philadelphia, the first African Methodist Episcopal Church in America. Later in Philadelphia in 1807, former slave John Gloucester who was converted to Christianity by his slave master established the first African Presbyterian Church (Sernett). Shortly thereafter in 1821, the African Methodist Episcopal Zion Church was established in New York and distinguished itself from Allen's church by adding Zion to its name (Raboteau, 1999; Sernett). Thus, this began the independent movement of the Black Church, and interdenominational disagreements and conflicts over issues of church politics furthered the growth of denominations within the Black Church (Raboteau), and expanded the role of the Black Church within the Black community.

The Black Church has developed into a complex social institution with various roles and functions in the Black community. Several models of the Black Church have emerged to provide an understanding of these roles and functions. One of the most comprehensive of these models is the dialectical model proposed by Lincoln and Mamiya (1990). This model suggests the following six main parts of dialectically related polar opposites, which insinuate necessary tensions, and provide a holistic
representation of the Black Church: (a) priestly and prophetic functions, (b) other-worldly, versus this-worldly orientations, (c) universalistic Christian message and particularistic racial history, (d) communal and privatistic orientations, (e) charismatic versus bureaucratic style, and (f) resistance versus accommodation (Lincoln & Mamiya). Lincoln and Mamiya argued that the dialectical model provides a more objective analysis and comprehensive understanding of the Black Church, and is helpful in understanding its' consciousness and pluralism.

As noted earlier, the Black Church, and religiosity partly derived from involvement in the Black Church, plays an important role in the lives and culture of Black Americans and impacts many aspects of the Black American experience. The beliefs and values espoused by the Black Church have often been used by Black Americans as means of coping with adversity, dealing with prejudice, discrimination and oppression, preserving the family unit, and addressing issues of unemployment and poverty (Constantine et al., 2000). While the Black Church is not necessarily viewed as a panacea for all of the social and psychological ills faced by many Black Americans, Adkison-Bradley et al. (2005), noted that the Black Church serves as a venue that enhances the ability of Black Americans and their families to deal with a multitude of adversities and hardships they face in a sometimes hostile and debilitating environment.

Although faced with many social, psychological and personal issues, many Black American churchgoers would not seek secular counseling aside from a referral from the pastor or a minister of their church (Cook & Wiley, 2000). This underscores the important role that clergy have in influencing the mental health help seeking attitudes and behaviors of Black American churchgoers. Though the literature on Black
clerical persons does not identify a universal perspective among them regarding mental health help seeking attitudes, it does acknowledge that Black American clergy play an important role in determining if a churchgoer seeks counseling, the type of counseling sought, and the progress of treatment (Cook and Wiley). Furthermore, Lee (2006) in citing Smith (1982) commented that many Black Americans tend to seek certain counselors because of their religious and pastoral identification. Therefore, membership in, or frequent attendance to a Black Church by Black Americans can play an instrumental role in determining whether or not they seek counseling and what type of counseling they would utilize.

Summary

The review of the literature germane to this study revealed the afrocentric paradigm (Schiele, 1996) and the multisystemic approach (Boyd-Franklin, 1989) as theoretical frameworks which may be used as a basis for understanding Black Americans from a cultural contextual perspective. The afrocentric paradigm offers an appreciation for and comprehension of a cultural worldview espoused by many Black Americans. It identifies the collectivistic as well as individualistic perspectives that bind and separate Black Americans in their attitudes, values and beliefs. The multisystemic approach provides an understanding of the role of the Black Church in the Black community. The emphasis on the role of the Black Church in the lives of many Black Americans affirms the need for collaboration with the Black Church in identifying the mental health needs and providing mental health services to Black Americans in general and to Black American churchgoers specifically.
The study of the influence and impact of religion on physical as well as mental health has an extensive history in the literature. Although there are no definitive and consensual conclusions regarding the effects religion has on mental health, the majority of the reviewed literature indicates the existence of some relationship between the two. Historically, this relationship has been viewed as negative and being correlated with mental disturbance (Ellis, 1980; Freud, 1927), however more recent research has changed this perspective and identified both positive and negative relationships between religion and mental health (Atchely, 1997; Ferraro & Albrecht-Jensen, 1991; Koenig et al., 1988; Levin, Chatters, & Taylor, 1995).

Extensive research has also been conducted on mental health help seeking attitudes and beliefs among different populations. However, there have been few empirical research studies ascertaining Black American churchgoers’ attitudes about seeking professional help for mental health issues. According to Fischer and Turner (1970), individuals’ attitudes toward seeking help for their mental health are influenced by their basic attitudes. For Black American churchgoers, their affiliation with the Black Church impacts their basic attitude toward myriad situations and circumstances, and it can influence their decision making. The decision to seek professional help for mental health problems and their preferences for the characteristics in those they seek help from can be further impacted by Black Americans’ formal and informal support systems. According to Rogers (2007), the Black Church has been recognized as the institution that accentuates empowerment for Black American churchgoers, and he recommended further research to help in understanding the role of the Black Church in the lives of Black Americans. Likewise, Jones (1997) suggested expanded research to
address the role, religion through the Black Church, has as a potential mental health intervention for Black Americans. This researcher sought to answer the call for empirical research that helps the mental health profession realize whether or not religious faith and mental health help seeking attitudes are related to preferences for counselor characteristics among Black American churchgoers.
CHAPTER 3

METHODOLOGY

The purpose of this study was to explore the relationships between religious faith, mental health help seeking attitudes and preferences for counselor characteristics among Black American churchgoers. The counseling literature has identified the saliency of these factors in the counseling process for various ethnic groups. More specifically, for Black Americans, their higher level of religiosity may be a significant factor which is related to their preferences for counselor characteristics. Furthermore, the mental health help seeking attitudes of Black American churchgoers may influence their preferences for characteristics in traditional counselors. Thus, the interfacing of these three factors may influence whether or not Black American churchgoers engage in the counseling process. This chapter depicts the participants, instruments, procedures, research design and research hypotheses, and methods of data analysis of this study.

Participants

Participants were Black Americans who are members or attendees of Black churches in two Midwestern states. The denominational affiliation of the participants was self-identified from among the choices of African Methodist Episcopal (AME), Baptist, Christian Method Episcopal (CME), and Church of God in Christ (COGIC), United Church of Christ (UCC), Non-denominational and Other. Permission was granted from the University Human Subjects Institutional Review Board prior to soliciting voluntary participation from the participants. This investigator made contact
with pastors of churches or their representative in the catchment areas via-e-mail, letters and face-to-face contact to request permission to survey the congregation.

Instrumentation

The measurement instruments used for this study were a demographic questionnaire (Appendix C) developed by this investigator; the Age-Universal Religious Orientation Scale (AUROS) (Gorsuch & Venable, 1983), a measure designed to assess intrinsic and extrinsic religious orientation; the Attitudes toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Turner, 1970); and a modified version of the Preferences for Counselor Characteristics Scale (Atkinson et al., 1986) (Appendix D) used to assess clients’ preferences for counselor characteristics. The description of the instruments and the rationale for their use are noted in the following section.

Demographic Sheet

This questionnaire was developed by this investigator to identify various demographic variables for each participant. The questionnaire elicited information that identified each participant’s gender, age, marital status, ethnicity, approximate annual income, highest educational level completed, and his or her religious denomination. Also, participants were asked whether or not they have ever been involved in a professional relationship with a licensed counselor, psychologist, psychiatrist or social worker for a personal problem or received prior counseling from a pastor or other clergy person for a personal problem. Ethnicity was included in the demographic questionnaire based upon the knowledge that there are within group differences of ethnic identification among Black Americans. The collection of the demographic data
was used for descriptive statistics and it was used to facilitate the comparison of within
and between group differences among the participants.

**Age-Universal Religious Orientation Scale (AUROS) (Gorsuch and Venable, 1983)**

The Age-Universal Religious Orientation Scale (AUROS) (Gorsuch & Venable, 1983) is a revision of Allport and Ross' (1967) Religious Orientation Scale (ROS). The AUROS was developed as an instrument to expand the use of the ROS to children (fifth grade and above) and was found to be appropriate for adults as well. According to Gorsuch, Henighan, and Barnard (1972), difficulty in rejecting the null hypothesis and false relationships can occur if the language in a scale is too difficult for even part of the sample to comprehend. Thus, the items on the ROS were re-written to reflect a fifth grade readability level as much as possible without changing the basic content of the original ROS scale (Gorsuch & Venable).

The AUROS is a 20-item self-report scale consisting of intrinsically worded items such as “It is important for me to spend time in private thought and prayer” and extrinsically worded items such as “I go to church because it helps me to make friends.” The items are scored on a 5-point Likert scale with responses ranging from (1) strongly disagree to (5) strongly agree. There are 9 intrinsically worded items and 11 extrinsically worded items. Subscale scores on the intrinsic scale range from 9-45, and the scores on the extrinsic scale range from 11-55. A median split of the subscale scores is used to categorize respondents into the religious orientation types. Gorsuch and Venable (1983) maintained the original scoring method of the AUROS; however, Donahue (1985) suggested the use of theoretical midpoints of 27 and 33 for the
intrinsic and extrinsic subscales, respectively, versus the use of a median split, for continuity in scoring.

Allport and Ross (1967) described persons with an intrinsic orientation as those who “find their master motive in religion. Other needs...are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with religious beliefs and prescription. Having embraced a creed the individual endeavors to internalize it and follow it fully” (p. 434). Conversely, persons with an extrinsic orientation “use religion for their own needs...Persons with this orientation may find religion useful in a variety of ways—to provide security and solace, sociability and distraction, status and self-justification” (p. 434). In addition to the extrinsic and intrinsic types, Allport and Ross identified individuals who could be considered indiscriminately pro-religious or indiscriminately anti-religious.

The four orientation types are categorized based upon subscale scores. The intrinsic type agrees with intrinsically worded items on the intrinsic subscale and disagrees with extrinsically worded items on the extrinsic subscale. The extrinsic type agrees with extrinsically stated items on the extrinsic subscale and disagrees with items on the intrinsic subscale. Allport and Ross (1967) suggested the following categorization based upon scores on both subscales: The intrinsic types score falls below the median scores on both scales, and the extrinsic types scores fall above the median scores on both subscales. Indiscriminately pro-religious individuals are those who on the intrinsic subscale score at least 12 points less than on the extrinsic subscale; and the indiscriminately anti-religious individuals show a strong tendency to disagree with items on both subscales. Hood (1970) and Genia (1998) made a slight but practical
change from this classification method in order to avoid the loss of participants. They suggested that the subscales are scored so that higher scores on each subscale indicate a greater degree of that particular religious orientation. Their scoring method defined the intrinsic orientation as a high score on the intrinsic scale and low score on the extrinsic scale; extrinsic orientation as a high score on the extrinsic scale and low score on the intrinsic scale; indiscriminately anti-religious orientation as a low score on both subscales; and indiscriminately pro-religious orientation is defined as a high score on both subscales.

Gorsuch and Venable (1983) administered the AUROS and ROS to 101 adult protestant Christian volunteers from various groups at six protestant churches and from a Christian college dormitory and found internal consistency reliability coefficients of .73 for the intrinsic scale and .66 for the extrinsic scale for the AUROS. These values were consistent with the alpha coefficients of .73 for the intrinsic subscale and .70 for the extrinsic subscale for the same subjects on the ROS. Correlations between the ROS and AUROS were .90 for the intrinsic subscale and .79 for the extrinsic subscale. Hill, Tisdale, and Brokaw (1994) conducted a review of religious measurement instruments and concluded that the AUROS is psychometrically sound, and age universal, thus making it the instrument of choice in assessing religious orientation. The AUROS was an appropriate measure of religious orientation for use in this study; and Donahue’s (1985) recommended theoretical median split for scoring and Hood (1970) and Genia’s (1998) suggested categorization system were utilized.
Attitude toward Seeking Professional Psychological Helps Scale (ATSPPHS) (Fischer & Turner, 1970)

The ATSPPPHS, developed by Fischer & Turner (1970) is a 29-item scale which measures attitudes and beliefs concerning psychology and mental health. Items are scored on a 4-point Likert scale in which respondents rate their level of agreement ranging from disagreement (1) to agreement (4). Eleven items are positively keyed so that agreement indicates positive attitudes, and 18 are negatively keyed so that disagreement with the item shows positive attitudes toward seeking psychological help. Negatively keyed items are reversed scored and items are added for a total score. Total scores range from 29 to 116 and higher scores are associated with more favorable attitudes toward seeking psychological help. The instrument has four subscales: (a) Stigma (tolerance of stigma associated with seeking and receiving psychological help), (b) Need (one’s personal recognition of need for professional help), (c) Openness (interpersonal openness regarding personal problems), and (d) Confidence (confidence in the mental health professional’s competence and ability to be of assistance) (Fischer & Turner). Tryon’s reliability coefficients were used by Fischer and Turner for the subscales and they reported reliability coefficients ranging from .62 to .74. Using the same method, the full scale reliability was .86 with test re-test reliability coefficients ranging from .73 to .89. Interscale correlations ranged from .25 to .35. Fischer and Turner have suggested that the underlying structure and variability among several studies warrant the use of the full scale instead of the independent subscales. The ATSPPHS has been one of the most widely used instruments to measure mental health
help seeking attitudes among ethnic groups and was considered appropriate for this study.

**Preferences for Counselor Characteristics Scale (Atkinson et al. 1986)**

This paired-comparison questionnaire was developed by Atkinson et al. (1986) to elicit respondents' preferences for counselor characteristics. According to the authors, the format of similar and dissimilar stimuli is used as an exhaustive procedure to assess counselor preferences attitudes; and requires respondents to give careful consideration to each characteristic presented. The questionnaire presents 16 counselor characteristics in a forced-choice response, paired comparison format using the following characteristics and choices: education (more/similar), attitudes and values (similar/dissimilar), personality (similar/dissimilar), ethnicity (similar/dissimilar), sex (same/opposite), socioeconomic status (similar/dissimilar), age (similar/older), and religion (similar/dissimilar). Each characteristic is paired with each of the other 15 characteristics and produce a total of 120 (16 x 15/2) forced-choice items. For example, the statement and question stem reads “If you were going to see a counselor for a personal problem, would you prefer to see a counselor who is (a) dissimilar to you in religion or (b) similar to you in age? Responses for education and age are made less ambiguous by substituting “more educated” and “older than” for “dissimilar”. The characteristics are rank ordered based upon the percentage of times they are chosen over other characteristics.

The counseling literature has well documented that Black Americans prefer ethnically similar counselors. However, further research has shown that Black Americans prefer other characteristics as well (Atkinson et al., 1986; Atkinson et al.,
The Preference for Counselor Characteristic Scale (Atkinson et al., 1986) has been used to investigate the preferred counselor characteristics of Black Americans and other ethnic groups (Atkinson et al., 1986; Atkinson, Wampold, Lowe, & Ahn, 1998; Ponterotto et al.; Singer, 1997). The most widely used method of analysis in these studies was to rank order the counselor characteristics based upon the percentages of times they were selected by respondents.

Results of these studies consistently identified five characteristics as the most preferred: 1) similar attitude/values, 2) similar ethnicity, 3) more educated, 4) similar personality, and 5) older age. Although, there were some differences in the order of the five characteristics among the studies, all were consistently in the top 5 of the 16 suggested counselor characteristics. Although the results of the studies involving Black Americans indicated they preferred an ethnically similar counselor to an ethnically dissimilar counselor, they also showed a greater preference for other counselor characteristics (Atkinson et al., 1986; Atkinson et al., 1989; Ponterotto et al., 1988). For Black Americans the most preferred characteristics were 1) more educated, 2) similar attitudes/values, 3) older age, 4) similar personality, and 5) similar ethnicity (Atkinson et al., 1986; Atkinson et al., 1989; Ponterotto et al., 1988).

Although the Preference for Counselor Characteristics Scale consists of 16 characteristics selected on the basis of their relevance in past research on counselor-client similarity (Atkinson et al., 1986), it is not necessary to utilize all sixteen of the characteristics for the instrument to be useful. For example, Atkinson et al. (1989) used only 14 of the characteristics in their examination of the preferences of Black
Americans, Asian-Americans, Mexican Americans and White Americans. Atkinson et al. (1998) used only 12 of the characteristics in their application of the Bradley-Terry-Luce Model (BTL) for paired-comparison data when they explored the counselor characteristic preferences of Asian Americans.

There may be many reasons for excluding some of the characteristics in the exploration of preferences. One reason is that a particular characteristic or several characteristics are not relevant to the purpose of the investigation (Atkinson et al., 1989). Another reason may be that a researcher is not interested in the ranking of all of the characteristics, but instead is interested in the relationships of the characteristics under study (Atkinson et al., 1998). For this study, only the top five characteristics preferred by Black Americans were used to explore their relationship to the characteristic of similar religion. Although similar religion was not one of the most preferred characteristics by Black Americans in previous studies, this investigation sought to discover where similar religion falls on a continuum in tandem with the top five preferred characteristics for Black American churchgoers.

McGuire and Davison (1991) offered an alternative method of analysis for testing group differences in paired-comparison data. Instead of rank ordering the variables based upon frequency of choice, they suggested the BTL paired comparison model as a means of producing a scale or continuum of the variables. McGuire and Davison further noted that either weighted least squares (WLS) regression or logistics regression could be used to fit the BTL model. The Preferences for Counselor Characteristics Scale has been used to measure preferences for counselor characteristics among minority respondents and college students using the rank order method.
(Atkinson et al., 1986; Atkinson et al., 1989; Singer, 1997), and Atkinson et al. (1998) used the BTL model in examining Asian American preferences for counselor characteristics. The modified version of this instrument, using the more recent method of analysis, i.e., the BTL paired comparison model, was used in this study.

Procedures

The investigator of this study solicited participation of Black American churchgoers from five Black churches in Illinois and Michigan. The investigator made contact with pastors of churches or their representative in the catchment areas via e-mail, letters and face-to-face contact to set up meetings to request permission to survey the congregation.

Historically, Black Americans have been mistrustful and fearful of participating in research studies (Farmer, Jackson, Camacho, & Hall, 2007; McCallum, Arekere, Green, Katz, & Rivers, 2006). This mistrust and fear is especially pertinent to clinical research and results from the aftermath of medical research such as the Tuskegee Syphilis Study (McCallum et al., 2007). Other barriers faced when attempting to obtain research data from Black Americans are their attitudes towards research and social norms regarding participating in research studies. Also, important concerns for Black Americans in this area are knowledge of what is expected of them, and the benefits they may receive from their participation (Farmer et al., 2007). Farmer et al. suggested developing on-going relationships with potential participants, and networking with community leaders as effective strategies for overcoming these barriers. Recruitment strategies to increase Black Americans' participation in research studies include direct mailings, posting announcements at churches and meetings, notices in newspapers and
face-to-face contact (Farmer et al.). Face-to-face contact was used as a method of reducing the level of mistrust and fear among potential participants, as well as to increase participation in the study.

The investigator received written permission from the pastors or representatives of five Black churches in Illinois and Michigan to solicit participation in this study from members or attendees of these churches. The investigator collected the survey data over a two month period during various church worship services and a ministry meeting. Specifically, participation was sought at the early morning, midday or evening worship services of two UCC churches in Illinois and one Baptist church in Illinois and two Baptist churches in Michigan. Participation was solicited from one UCC church in Illinois and one Baptist church in Michigan on two separate occasions during a ministry meeting and worship service, respectively, because of the investigators affiliation with these churches, and because it helped to increase the sample size.

During the worship services the pastors informed the congregation of the study, and when time permitted the investigator was able to give a brief explanation of the study (see Appendix A) and those willing to participate were given the anonymous consent form, the survey packet consisting of the four measurement instruments and an envelope in which to put the completed survey packet to increase anonymity and confidentiality. When time did not permit the investigator the opportunity to address the congregation, potential participants came to a designated room in the church, and they were given an explanation of the study. Those willing to participate were then given the anonymous consent form, survey packet and envelope. During the ministry meeting the church representatives informed the attendees of the study and the investigator gave a
brief explanation of the study. Those willing to participate were then given the anonymous consent form, the survey packet and envelope. Although participants were told they could take the survey packet with them and return them the following week, most participants completed the survey packet and returned them after the worship service or ministry meeting. Five survey packets were returned the following week at one church in Illinois and three survey packets from one church in Michigan were returned the following week. The other churches did not report any survey packets being returned. Participants were not offered any monetary or other incentive for participating in the study, but they were informed that the data from their participation would be used to help the counseling profession better serve the counseling needs of Black American churchgoers.

A total of 325 consent forms and survey packets were distributed to potential participants at the five different Black churches. Participants were instructed to read the consent form and detach it from the survey packet and keep it for their records. They were asked to complete the questionnaires in the survey packet and place the completed questionnaires in the envelope provided. Of the 325 survey packets distributed, 268 were returned at the time of distribution and eight were returned the following week. Forty-two surveys were not returned and there were seven that could not be used because they were either not completely filled out or the participant identified himself or herself as other than Black or African American. Thus, the overall response rate was 87% and the usable response rate was 84%.
Research Design

According to Leary (2004), survey research is used to inquire about people’s attitudes, lifestyles, behaviors and problems. Furthermore, the goal of this type of exploratory research design is to provide a description of people’s behaviors, thoughts or feelings. Leary described most surveys as cross-sectional in which one group of participants that may represent a larger section of the population is surveyed. Using a convenience sample of a cross-section of Black American churchgoers, this researcher explored the relationships between religious faith, mental health help seeking attitudes and preferences for counselor characteristics.

This research design was used to help answer the following research questions:
Research Question 1: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their religious faith?
Research Question 2: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their mental health help seeking attitudes?
Research Question 3: Does religious faith and mental health help seeking attitudes affect preferences for counselor characteristics among Black American churchgoers?

Data Analysis

The principal investigator used analysis of variance, descriptive, correlation, Chi square and weighted least squares regression statistics to analyze the data. The data was collected, numbered and transferred to computer files and statistical analyses were performed using Statistical Package for the Social Sciences (SPSS) and SAS computer programs. The significance level of .05 was used for all statistical tests. Descriptive
statistics were used to describe the participants in relation to their gender, age, marital status, ethnicity, approximate annual income, educational level, church membership status and prior counseling experience.

Analysis of variance was used to test the following hypotheses related to research questions one and two:

Hypothesis I: There are no differences in Black American churchgoers’ preferences for counselor characteristics based on their religious faith.

Hypothesis II: There are no differences in Black American churchgoers’ preferences for counselor characteristics based upon their mental health help seeking attitudes.

WLS regression analysis was used to test the following hypothesis related to research question three:

Hypothesis III: Religious faith and mental health help seeking attitudes do not affect preferences for counselor characteristics among Black churchgoers.

WLS regression analysis is a method for analyzing paired-comparison data that helps solve the problem of determining where observed stimuli are located on an unobservable continuum (McGuire & Davison, 1991). The Bradley-Terry-Luce Model (BTL: as cited in McGuire & Davison) is a model of WLS regression method that places the stimuli of preference data within homogenous groups on a continuum (McGuire & Davison). The scaling of the stimuli allows for the observation of the proportion of times when one stimulus is selected over another. Moreover, WLS is used to indicate the probability of a particular outcome for each set of paired-comparisons (Tabachnick & Fidell, 2001). The BTL model can be extended to multiple groups and makes it possible to use paired comparisons data to test for group differences.
According to McGuire and Davison (1991), WLS regression analysis is related to discriminate function analysis, but provides a more flexible method of analysis for paired-comparison data. They offer the following advantage of WLS regression over discriminate function analyses: (a) the predictors in logistics regression can be continuous, discrete or dichotomous, or a combination of the three, (b) it is not necessary for the predictor variables in WLS regression analysis to be normally distributed, linearly related or of equal variance, and (c) WLS regression does not result in negative probabilities.

Previous researchers (Atkinson et al., 1986; Atkinson et al., 1989; Bennett & Bigfoot-Sipes, 1991; Ponterotto et al., 1988) used the Preferences for Counselor Characteristics Scale in paired-comparison studies to examine the relationship between preferences for counselor characteristics and ethnicity or some other within group variable (Atkinson, 1998). Three of the four studies used rank order correlations based upon proportions aggregated across the counselor characteristics to identify the most salient characteristics for the groups under study. Bennett and Bigfoot-Sipes (1991) used MANOVAs in their analysis of the counselor characteristics paired-comparison data.

The methodology of these studies has raised questions about their results. Hays (1994) asserted that rank ordering based upon proportions aggregated across the counselor characteristics is subject to distortion when a subgroup of participants consistently prefers one characteristic over all the others. Atkinson et al. (1998) took note of this observation and later used the BTL model of WLS regression analysis to examine Asian American preferences for counselor characteristics. The results of this
study confirmed and extended the findings of the earlier paired-comparison studies, which indicated that participants' preferences for counselor characteristics vary by problem (Bennett & Bigfoot-Sipes, 1991), and that ethnic minorities preferred counselors with similar attitudes and values to ethnically similar counselors (Atkinson et al., 1986; Atkinson et al., 1989; Ponterotto et al., 1988). Atkinson et al.'s (1998) study further extended the findings of previous research by reporting that for Asian Americans, problem type, sex of participant, and level of acculturation were all related to preferences for certain counselor characteristics.

This exploration of Black American churchgoers' preferences for counselor characteristics used the BTL model for paired comparisons with WLS regression analysis to explicate the most salient characteristics for this sub-group of Black Americans. This analysis yielded a $R^2$ associated F test to determine statistically significant relationships. The WLS regression analysis was used to determine the relationships between Black American churchgoers' religious faith, their mental health help seeking attitudes and preferences for counselor characteristics.
CHAPTER 4

RESULTS

The purpose of this study was to explore the relationships between religious faith, mental health help seeking attitudes and preferences for counselor characteristics among Black American churchgoers. The first section of this chapter provides a description of the participants, and the subsequent section presents the results of statistical tests used to analyze the data.

Description of Participants

Survey data was collected from 276 self-identified Black American participants who attended five different Black churches of various denominations in two Midwestern states. Women represented a larger proportion of the sample (69%; n=190) than men (31%; n=86). The participants' ages ranged from 18-94 years, with a mean of 47.6 years. Forty-nine percent (n=136) of the participants were married, 15% (n=42) were divorced, 6% (n=17) were widowed, and 29% (n=81) reported they were single. The annual income of participants were reported as follows: 13% (n=35) earned under $10,000 per year, 12% (n=33) earned $10,000-$25,000 per year, 30% (n=83) earned $26,000-$45,000 per year, 23% (n=64) earned $46,000-$65,000 per year, 9% (n=26) earned $66,000-$85,000 per year, 5% (n=14) earned $86,000-$106,000 per year, and 8% (n=21) earned $106,000 or more per year. As it pertains to education, 1% (n=3) reported they had only attended grade school, 15% (n=41) reported they had completed high school, 30% (n=81) reported they had attended college but not graduated, and an equal percentage of participants reported they were college graduates, 27.5% (n=76) or that they had completed graduate or professional school 27.2% (n=75).
Participants represented eight religious denominations as well as those participants who described themselves as non-denominational. Over half of the participants were Baptist, 53% (n=148), and more than one-third were affiliated with the UCC denomination 37% (n=102). Those representing the Other category were affiliated with either the Church of Christ (n=4), Church of God (n=2) or Catholic (n=3) denominations. Table 1 provides a description of the sample's denominational affiliation.

Table 1

*Denominational Distribution within the Sample of 276 Black American Churchgoers*

<table>
<thead>
<tr>
<th>Denomination</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME</td>
<td>2</td>
<td>0.7</td>
</tr>
<tr>
<td>CME</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Baptist</td>
<td>148</td>
<td>53.6</td>
</tr>
<tr>
<td>COGIC</td>
<td>5</td>
<td>1.8</td>
</tr>
<tr>
<td>Non-denominatinal</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>UCC</td>
<td>102</td>
<td>37.1</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>276</td>
<td></td>
</tr>
</tbody>
</table>

Research on mental health help seeking has shown that Black American women seek mental health services more than Black American men do (Neighbors & Howard, 1987; Taylor et al., 1989), and that prior therapeutic experience may affect mental health help seeking attitudes (Singer, 1997). Thirty-six percent
(n=100) of the participants reported they had been involved in a professional relationship with a licensed counselor, psychologist, psychiatrist or social worker to address a personal problem; and 64% (n=176) reported they had never been involved in a professional relationship with a mental health professional for a personal problem. Forty-two percent (n=117) of the participants had received counseling from a pastor or other clergy person for personal problems, and 58% (n=159) of the participants reported they had never received counseling from a pastor or other clergy person for a personal problem. Chi-square analysis using Yates’ correction was performed to determine if there was a difference between the proportion of males and females who had prior counseling experience. Results indicated there was no statistically significant difference between the proportion of men and women who indicated they have been involved in a professional relationship with a mental health provider for a personal problem, $\chi^2 (df = 1, N = 276) = .401, p > .05$. Likewise, there was no statistically significant difference between the proportion of men and women who had received counseling from a pastor or other clergy person for a personal problem, $\chi^2 (df = 1, N = 276) = .265, p > .05$. An equal proportion of men had received both professional and pastoral counseling. However, more women than men indicated they had received both types of counseling; and a larger number of both genders reported they had not received either type of counseling than those who had received counseling. Tables 2 and 3 present the percentages of participants by types of counseling and gender.
Table 2

Involvement in Professional Counseling by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>86</td>
<td>39.5%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Female</td>
<td>190</td>
<td>34.7%</td>
<td>65.3%</td>
</tr>
</tbody>
</table>

Note: Yates' Correction for Continuity was used to compensate for overestimation of chi-square value in a 2x2 table.

Table 3

Involvement in Pastoral or Clerical Counseling by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>86</td>
<td>39.5%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Female</td>
<td>190</td>
<td>43.7%</td>
<td>56.3%</td>
</tr>
</tbody>
</table>

Note: Yates' Correction for Continuity was used to compensate for overestimation of chi-square value in a 2x2 table.

Lack of mental health insurance coverage has been found to be a factor that influences the utilization or non-utilization of mental health services among Black Americans (Snowden, 2001). For many Black American churchgoers, counseling services may be provided by the churches they attend. However, for Black American churchgoers who seek professional mental health services from non-clerical persons, such services are typically covered by insurance or the services must be paid for from one's annual earnings. Taylor et al. (1989) proposed that annual income level might be a significant factor in the use or non-use of mental health services. A Pearson Chi-Square analysis was conducted to assess the relationship between annual income level and the use of mental health services. Results indicated there was no significant relationship
between reported annual income and prior counseling experience with a mental health professional for this sample of Black American churchgoers, $\chi^2 (df = 6, N = 276) = 8.954, p > .05$. Although there was no statistically significant difference in the proportion of participants who received traditional mental health services based on annual income, participants who reported an annual income of $26,000-$45,000, 11.2% (n=31), represented the greatest frequency of those with prior counseling experience with a licensed mental health professional. Sixty-four percent (n=176) of participants reported they had no prior professional relationship with a licensed mental health professional. Table 4 presents the frequencies and percentages of participants by annual income who reported having been involved in a professional relationship with a licensed mental health provider (n=100).

Table 4

*Frequency and Percentage of Professional Counseling Experience by Income*

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $10k</td>
<td>9</td>
<td>3.3</td>
</tr>
<tr>
<td>$10k-$25k</td>
<td>10</td>
<td>3.6</td>
</tr>
<tr>
<td>$26k-$45k</td>
<td>31</td>
<td>11.2</td>
</tr>
<tr>
<td>$46k-$65k</td>
<td>21</td>
<td>7.6</td>
</tr>
<tr>
<td>$66k-$85k</td>
<td>11</td>
<td>4.0</td>
</tr>
<tr>
<td>$86k-$105k</td>
<td>5</td>
<td>1.5</td>
</tr>
<tr>
<td>$106k+</td>
<td>13</td>
<td>4.7</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>36.2</td>
</tr>
</tbody>
</table>
The relationship between the AUROS and the ATSPPHS was investigated using the Spearman Rho correlation coefficient. Results revealed a small but statistically significant relationship between the two scales (Spearman $r_s = .13$, $n=276$, $p < .05$) with higher scores on the AUROS associated with higher scores on the ATSPPHS. This indicates that participants with high scores on either subscale of the AUROS were more likely to seek help for mental health issues. The participants were partitioned into religious orientation groups (intrinsic, extrinsic, indiscriminately anti-religious, indiscriminately pro-religious) based upon the combined intrinsic and extrinsic subscales scores of the AUROS. A median split of the subscale scores is used to categorize respondents into the religious orientation types. However, Donahue (1985) suggested the use of theoretical midpoints of 27 and 33 for the intrinsic and extrinsic subscales, respectively, versus the use of a median split, to maintain continuity in scoring. The theoretical midpoints were used in this study to categorize participants into the religious orientation groups. Given there were no participants who scored in the extrinsic category range and only two participants who scored within the limits of indiscriminately anti-religious, the religious orientations were collapsed into the intrinsic ($n = 191$) and indiscriminately pro-religious ($n = 83$) categories.

One-way between groups analysis of variance was used to examine differences among the religious denominations on the intrinsic and extrinsic subscales scores of the AUROS. Prior to statistical analysis of the data, tests for homogeneity of variance were conducted and Levene's tests of homogeneity of variance for the intrinsic subscale $F(5, 269) = .587$, $p = .511$ and the extrinsic subscale $F(5, 269) = 1.59$, $p = .161$ were accepted. Because of the CME denomination's small cell size ($n=1$), it was excluded
from the ANOVA analysis. ANOVA results indicated there were no statistically significant differences on the intrinsic subscale scores among the different religious denominations, $F(5, 274) = .436, p > .05, \eta^2 = .00$. Additionally, there were no statistically significant differences among the religious denominations on the extrinsic subscale, $F(5, 274) = 2.00, p = .078, \eta^2 = .03$. Table 5 presents the means and standard deviations of the AUROS subscales for each denomination.

Table 5  

*Mean and Standard Deviations for Religious Subscales by Denomination, N=275*

<table>
<thead>
<tr>
<th>Denomination</th>
<th>Intrinsic n</th>
<th>M</th>
<th>SD</th>
<th>Extrinsic M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME</td>
<td>2</td>
<td>37.00</td>
<td>1.41</td>
<td>27.50</td>
<td>3.53</td>
</tr>
<tr>
<td>Baptist</td>
<td>148</td>
<td>39.61</td>
<td>4.53</td>
<td>27.90</td>
<td>6.96</td>
</tr>
<tr>
<td>COGIC</td>
<td>5</td>
<td>38.20</td>
<td>3.03</td>
<td>28.60</td>
<td>2.07</td>
</tr>
<tr>
<td>UCC</td>
<td>102</td>
<td>39.71</td>
<td>4.09</td>
<td>25.58</td>
<td>6.41</td>
</tr>
<tr>
<td>Non-denominational</td>
<td>9</td>
<td>38.22</td>
<td>5.21</td>
<td>27.89</td>
<td>8.05</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>39.56</td>
<td>3.67</td>
<td>30.56</td>
<td>6.50</td>
</tr>
</tbody>
</table>

Note: The harmonic mean was used due to unequal group sizes.

To test for differences on the ATSPPHS among the religious denominations, a one-way between groups analysis of variance was conducted. Total scores on the ATSPPHS range from 29 to 116 and higher scores are associated with more favorable attitudes toward seeking psychological help. The instrument has four subscales: (a) Stigma (tolerance of stigma associated with seeking and receiving psychological help),
(b) Need (one’s personal recognition of need for professional help), (c) Openness (interpersonal openness regarding personal problems), and (d) Confidence (confidence in the mental health professional’s competence and ability to be of assistance) (Fischer & Turner, 1970). However, Fischer and Turner suggested that the underlying structure and variability among several studies warrant the use of the full scale, using a median split to discriminate between high and low scores, instead of using the independent subscales. Respondents were divided into high (n = 139) and low (n=137) groups based upon the median score of 82 on the ATSPPHS.

Prior to statistical analysis, Levene’s test of homogeneity of variance revealed that the assumption of equal variance among scores on the ATSPPHS for the different denominations was acceptable, $F(5, 269) = 1.20, p = .308$. The CME denomination was excluded from the ANOVA analysis due to its small cell size (n=1). The ANOVA test indicated a large effect size and a statistically significant difference in help seeking attitudes scores among participants in the different religious denominations, $F(5, 274) = 11.66, p < .05, \eta^2 = .17$. Post-hoc comparisons using the Tukey HSD test revealed that the mean scores for Baptist churchgoers ($M=77.54, SD=11.58$) was significantly different from the UCC denomination mean scores ($M=90.81, SD 14.10$). Overall, the participants affiliated with the UCC denomination reported more favorable attitudes towards seeking psychological help than did the participants affiliated with the Baptist denomination. No other combinations of paired comparisons of religious denominations differed significantly from each other. Table 6 presents the means and standard deviations of the ATSPPHS for each denomination.
Table 6
Mean and Standard Deviations for the ATSPPHS by Denomination, N=275

<table>
<thead>
<tr>
<th>Denomination</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME</td>
<td>2</td>
<td>89.00</td>
<td>14.14</td>
</tr>
<tr>
<td>Baptist</td>
<td>148</td>
<td>77.54</td>
<td>13.04</td>
</tr>
<tr>
<td>COGIC</td>
<td>5</td>
<td>75.40</td>
<td>11.58</td>
</tr>
<tr>
<td>UCC</td>
<td>102</td>
<td>90.81</td>
<td>14.10</td>
</tr>
<tr>
<td>Non-Denominational</td>
<td>9</td>
<td>81.67</td>
<td>15.85</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>79.44</td>
<td>20.59</td>
</tr>
</tbody>
</table>

Note: The harmonic mean was used due to unequal group sizes.

Research Question 1: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their religious faith?

A between subjects ANOVA was used to determine if there were differences in the preferences for counselor characteristics among Black American churchgoers grouped into the intrinsic and indiscriminately pro-religious religious orientations. Levene’s test of homogeneity of variance was accepted, $F(11, 48) = .551, p = .858$. ANOVA results indicated a high statistically significant main effect for counselor characteristics, $F(5, 48) = 11.778, p < .05$, partial eta squared = .55. To assess pair-wise differences among the six characteristics, the Tukey HSD test was performed. The post hoc test revealed statistically significant mean differences between the following pairs of counselor characteristics: similar religion and more education; similar religion and older age; similar religion and similar personality; similar attitudes and values, and
more education; similar attitudes and values, and older age; similar attitudes and values, and similar personality; and similar ethnicity and older age. All p values were less than .05. The main effect for religious orientation $F(1, 48) = .000. p = 1.000$ and the interaction effect, $F(5,48) = .341, p = .885$ did not reach statistical significance. The participants in the two religious orientation categories selected similar religion and similar attitudes and values more often than not when they were paired with more educated, older age and similar personality. Also, similar ethnicity was selected more frequently when paired with older age. Table 7 shows the means and standard deviations for the different counselor characteristics for both religious orientations.

Table 7

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>AUROS</th>
<th>Pro-religious</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
</tr>
<tr>
<td>Intrinsic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=191</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Religion</td>
<td>70.4</td>
<td>10.99</td>
</tr>
<tr>
<td>Similar Attitude</td>
<td>69.3</td>
<td>18.90</td>
</tr>
<tr>
<td>Similar Ethnicity</td>
<td>50.7</td>
<td>17.82</td>
</tr>
<tr>
<td>More Educated</td>
<td>45.6</td>
<td>15.15</td>
</tr>
<tr>
<td>Similar Personality</td>
<td>32.1</td>
<td>16.50</td>
</tr>
<tr>
<td>Older Age</td>
<td>31.6</td>
<td>12.19</td>
</tr>
</tbody>
</table>

**Note.** The two respondents in the indiscriminately anti-religious group were excluded.
Research Question 2: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their mental health help seeking attitudes?

A between subjects ANOVA was conducted to explore the differences between the preferences for counselor characteristics among Black American churchgoers based upon their scores on the ATPPHS. Levene’s test of homogeneity of variance indicated acceptance of the assumption of equal variance, $F(11, 48) = .489, p = .901$. Results of the ANOVA indicated a statistically significant main effect for counselor characteristics, $F(5, 48) = 11.459, p < .05$, partial eta squared = .54. Post hoc analysis using the Tukey HSD test revealed statistically significant differences between the means of the following pairs of counselor characteristics: similar religion and more educated; similar religion and older age; similar religion and similar personality; similar attitudes and values, and more educated, similar attitudes and values, and older age; and similar attitudes and values, and similar personality. The main effect for the help seeking groups, $F(1, 48) = .000, p = .999$, and the interaction effect, $F(5, 48) = .637, p = .672$ were not statistically significant. Participants in the two help seeking groups selected the counselor characteristics’ similar religion and similar attitudes and values more often than not when they were paired with older age, more education and similar personality. Table 8 provides the means and standard deviations for the counselor characteristics for the help seeking groups.
Table 8

Mean and Standard Deviations for Counselor Characteristics by Attitudes towards Seeking Psychological Help

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>ATSPPHS</th>
<th></th>
<th>ATSPPHS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High n=139</td>
<td></td>
<td>Low n=137</td>
<td></td>
</tr>
<tr>
<td>Similar Religion</td>
<td>68.18</td>
<td>13.27</td>
<td>70.2</td>
<td>6.59</td>
</tr>
<tr>
<td>Similar Attitude</td>
<td>69.0</td>
<td>18.13</td>
<td>67.8</td>
<td>16.96</td>
</tr>
<tr>
<td>Similar Ethnicity</td>
<td>56.3</td>
<td>19.18</td>
<td>43.0</td>
<td>13.83</td>
</tr>
<tr>
<td>More Educated</td>
<td>46.42</td>
<td>15.12</td>
<td>45.1</td>
<td>15.18</td>
</tr>
<tr>
<td>Similar Personality</td>
<td>32.4</td>
<td>17.60</td>
<td>37.3</td>
<td>14.45</td>
</tr>
<tr>
<td>Older Age</td>
<td>27.54</td>
<td>11.34</td>
<td>36.2</td>
<td>13.48</td>
</tr>
</tbody>
</table>

Research Question 3: Does religious faith and mental health help seeking attitudes affect preferences for counselor characteristics among Black American churchgoers?

WLS regression analysis using the Bradley-Terry-Luce (BTL) model (McGuire and Davison, 1991, Form I) for analyzing paired comparison data was used to determine if the combination of the participants’ level of religious faith and attitudes toward seeking psychological help affected their preferences for counselor characteristics. Full explication of the model can be found in McGuire and Davison. Again, due to the small cell size (n=2) the two respondents in the indiscriminately anti-religious group were excluded from this analysis.

Table 9 presents the paired comparison matrix for the 274 respondents. This table provides the base data for determination of the preference scaling. Interpretation
of the percent or frequency of this table reflects the proportion of respondents who ranked the column characteristics more favorably than the row characteristic. For example, in row one; similar religion, and column two; more educated, 27.4% of the respondents selected more educated as a more important characteristic than similar religion. Conversely, reading down column one, row two, 72.6% of the respondents selected similar religion as a more important characteristic than more educated. A second matrix (Table 10) showing the dummy coding as described earlier was constructed. This table also includes the frequencies of selection of the paired comparisons involving counselor characteristics j and k, as represented by the rows and columns in Table 9 as independent variables. The main purpose of the construction of tables 9 and 10 was for use in analyzing the data using the BTL model of WLS regression. Additionally, the tables were used to determine if there were enough participants who selected each pair of characteristics to warrant analysis of the data using the multiple group model. Matrices depicting the frequencies and percentages of the multiple groups' preferences are in Appendix E.
Table 9

Paired-Comparison Matrix of Counselor Characteristics Stimuli

<table>
<thead>
<tr>
<th>Counselor Characteristics</th>
<th>Similar Religion</th>
<th>More Educated</th>
<th>Similar Attitudes</th>
<th>Older Age</th>
<th>Similar Personality</th>
<th>Similar Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Similar Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Educated</td>
<td>f=199</td>
<td>f=178</td>
<td>f=101</td>
<td>f=130</td>
<td>f=158</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>72.6%</td>
<td>65.0%</td>
<td>36.9%</td>
<td>47.4%</td>
<td>57.7%</td>
<td></td>
</tr>
<tr>
<td>Similar Attitude</td>
<td>f=163</td>
<td>f=96</td>
<td></td>
<td>f=60</td>
<td>f=38</td>
<td>f=75</td>
</tr>
<tr>
<td>3</td>
<td>59.5%</td>
<td>35.0%</td>
<td></td>
<td>21.9%</td>
<td>13.9%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Older Age</td>
<td>f=219</td>
<td>f=173</td>
<td>f=214</td>
<td></td>
<td>f=138</td>
<td>f=188</td>
</tr>
<tr>
<td>4</td>
<td>79.9%</td>
<td>63.1%</td>
<td>78.1%</td>
<td></td>
<td>50.4%</td>
<td>68.6%</td>
</tr>
<tr>
<td>Similar Personality</td>
<td>f=206</td>
<td>f=144</td>
<td>f=236</td>
<td>f=136</td>
<td></td>
<td>f=170</td>
</tr>
<tr>
<td>5</td>
<td>75.2%</td>
<td>52.6%</td>
<td>86.1%</td>
<td>49.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Ethnicity</td>
<td>f=161</td>
<td>f=116</td>
<td>f=199</td>
<td>f=86</td>
<td>f=104</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>58.8%</td>
<td>42.3%</td>
<td>72.6%</td>
<td>31.4%</td>
<td>38.0%</td>
<td></td>
</tr>
</tbody>
</table>

Note. N=274. Frequency and percent values reflect a respondent’s preferences ranking of the column characteristic (j) over the row characteristic (k). The two respondents in the indiscriminately anti-religious group were excluded.
Table 10

*Dummy Coding J=6 Stimulus for Sample of 274 Black American Churchgoers*

<table>
<thead>
<tr>
<th>j</th>
<th>k</th>
<th>f</th>
<th>d_2</th>
<th>d_3</th>
<th>d_4</th>
<th>d_5</th>
<th>d_6</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>1</td>
<td>199</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>163</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>219</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>206</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>161</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>96</td>
<td>1</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>173</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>2</td>
<td>144</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>116</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>214</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>236</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>199</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>136</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
<td>86</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>104</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
</tr>
</tbody>
</table>

Note: j=column of stimuli, k=row of stimuli, f=frequency of responses

Given the variables of interest for the third research question were the religious orientation scores and ATSPPHS scores, and their effect on preferences for counselor characteristics, the participants were partitioned into four groups based upon their scores on the AUROS and ATSPPHS. The four groups were classified as: I/H= intrinsic religious orientation/high score on the ATSPPHS (Group 1), P/H= pro-religious orientation/high score on the ATSPPHS (Group 2), I/L=intrinsic religious orientation/low score on the ATSPPHS (Group 3), and P/L= pro-religious orientation/low score on the ATSPPHS (Group 4). A matrix similar to Table 9 was constructed to determine the frequencies of selections of the six characteristics by the four groups. This resulted in the construction of Table 11 which shows the frequencies depicted in column 4, as well as the partial dummy coding for multiple groups.
Table 11

Partial Multi-Group Dummy Coding for J=6 Stimulus in G=4 Groups of 274 Black American Churchgoers

<table>
<thead>
<tr>
<th>g</th>
<th>j</th>
<th>k</th>
<th>f</th>
<th>d_{2,1}</th>
<th>d_{3,1}</th>
<th>d_{4,1}</th>
<th>d_{5,1}</th>
<th>d_{6,1}</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>1</td>
<td>70</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>1</td>
<td>58</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>1</td>
<td>83</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>1</td>
<td>82</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>1</td>
<td>47</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>2</td>
<td>34</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>2</td>
<td>67</td>
<td>-1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>2</td>
<td>59</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>2</td>
<td>46</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
<td>3</td>
<td>78</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>3</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>3</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>4</td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>4</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>5</td>
<td>34</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>1</td>
<td>30</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>1</td>
<td>23</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>1</td>
<td>34</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>1</td>
<td>28</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>1</td>
<td>24</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>2</td>
<td>16</td>
<td>1</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>2</td>
<td>28</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>2</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>2</td>
<td>15</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>3</td>
<td>34</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>3</td>
<td>32</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>3</td>
<td>27</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>5</td>
<td>4</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>2</td>
<td>6</td>
<td>5</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>68</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>1</td>
<td>57</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>1</td>
<td>72</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>1</td>
<td>70</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>1</td>
<td>62</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-2</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>2</td>
<td>32</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 11 - Continued

<table>
<thead>
<tr>
<th>g</th>
<th>j</th>
<th>k</th>
<th>f</th>
<th>$d_{2,1}$</th>
<th>$d_{3,1}$</th>
<th>$d_{5,1}$</th>
<th>$d_{6,1}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>2</td>
<td>55</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>2</td>
<td>49</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>2</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>3</td>
<td>68</td>
<td>0</td>
<td>1</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>3</td>
<td>76</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>3</td>
<td>70</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>1</td>
<td>28</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>14</td>
<td>-1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>2</td>
<td>23</td>
<td>1</td>
<td>0</td>
<td>-1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>2</td>
<td>17</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>2</td>
<td>18</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3</td>
<td>34</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>3</td>
<td>34</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>3</td>
<td>28</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>5</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>4</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>5</td>
<td>21</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: $g$=number of groups, $j$=column of stimuli, $k$=row of stimuli, $f$=frequency of responses. See McGuire and Davison (1991) for a full explication of the BTL model and dummy coding.

Significance tests on the BTL model regression weights were used to test the null hypothesis that the scale values for the corresponding counselor characteristics stimuli equaled zero, the average scale value. The multiple group model or extended BTL model tested the null hypothesis that for Group 1 the corresponding stimulus scale value equaled zero; and for Groups 2 through 4, the null hypothesis was that a given scale value for a particular stimuli in Group 2, 3, and 4 was equal to the corresponding stimulus scale value in Group 1. The regression weights were used to determine the distances of the scale values from the zero point.
Tables 12 and 13 present the results of the WLS regression analysis. Multiple correlations for both the BTL model and the multiple group model were highly significant. For the BTL model $F(5, 10) = 8.52, p = .0022$, and for the multiple group model $F(20, 40) = 10.46, p < .0001$. To determine if there was an improvement in prediction of the multiple correlations from the BTL model to the multiple group model, an F statistic was calculated by (1) subtracting the error sums of squares of the multiple group model from the error sums of squares of the BTL model; (2) then dividing it by the difference of the degrees of freedom from the two models and; (3) this sum was then divided by the sum of the division of the error of sums of the multiple group model by its degrees of freedom (Kutner, 2005). McGuire and Davison (1991) described the formula for the degrees of freedom for the BTL and multiple group models as $(G-1)(J-1)$ and $(1/2)G(J-1)(J-2)$, respectively. The improvement in prediction for the multiple correlations from the BTL model to the multiple group model was also significant, $F(15, 40) = 8.86, p < .0001$. As indicated in Table 12, the multiple group model accounted for slightly more of the variance in the scale values than did the BTL model.
Table 12

Multiple Correlations and Significance Tests: Weighted Least Squares

<table>
<thead>
<tr>
<th>Hypothesis Tested</th>
<th>$R^2$</th>
<th>$df$</th>
<th>F</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>BTL Model</td>
<td>.809</td>
<td>5,10</td>
<td>8.52</td>
<td>.0022</td>
</tr>
<tr>
<td>Multiple-group model</td>
<td>.839</td>
<td>20,40</td>
<td>10.46</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>Improvement</td>
<td>-</td>
<td>15,40</td>
<td>8.86</td>
<td>&lt;.0001</td>
</tr>
</tbody>
</table>

Specific results of the BTL model shown in Table 13 indicate that the scale values for the counselor characteristics of *similar personality*, and *similar ethnicity* differed significantly from zero ($p < .05$). The multiple group model tested for intergroup differences in preferences for the counselor characteristics stimuli among the four combined religious and help seeking attitudes groups. Group 1 was selected as the target group because of the participants’ high scores on both the AUROS and ATSPPHS; and because it could be used as the comparison group to the other three groups. For Group 1 all corresponding scale values were statistically different from zero, $p < .05$. As indicated, participants in Groups 2 and 4 differed significantly in their preferences for the counselor characteristic of *similar personality* from that of participants in Group 1. There were no other statistically significant differences in counselor characteristics’ preferences among the four groups.
Table 13

Weighted Least Squares Regression Weights and Scale Value Estimates

<table>
<thead>
<tr>
<th>Stimulus</th>
<th>BTL Model</th>
<th>Multiple Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weights</td>
<td>Scale Value</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td>.2534</td>
</tr>
<tr>
<td>2</td>
<td>.2035</td>
<td>.2035</td>
</tr>
<tr>
<td>3</td>
<td>.2144</td>
<td>.2144</td>
</tr>
<tr>
<td>4</td>
<td>-.2241</td>
<td>-.2241</td>
</tr>
<tr>
<td>5</td>
<td>-.3675*</td>
<td>-.3675</td>
</tr>
<tr>
<td>6</td>
<td>-.4013*</td>
<td>-.4013</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-.0500</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-.0659</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>.0567</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>.1013*</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>.0820</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-.0181</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-.0192</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>.0333</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>.0253</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>-.0121</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>-.0555</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>-.0632</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>.0753</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>.1025*</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>.0644</td>
<td></td>
</tr>
</tbody>
</table>

Note: Stimuli: 1 = similar religion; 2 = more educated; 3 = similar attitudes/values; 4 = older age; 5 = similar personality; 6 = similar ethnicity, *p < .05.

Figure 1 depicts the scale value locations of the six counselor characteristics stimuli for each combined religious and help seeking group. Similar religion was the most preferred counselor characteristic among all four groups; and similar attitudes and values and more educated were the next most preferred counselor characteristics,
respectively. *More educated* was a more important counselor characteristic for the intrinsically religious oriented participants (Groups 1 and 3) than for the pro-religious oriented participants (Groups 2 and 4). The counselor characteristics of *older age*, *similar personality* and *similar ethnicity* were the least preferred among all four groups. However, the intrinsically oriented participants (Groups 1 and 3) indicated that *older age*, *similar personality* and *similar ethnicity* were less important counselor characteristics than did the pro-religious oriented participants (Groups 2 and 4). For the intrinsically oriented participants (Group 1) *similar personality* was the least preferred counselor characteristic; and for the pro-religious oriented participants (Group 3) *similar ethnicity* was the least preferred. The same results held for the pro-religious oriented participants (Group 2 and 4).
Figure 1. Stimulus scale values by religious and help seeking groups.

Note: Stimulus = 1 = similar religion, 2 = more educated, 3 = similar attitudes/values, 4 = older age, 5 = similar personality, and 6 = similar ethnicity. Group 1 = intrinsically religious orientation/high help seeking attitudes; Group 2 = pro-religious orientation/high help seeking attitudes; Group 3 = intrinsic religious orientation/low help seeking attitudes; Group 4 = pro-religious orientation/low help seeking attitudes.

Summary of Findings

Hypothesis I was a prediction that there would be no differences in Black American churchgoers' preferences for counselor characteristics based upon their religious faith. Analysis of variance results indicated there was no significant difference in their preferences for the counselor characteristics between the Black American churchgoers when grouped into two religious groups; intrinsically religious oriented and indiscriminately pro-religious oriented. Hypothesis I could not be rejected.
Hypothesis II was a prediction that there would be no differences in Black American churchgoers' preferences for counselor characteristics based on their mental health help seeking attitudes. Results of the analysis of variance test showed no significant differences in the preferences for counselor characteristics between the Black American churchgoers' categorized into high and low mental health help seeking attitudes groups, and hypothesis II could not be rejected.

Hypothesis III predicted that the combination of religious faith and mental health help seeking attitudes would not affect Black American churchgoer's preferences for counselor characteristics. Analysis of the individual constructs of religious faith and mental health help seeking attitudes did not result in significant differences in preferences for the counselor characteristics; however, results from the WLS regression analysis of the combined constructs indicated statistically significant differences in preferences for the counselor characteristics. Hypothesis III was rejected.
CHAPTER 5
DISCUSSION

The purpose of this study was to explore the relationships between Black American churchgoers' religious faith, mental health help seeking attitudes, and preferences for counselor characteristics. The following counselor characteristic were examined: similar religion, similar attitudes and values, similar ethnicity, more education, similar personality and older age as they related to the participants' preferences when seeking mental health help. The findings of this investigation are presented in reference to previous research and literature. This chapter consists of the following sections: overview of the study, discussion of the results, contributions and limitations of the study, conclusions, implications of the findings, recommendations for future research and concluding remarks.

Overview of the Study

Black Americans have been found to have higher baseline levels of religious involvement than the general U.S. population (Chatters, Jayakody, & Levin, 1996). Furthermore, not only do Black American churchgoers display higher levels of religious involvement than the collective U.S. population, but they also have higher levels of religiosity than Black Americans (Chatters, Taylor, & Lincoln, 1999). Because religion is a central theme in the lives of many Black Americans, their religiousness may impact their decisions on whether or not to seek help for mental health issues and from whom they will seek this help.

Previous research has indicated that Black Americans tend to utilize mental health services less frequently than other ethnic groups (Snowden, 1999), and when
they do use these services, there are specific characteristics they prefer in the mental health professional (Atkinson, et al., 1986; Ponterotto, Alexander, & Hinkston, 1988). For Black American churchgoers, the desire of certain characteristics in the mental health professional may reflect their expectation that their religion will be honored and addressed in the counseling process.

The focus of this study was to examine the relationships between religious faith, mental health help seeking attitudes, and preferences for counselor characteristics among Black American churchgoers. This researcher hypothesized that there would be no differences in preferences for the counselor characteristics variables based upon the participants’ level of religious faith, and based upon their mental health help seeking attitudes. Additionally, the researcher hypothesized that the combination of religious faith and mental health help seeking attitudes would not affect preferences for counselor characteristics.

Discussion of the Results

The findings of this study can be used to enhance the understanding of the influence of religious faith in the lives of Black American churchgoers. The results can also illuminate the bearing religious faith has on Black American churchgoers’ utilization of mental health services and the counseling process. For clarity and continuity, the discussion of the results is divided into two sections: the first section includes the findings as they relate to the demographic characteristics of the participants, and the second section includes a discussion of the results as they pertain to the three research questions.
Demographic Characteristics

Over two-thirds (69%) of the participants in this study were women. The data was collected during church services or church ministry meetings, and the disparity between the number of men and women in this study is directly related to typical church attendance in the Black community. According to Tapia (1996), on average more Black women than Black men attend church at a ratio of 7:3. Although Black men generally hold positions of leadership and authority in most Black churches, women are more involved in the ministries and functions of the church. The difference in the number of Black men and Black women who attend church has a historical basis.

During the time of slavery, when it was allowed, Black families usually attended church services together (Raboteau, 1999). However, because of the lynching of Black men, their being sold to slave owners who did not allow slaves to attend church, or because of Black men's efforts to escape, more Black women could be found in attendance at church. The phenomenon of more Black women than Black men attending church continues today, although the reasons for the disparity are different. One reason may be that there are a large number of Black men who are incarcerated in the prison system and are unable to attend church in the traditional sense. Another reason for the disparity may be that many Black men have an aversion to the authoritative Black pastor, and they have become disgruntled with the Black Church (Tapia, 1996). While they may maintain their spiritual relationship with God, they have negative views of pastors or organized religion. Mental health professionals should be cognizant of the potential attitudes toward religion of some Black men when conducting religious and spiritual assessments.
Previous research by Broman (1987) indicated that Black American churchgoers are more likely to seek mental health services from traditional mental health professionals than from pastors or other clergy person. In contrast to Broman’s findings, the results of the present study showed that a slightly larger percentage of participants had received counseling from a clerical person (42%) than from a licensed mental health professional (36%). Also important to note is that 58% to 64% of the entire sample reported they had never sought either type of counseling. This data is consistent with Neighbors (2007) contention that Black Americans underutilize mental health services.

There may be some possible explanations for the difference in finding from the present study and that of Broman (1987). For example, many Black Americans lack mental health insurance coverage (Delphin & Rollock, 1995), and counseling services provided by the Black Church are usually at no cost to church members. Although the results of this study found there was no significant relationship between reported annual income and prior counseling experience with a mental health professional, for participants in this study it may have been more of a financial decision to seek help from the church rather than from a traditional mental health agency.

Another consideration is that in seeking pastoral or clerical counseling, Black American churchgoers can be fairly certain that their religious and spiritual concerns will be addressed. In addition, the small difference in the number of participants who indicated they had received pastoral versus traditional counseling services may indicate that many Black churches offer both types of counseling services; although only three of the churches that participated in this study offered both traditional and pastoral
counseling. In the present study, this researcher did not ask the participants if they had received both types of counseling services. However, if this data were available, the results may have been consistent with Wimberly's (1991) assertion that people embrace the combination of both psychological and theological interventions.

Despite the finding that over one-third of the participants had received either traditional or pastoral counseling, there remained a large percentage of both men and women who reported they had not sought either professional counseling (men=60.5%; women=65.3%) or pastoral or clerical counseling (men=60.5%; women=56.3%). These results lend support to studies (Delphin & Rollock, 1995; Cooper-Patrick et al., 1995, cited in Snowden, 2001) that have discovered the non-utilization of mental health services for Black Americans. Perhaps previous factors found to influence the utilization of services by Black Americans continue to be relevant. Black American churchgoers in this sample may still be reluctant to seek mental health services because of cultural mistrust, stigmatization and embarrassment, and because they are more apt to utilize informal support systems.

However, one factor that was not significant in this study of Black American churchgoers regarding the use of mental health services was gender. There was no significant difference between the proportion of men and women who had been involved in a professional relationship with a mental health provider and those who had received counseling from a pastor or other clergy person. But, more women than men indicated they had received both types of counseling. This finding is consistent with other studies that have found that Black men are more diffident to seek mental health help than Black women (Neighbors, 1991; Parham, White, & Ajamu, 1999).
Despite recent research on the increasing rates of depression and suicide among Black men (Joe, Marcus & Kaplan, 2007; Walker, 2007), Black men, in general, are still reluctant to seek services for their mental health, and they continue to have high attrition rates when they do seek services (Campbell-Flint, 2000; Nickerson et al., 1994). This evasiveness of and early termination from services might be a result of Black men having learned to suppress the intensity of their stress (Block, 1981). It may also reflect their perceived need to adopt a stance of invincibility. Moreover, issues related to racism, culture, and the socio-political environment may deter Black men from addressing issues related to mental health (Pieterse & Carter, 2007). According to Nickerson et al., researchers should use culturally appropriate theoretical models to explore the full extent of the factors which prevent Black men from seeking mental health services. Also, mental health professionals should attend to the cultural and societal barriers faced by Black men; and they should acknowledge and validate the willingness of Black men who do seek services, and who voluntarily engage in the counseling process.

*Research Question 1: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their religious faith?*

The traditional Black church is comprised of seven historical religious denominations: the African Methodist Episcopal (AME) Church; the African Methodist Episcopal Zion (AMEZ) Church; the Christian Methodist Episcopal (CME) Church; the National Baptist Convention, U.S.A., Incorporated (NBC); the National Baptist Convention of America, Unincorporated (NBCA); the Progressive National Baptist Convention (PNBC) and the Church of God in Christ (COGIC). Four of these
denominations were represented in the present study (AME, N=2), CME (N=1), Baptist (N=148), and COGIC (N=5). Whereas, only four of the traditional denominations were accounted for in this study, the definition of the Black Church refers to an institution that includes any Black Christian person who is a member of a Black congregation (Lincoln & Mamiya, 1990). In addition, the term Black Church "makes reference to the more than 65,000 Christian churches which have a predominance of African American members and Black clerical leadership" (Appiah & Gates, 2005, p.486). The United Church of Christ denomination was represented by 102 participants and the Non-denominational and Other denominations were represented by 9 participants each.

Religion is a central theme in the lives of many Black Americans (Lincoln & Mamiya, 1990) and for the masses of Black American churchgoers; the influence of religion is evident in their approach to coping with the concerns and issues of everyday living. A One way between group ANOVA based on religious denomination and the AUROS was conducted prior to categorizing the participants into the four religious orientations groups. Test results indicated there was no statistically significant difference between denominations on the intrinsic subscale ($p > .05$), or the extrinsic subscale ($p = .078$). This means that overall the participants did not differ in their motivations for adherence to their religious faith. However, other researchers (Genia, 1998; Hood, 1970) who have used the AUROS called for the use of the subscales to further classify participants into one of the four religious orientations. Categorization, based upon the AUROS subscales scores indicated that the majority of participants scored in ranges that suggested they were either intrinsically religiously oriented ($n=191$) or indiscriminately pro-religiously oriented ($n=83$). None of the participants
scored in the range of the extrinsic religious orientation, and only two participants
scored in the limits of the indiscriminately anti-religious orientation.

According to previous interpretations of the subscales scores (Allport & Ross,
1967; Genia, 1998), intrinsically religiously oriented individuals go beyond just having
a faith in God; these individuals live out their faith in practice. For the intrinsically
religiously oriented Black American churchgoer, religion is a central focal point, and
this is the lens from which they view the world. They tend to assess and interpret
adverse situations from a scriptural perspective, and interventions are usually associated
with prayer and faith. Intrinsically religiously oriented individuals tend to believe in the
Providence of God, and they trust that whatever the situation, the final outcome will be
determined by God and it will be for their good (Mitchell & Mitchell, 1989, p. 104).
This sense of knowing that the outcome of any situation will be ultimately positive is
consistent with a basic assumption of the Afrocentric paradigm (Schiele, 1996), and is
evident in the affect and emotions of the individual. According to Allport and Ross,
intrinsically motivated persons receive “experiential meaning” from their religion. This
implies that specific behavioral and cognitive counseling interventions that do not
include a fair amount of reflection, interpretation of meaning and interdependence on
God may not be suitable for the intrinsically religiously oriented person.

Although there is a dearth of research on the indiscriminately pro-religious
orientation, Allport and Ross (1967) offered a description of this orientation and
suggested that the indiscriminately pro-religiously oriented person, though steadfast in
their religion, may be prone to dogmatic and discriminatory attitudes. They also
suggested that the indiscriminately pro-religious person might have an undifferentiated
cognitive style. That is, the person is unable to differentiate in their thinking. Allport and Ross further deemed the person of this orientation as being "provokingly inconsistent" (p. 437). The indiscriminately pro-religious individual can be particularly challenging for mental health professionals. The person of this orientation uses religion or religious doctrine to justify their behaviors or satisfy their cognitive dissonance. These individuals tend to dissect the Holy Scriptures to rationalize aberrant behavior or irrational thought processes. For example, a man who is seeking counseling for domestic battery, and who is operating from an indiscriminately pro-religious orientation, may justify his behavior by quoting the scripture that encourages wives to obey their husbands. It is important for mental health professionals to understand clients' religious orientation; and it is equally imperative to be aware of clients' motivation for adopting and adhering to their religious faith. In support of this idea, Richards and Bergin (1997) suggested an exploration of clients' religious orientation in order to determine if it is healthy or unhealthy.

Categorizing the participants into intrinsic and indiscriminate pro-religious orientation groups allowed for the exploration of differences in preferences for counselor characteristics. The results of a between subjects ANOVA indicated a statistically significant main effect, $p < .05$, for counselor characteristics. However, the main effect of religious orientation, and the interaction effect did not reach statistical significance. Pairwise comparison results showed the counselor characteristics of similar religion for both groups, intrinsic ($M=70.4$) and pro-religious ($M=66.2$), was preferred over more education ($M=45.6; 40.4$), similar personality ($M=32.1; 41.2$) and older age ($M=31.6; 32.7$). Additionally, the counselor characteristic of similar attitude
and values for the intrinsic group (M=69.3) and the pro-religious group (M=66.5) was preferred more when compared with the counselor characteristic of older age. Similar ethnicity (M=50.7; 52.7) for both groups, respectively, was preferred more when compared with older age.

This data expands the understanding of the significance of these specific counselor characteristics for Black American churchgoers. While other researchers (Atkinson et al., 1986; Ponterotto et al., 1988; Rogers; 2007) have identified the counselor characteristics of similar attitudes and values, more education, similar personality, older age and similar ethnicity as being most important to Black Americans, the results of this study indicate that Black American churchgoers in this sample would prefer to engage in the counseling process with counselors whom they believe share similar religious beliefs, and who also have similar attitudes and values as themselves.

In the previous studies noted above, the characteristic of similar religion did not appear as one of the top five preferred characteristics when the characteristics were rank ordered. The findings of the present study regarding religious faith and preferences for counselor characteristics are significant when attempting to match clients with mental health professionals. Whereas the data does not suggest that other characteristics are unimportant to these Black American churchgoers, it does imply that they may assume that counselors who share a similar religion and who have similar attitudes and values as themselves might be open to addressing clients’ religious beliefs and values in the counseling process. Another point here is that attitudes and values, and personality are internal characteristics that can only be discerned after the counseling process has
begun. The data suggests that Black American churchgoers who participated in this study would rather risk the chance of finding out they share *similar attitudes and values* with the mental health professional rather than a *similar personality*. Also, although it can be determined that a mental health professional and client share a *similar religion* during the matching process, the extent of the similarity and its impact on the process can not be fully understood until it is disclosed during the helping process.

It seems reasonable that this sample of Black American churchgoers would prefer mental health professionals who share a *similar religion* and *similar attitudes and values* as themselves because of the assumption of relatedness of the two constructs. For some Black American churchgoers the assumption might be that the attitude and values of the mental health professionals are derived from their religion and that the mental health professionals’ religion is the basis for their attitudes and values. The perception of the relatedness of these two constructs is objectified as a cultural reality in the Afrocentric Paradigm, and this reality informs the worldview of those operating from this paradigm.

A caveat concerning clients’ preferences for counselor characteristics is warranted. As suggested by Atkinson et al. (1986), counseling effectiveness and counseling outcomes have not been determined based on clients’ preferences for specific characteristics in the counseling professional. It could be that similarities between the client and mental health professional may be more detrimental to the counseling process than their differences. For example, a client and mental health professional could both profess the same religious faith of Christianity, but differ on the doctrine of Christianity. This could be problematic when issues such as abortion and
sexual orientation are part of the presenting problem. Therefore, a more holistic approach should be taken into consideration when attempting to match clients with counselors.

Research Question 2: Is there a difference in preferences for counselor characteristics among Black American churchgoers based on their mental health help seeking attitudes?

Even though the utilization of mental health services by Black Americans has increased in recent years (Cooper et al., 1999), there remains controversial information in the plethora of literature on the comparison of usage of mental health services between Black and White Americans. For example, Frieman, Cunningham, and Cornelius (1994), and Snowden (2002) reported that Black Americans were less likely than White Americans to seek outpatient treatment for mental health problems. Neighbors et al. (2007) noted that the “underuse of mental health services among Black Americans remains a serious concern” (p. 485). On the other hand, Cooper et al. (1999), in their study of mental health service utilization by Black and White Americans, reported that significant differences in the utilization of mental health services between Black and Whites no longer exist. Cooper et al. compared Black and White Americans' attitudes toward mental health after receiving treatment and found Black Americans to have slightly more favorable attitudes toward mental health. Like Cooper et al., most research in this area has focused on Black Americans' behavior related to mental health treatment versus their attitudes. The focus in the present study was on the mental health help seeking attitudes of Black American churchgoers.
There is very little empirical research on within-group differences of Black Americans’ attitudes towards seeking mental health services, independent of comparisons with other groups. In the present study, a one-way between groups ANOVA test indicated there was a statistically significant difference, \( p < .05 \), in help seeking attitudes as measured by the ATSPPHS among the participants in the different religious denominations. Post-hoc analysis revealed that participants representing the UCC denomination had more favorable attitudes toward seeking help for mental health issues \( (M=90.81) \) than those participants representing the Baptist denomination \( (M=77.54) \). There were no significant differences among the other denominations. This finding differs from the results of an earlier study in which Singer (1997) reported no significant difference in the mental health help seeking attitudes among White American Protestant, Catholic and Jewish participants. However, the finding in the present study is consistent with Cook and Wiley’s (2000) contention that Black American churchgoers vary in their mental health help seeking attitudes according to denominational affiliation.

Historically, many Black American churchgoers have been skeptical about the need for counseling, claiming that the answers to life’s problems can be found in God and the Scriptures (Cook & Wiley, 2000). Usually, this is the attitude promoted by the pastor of the church and adopted by the churchgoers. But in more recent years, many pastors, through education and seminary training have embraced a more liberal attitude toward counseling, espousing that God sends people to help people (O. Smith, Jr. personal communication, September 28, 2008). Therefore, some of the variance in attitudes towards seeking mental health services among Black American churchgoers
can be attributed to the stance on mental health taken by the pastor of the church and the congregation's adoption of this attitude. Mental health professionals can help to shape the mental health help seeking attitudes of Black American churchgoers by collaborating with pastors and churches in the provision of services (Adkison-Bradley et al., 2005; Boyd-Franklin, 1989; Constantine et al., 2000; Cook & Wiley; Queener & Martin, 2001; Richardson, 1989; Taylor et al., 2000).

The participants were categorized into either high or low groups for mental health help seeking attitudes based upon their scores on the ATSPPHS, with high scores denoting more favorable attitudes, and low scores indicating less favorable attitudes. A between subjects ANOVA test indicated there was almost no difference, \( p = .999 \) in the counselor characteristics preferred between the high and low groups. However, there was a statistically significant difference \( (p < .05) \) among the counselor characteristics preferred by both groups. Specifically, both groups selected the counselor characteristics of similar religion and similar attitudes and values more often when they were paired with more educated, older age, and similar personality. There were no meaningful differences in the groups' preferences among the characteristics of similar religion, similar attitudes and values and similar ethnicity when these characteristics were paired with each other. For this sample of Black American churchgoers there may have been an assumption of interrelatedness among these three characteristics.

These results present interesting data about Black American churchgoers from which some general assumptions can be made. For the participants in this sample, their mental health help seeking attitudes were not related to their preferences for counselor
characteristics. That is, whether the participants held favorable or unfavorable attitudes towards seeking mental health services, they still preferred a counselor with a similar religion or similar attitudes and values as themselves.

Again, church culture and attitude towards mental health might have impacted the results. For some Black American churchgoers, the pastors and other clergy persons in the church may advise them to seek professional help from mental health providers who will include aspects of the churchgoers' religion in the counseling process. This advice may be explicitly stated or covertly alluded to by clergy persons. For example, recently one Black American pastor of a non-denominational church encouraged people when choosing a counselor to “make sure that the counselor’s values and beliefs are in alignment with yours” (Brooks, 2007, p. E9). The underlying assumption of the suggestion is that counselors who have similar attitudes and values as the churchgoer might also share similar ideology about religion or religious doctrine. More so, the chance of these constructs being shared by the counselor and client might be increased if they also share the same ethnicity. These assumptions may be plausible explanations for the lack of a significant difference in this sample of Black American churchgoers' preferences among the counselor characteristics of similar religion, similar attitudes and values, and similar ethnicity.

Research Question 3: Does religious faith and mental health help seeking attitudes affect preferences for counselor characteristics among Black American churchgoers?

Previous researchers have used rank order analysis to describe the most salient counselor characteristics for different groups of participants (Atkinson et al., 1986; Atkinson et al., 1989; Ponterotto et al., 1988). Atkinson et al. (1998) subsequently
applied the BTL model in their analysis of Asian American preferences for counselor characteristics. However, a thorough search of the literature failed to reveal any empirical studies to date that utilized this model for analyzing the preferences for counselor characteristics among Black American churchgoers.

In the present study the BTL model for WLS regression analysis resulted in a statistically significant difference, $F(20,40) = 8.52, p = .0022$, in preferences for the counselor characteristics of similar personality and similar ethnicity. The extended BTL model or multiple group model provided a more thorough understanding of the significant differences in the preferences for the counselor characteristics. Specifically, the multiple group model analysis, $F(5, 10) = 10.46, p < .0001$, resulted in scale values that illustrated the preferences of the counselor characteristics among the four groups of participants based upon the combined constructs of religious faith and mental health help seeking attitudes. The improvement in prediction from the BTL model to the multiple group model indicated a slight improvement in accountability for the variance in the scale values of the counselor characteristics stimuli, $F(15, 40) = 8.86, p < .0001$.

There was considerable consistency in preferences among the four groups of Black American churchgoers. The only characteristic to reach a statistically significant difference in preference among the four groups was similar personality. Expressly, participants categorized into the pro-religiously oriented/high help seeking and pro-religiously oriented/low help seeking groups, (2 and 4 respectively), preferred the counselor characteristic of similar personality more than those in the intrinsically religiously oriented/high help seeking group (1). As with the other counselor characteristics, this finding indicates that religious orientation was a more significant
influence in determining the importance of the counselor characteristics than was the mental health help seeking attitudes of the participants. When the different combined religious and help seeking groups were compared, the two intrinsically religious oriented groups, (1 and 3), and the two pro-religious oriented groups, (2 and 4), were similar in their emphasis on the importance of the six characteristics independent of their mental health help seeking attitudes. Additionally, unlike in previous studies depicting the counselor characteristic preferences in which similar personality was ranked above similar religion, in this study it was preferred less than similar religion for all groups.

The most preferred counselor characteristic among the entire sample was similar religion. Each group also preferred a counselor with a similar religion more than the other counselor characteristics. This finding supports previous research that suggest that counseling clients prefer counselors with religious and spiritual beliefs, and they prefer counselors who are willing to incorporate clients’ religion and spirituality into the counseling process (Belaire & Young, 2000; Sims, 1994; Worthington et al., 1996). However, this finding may have been influenced by the characteristics of the sample as well as the setting in which the data was collected. Even with this caveat, it is important for counselors and counselor educators to understand the significance that some Black American churchgoers place on the similarity of religion between themselves and the counselor.

The characteristic of similar attitudes and values was revealed as the second most important counselor characteristic for this sample of Black American churchgoers. This result is in contrast to Ponterotto et al. (1988) study of Black Americans’
preferences for counselor characteristics in which *similar attitudes and values* was ranked as the most preferred counselor characteristic. The difference in findings between the Ponterotto et al. study and the present study may be attributable to group differences. The former study examined the preferences for counselor characteristics among Black Americans, and this study utilized a more specific sub-group of Black Americans who may have higher levels of religiosity and religious involvement.

On the other hand, again the assumption that attitudes and values, and religion might be correlated may have accounted for these two characteristics being the most preferred by this sample of Black American churchgoers. Also, Atkinson et al. (1986) and Atkinson et al. (1988) found *similar attitudes and values* to be the second most preferred counselor characteristic among samples of Black Americans. According to Atkinson et al. (1998) this characteristic should be given considerable emphasis when matching counselors with clients. One rational for this suggestion is that attitude and value similarity may be more of a determinant of behavior and attitude change in the counseling process than is membership-group similarity, i.e., *similar ethnicity* (Atkinson et al. 1998).

The finding of *more educated* as the third most preferred counselor characteristic is inconsistent with the findings of Atkinson et al. (1986) and Atkinson et al. (1989) in which it was ranked number one, but it is consistent Ponterotto et al. (1988) study where it was ranked number three. This finding suggests that this sample of Black American churchgoers are more concerned with the idea that counselors would be more educated than themselves rather than with the idea that they share a *similar ethnicity, similar personality* or are older in age. Given that 54% of this sample
of Black American churchgoers were college graduates or had completed graduate or professional school, this finding may be reflective of the emphasis they place on education. It may be that this sample of participants believes that counselors who have not attained at least the same level of education as themselves are not duly qualified to engage them in the counseling process.

For some individuals who seek mental health services the age of the counselor may be an important consideration. It may be that age is perceived to be associated with knowledge and skills; or the lack of knowledge and skills. Another assumption is that there is no correlation between age and knowledge and skills. For the Black American churchgoers in this sample this latter assumption may have been the overall perspective as the characteristic of older age was one of the least preferred counselor characteristics. Further evidence of the presence of this assumption is that the characteristic of more educated was preferred more by the sample when it was paired with older age.

An interesting result of this study is that similar ethnicity was one of the least preferred characteristics among the four groups. More so, for the intrinsic religious/low help seeking group (2), similar ethnicity was the least preferred of all of the counselor characteristics. In the previous studies noted above similar ethnicity was ranked as one of the most preferred characteristics. The results of this study contradict those findings. At least two factors may have contributed to this finding. First, experience may have influenced the participants’ choices when similar ethnicity was paired with the other characteristics. It may be that those participants who had previously engaged in the counseling process had done so with a counselor of a different ethnicity and found the
process to be helpful. Conversely, the opposite could have occurred, that is, those with previous counseling experience may have engaged in the process with a helping professional of a similar ethnicity and found the process was not helpful to them.

Second, from a historical perspective, some Black Americans may still hold to the belief that the mental health profession is a predominately White oriented profession with a limited number of qualified mental health professionals who share the same ethnicity as themselves. On one hand this can be viewed as a systemic issue within the educational domain; while on the other hand, it lends credence to the notion of cultural mistrust as a barrier to Black Americans seeking mental health help. However, previous studies have indicated that Black Americans prefer a counselor of a similar ethnicity as themselves. For example, Atkinson et al. (1986) found that 69.5% of Black Americans preferred a counselor of a similar ethnicity as themselves more than they preferred a counselor of a dissimilar ethnicity than themselves. Ponterotto (1988) found this percentage to be even higher at 90.1%. Thus, this contrasting empirical evidence makes this an area for further exploration.

Contributions and Limitations of the Study

The results of this study expand the cultural knowledge about Black Americans previously known to the mental health profession. There is a basic understanding that for Black Americans in general, religion is an important element in their lives that they use to cope with everyday life issues. However, there has been a historical perspective held by many in the mental health profession that adherence to religious doctrine can be authoritative and repressive in some religions; and this adherence can be an unhealthy way of addressing human problems (Frame & Williams, 1996). Although the findings
of this study are limited to the Black American churchgoers surveyed in this sample, the knowledge that many Black Americans churchgoers are oriented toward living out the religious doctrine they adhere to deepens the understanding of how profoundly religion influences many aspects of their lives. For some Black American churchgoers, religion is more than a belief system; it is also a way of life that guides their decision-making and actions. This information provides a foundational basis for assessing the influence of religion in the lives of Black American churchgoers. It further informs the mental health professional of the specific types of interventions that may or may not be helpful for Black American churchgoers.

Additionally, the knowledge of differences in help seeking attitudes among Black American churchgoers of different denominations denotes the lack of a monolithic attitude toward seeking mental health help for this group. Because of varying doctrines and diverse church cultures not all Black American churchgoers have adverse perceptions of the mental health profession. Also, previous researchers (Atkinson et al., 1986; Ponterotto et al., 1988; Rogers; 2007) have indicated that the characteristics of more education, similar personality, older age and similar ethnicity were more important counselor characteristics than similar religion for Black Americans. The results of the present study augment these findings, and show that this sample of Black American churchgoers preferred mental health professionals who share a similar religion or similar attitude and values as themselves. This information may highlight the significance that Black American churchgoers place on the hope that their religion will be considered in the counseling process.
There are several limitations to this study that call for discussion. First, the data in this study was collected from a convenience sample of Black American churchgoers. Therefore the information is particular to this group and indicative of the participants' affiliation with their particular church. Because of the diversity of the Black Church, generalizability to the collective Black Church may not be warranted. Also, doctrinal differences within denominations limit the findings to the churches and participants who took part in this study.

Another limitation common to research of this nature is the use of self-report measures. Participants' actual behaviors and their reported behaviors might have been different from each other. For example, participants were asked if they had ever had a professional relationship with a mental health professional. Some participants may have been reluctant to respond affirmatively to this question if the experience was mandated or coerced.

Of particular note is the limitation based upon the analysis of the data for research questions one and two. The between subjects ANOVA used to analyze data for research questions one and two, while justified based upon previous research (Singer, 1997), does not sufficiently model within individual variations and therefore may be less powerful for detecting statistically significant interaction effects.

Even with the anonymity of the surveys, social desirability is another matter to be considered in the limitations of this study. Participants were asked in a religious environment about their religious faith. The social desirability factor may have led some participants to answer questions based upon how they would like others to perceive them relative to the participants' status in the church.
Lastly, the sample was restricted to Black American churchgoers who were in attendance at church at the time the data was collected. For some Black American churchgoers the frequency of church attendance is not as important as adherence to other religious doctrine or as important as their relationship with God. For participants holding this attitude attending church on special occasions such as Mother’s Day, Easter and Christmas might fulfill the scriptural obligation of participating in fellowship with other churchgoers. The results of this study may have been different if Black American churchgoers who were not in attendance, or who do not frequently attend church, were included. Even taking into consideration these limitations, the findings of this study presents important issues for the counseling profession and for future research on this topic.

Conclusions of the Study

The findings of this study reveal some important information related to the religious faith, mental health help seeking attitudes and preferences for counselor characteristics of Black American churchgoers. The afrocentric paradigm (Schiele, 1996) and the multidisciplinary approach (Boyd-Franklin, 1989) outlined in Chapter 2 were delineated as the conceptual frameworks for this study. The afrocentric model provides a theoretical basis for conceptualizing the cultural values of Black Americans churchgoers. The historical context of this model gives explanation as to why many Black Americans may be hesitant to seek mental health services. One premise of the afrocentric paradigm is that the use of Eurocentric models to explain the attitudes and behaviors of Black Americans is seen as oppressive (Schiele, 1996). For some Black Americans this form of systemic oppression is reminiscent of that began during the
European slave trade, and it may be the basis for their mistrust of the mental health profession.

The perceived unwillingness or inability of mental health professionals to understand Black American culture, and utilize culturally appropriate interventions with them, could send the message that Black American culture does not matter. Black Americans who adopt this idea may be more reluctant to seek mental health help from a mental health professional believing that they will not be understood. This idea is consistent with the concepts of cultural mistrust described by Nickerson et al. (1994) and values differences as noted by Duncan (2003) that influence the mental health help seeking attitudes of Black Americans.

Boyd-Franklin's multisystemic approach (1989) identifies the Black Church as a multi-faceted institution within the Black community that has helped shape the values of Black Americans. Religion, as inculcated to members of the Black Church, has emphasized the Providence of God, and the perception of how God will provide, is often based upon the culture of the church. In some Black churches, churchgoers are taught that God will personally heal and deliver them out of life's troubles through their prayers, fasting and supplication. In other Black churches, the message is that God has specifically provided other people to help during times of need. These two different perspectives generate different attitudes towards seeking mental health help. The first perspective yields the attitude of seeking help through community involvement by communal fasting and prayer, and it also gives rise to seeking out informal support systems. The latter perspective promotes an attitude that it is permissible to seek out those who have specific qualifications, such as mental health professionals, to provide
interventions to help. Although the ATSPPHS did not measure these ways of thinking specifically, an inference can be made that at least two perspectives were present in this sample of the Black American churchgoers based upon the number of participants grouped into the high (n=139) and low (n=137) mental health help seeking attitude groups.

The results of this study indicated that specific counselor characteristics were preferred by this sample of Black American churchgoers. Whether intrinsically or indiscriminately pro-religiously oriented the sample as a whole preferred counselors who shared a similar religion and similar attitude and values as themselves. The preference of the characteristic of similar religion places an emphasis on the importance of religion in the counseling process for this group. Black American churchgoers generally use religion as a coping mechanism for dealing with human problems. For them the counseling process could be void of meaning if it does not include some aspect of their religious values and beliefs. As mentioned earlier, the Black Church has helped to shape the attitudes and values of many Black American churchgoers. Their attitudes and values are inherently intertwined with their religious worldview. Thus, it is important for them that counselors have similar values as themselves, as this creates a further possibility that religion would be addressed in the counseling process.

Implications for the Counseling Profession

The historical notion that religion is a pathological coping mechanism is waning in the counseling profession. Many counseling professionals now infuse religion in their counseling practice and in the training and supervision of counselor-trainees. The
DSM-IV-TR has been instrumental in drawing attention to the need to address religious values in practice. Additionally, the ACA *Code of Ethics,* and the CACREP standards have brought about an increased focus on religious values in counselor education.

A potential implication of this study for the counseling profession is that although it is important to understand the influence of religion in the lives of Black American churchgoers, this understanding must go beyond fundamental knowledge. It is equally important to understand how this influence impacts the mental health help seeking attitudes of Black American churchgoers. Counselors should be aware of the trepidation that many Black American churchgoers experience in seeking counseling service for fear of not having their religious values and beliefs considered. The application of this knowledge does not put counselors in the role of theologians or religious counselors; instead, it calls for them to incorporate religious values as a normal part of the counseling process (Boyd-Franklin, 1989). Kelly (1995) suggested that the religious domain be assessed during intake. Likewise, Richards and Bergin (1997) noted that assessment of the religious dimension could assist in differential diagnoses. The influences of religion should also be taken into consideration as part of the ongoing case conceptualization and working phase of counseling (Cook & Wiley, 2000; McRae et al., 1999).

Even with religion as a major influence in their lives, many Black American churchgoers may not make reference to religion during the counseling process. The ACA *Code of Ethics* holds the counselor responsible for being sensitive towards clients’ religious beliefs. While it is unclear what this sensitivity encompasses, the data
from this study implies that for some Black American churchgoers, sensitivity towards their preferences for specific types of counselors is important.

Data from this study reinforces the need to focus on the religious dimension of clients’ lives including their preferences for counselors who are able to address religion as part of the counseling process. Belaire and Young (2000) reported qualitative data which indicated that clients preferred counselors who would attend to their religiosity in the counseling process. Likewise, Sims’ (1994) empirical research found that 66% of clients preferred a therapist with religious values and beliefs, and 81% of those clients preferred therapists who would be capable of integrating those values and beliefs into the counseling process.

Recommendations for Future Research

Most research on Black Americans tends to treat them as a monolithic group. More specifically, Black American churchgoers are rarely identified as a target population, or they are oftentimes altogether omitted as a group in empirical research. Given the significance of the Black Church in the lives of Black Americans, Jones (1997) called for expanded research to address the role religion through the Black Church has as a potential mental health intervention for Black Americans. Also, according to Rogers (2007), the Black Church has been recognized as the institution that accentuates empowerment for Black American churchgoers, and he recommended further research to help understand the role of the Black Church in the lives of Black Americans.

Future research in this area could extend the counseling professions’ cultural knowledge of Black Americans by comparing non-church attending Black Americans
with Black American churchgoers. Qualitative research on the different mental health help seeking perspectives of Black American churchgoers can provide a deeper understanding of the role of the Black Church in the lives of Black American churchgoers. Lastly, future research on this topic could expand the counseling profession’s understanding of Black American churchgoers by exploring the reasons why some Black American churchgoers prefer specific characteristics in those from whom they seek mental health help.

Concluding Remarks

The contributions of this study add to the counseling profession’s fundamental knowledge of Black American churchgoers. The counseling profession is dedicated to multicultural counseling and counselor educators are devoted to teaching multicultural competence. However, as noted by Sue and Sue (2003), graduate counseling programs continue to give inadequate attention to the mental health issues of ethnic minorities. Even more so, the counseling profession’s limited understanding of Black American churchgoers’ religious worldview and values, may lead to this groups’ avoidance of traditional counseling, or it may lead to negative counseling experiences and less positive treatment outcomes for them. As the emphasis on multicultural counseling continues, awareness and knowledge of some of the unique characteristics of Black American churchgoers can lead to the development of appropriate interventions and strategies to better serve this population.
REFERENCES


American experience. New York: Guilford.


Handbook of psychotherapy and religious diversity (pp. 369-396).


Duncan, L. E. (2005). Overcoming biases to effectively serve African American
college students: A call to the profession. *College Student Journal*, 39, 702-710.


Clinics in Chest Medicine, 27, 473-486.


Nickerson, K. J., Helms, J. E., & Terrell, F. (1994). Cultural mistrust, opinions about mental illness and Black students’ attitudes toward seeking psychological help


Texas. Department of Psychology, Denton, TX.


Appendix A

Script for Potential Participants
Script for Potential Participants

Good morning/afternoon/evening, my name is Darryl Plunkett. I am a doctoral student in Counselor Education at Western Michigan University. I am conducting a research project for my dissertation entitled, exploring the relationships between religious faith, help seeking attitudes and preferences for counselor characteristics among Black churchgoers. The purpose of this research is to provide the counseling profession with information that would help them to better meet the counseling needs of Black people who attend Black churches.

The pastor (or representative) has given me permission to ask if you would be willing to participate in this research. Your participation will consist of completing a survey packet consisting of four questionnaires. The first questionnaire will ask you to provide general information about yourself, such as age, level of education and marital status; the second part will ask you about your religious faith; the third part will ask you to rate your attitude about mental health; and the last part will ask you to make choices between pairs of counselor characteristics. It takes about 15-20 minutes to complete the entire packet. If you don’t have time to complete the questionnaires today, you can take the packet with you and return it next week to either the church representative or myself. The only known risk is the loss of time to spend on other activities while completing the questionnaires. Also, there is no monetary benefit for participating in the research project, but this is an opportunity to help give the counseling profession information that can be used to better serve Black people who attend church. There is a consent form that you would need to read and this form and the return of the survey
packet is your agreement to participate in the research. Thank you and I will be glad to answer any questions you may have.
Appendix B

Consent Form
You are invited to participate in a research project entitled "Exploring the relationships between religious faith, mental health seeking attitudes and preferences for counselor characteristics among Black American churchgoers" designed to analyze the mental health help seeking attitudes and preferences for counselor characteristics of Black American churchgoers. The study is being conducted by Dr. Stephen E. Craig and Darryl P. Plunkett from Western Michigan University, Department of Counselor Education and Counseling Psychology. This research is being conducted as part of the dissertation requirements for Darryl P. Plunkett.

This research consists of completing several brief questionnaires and takes approximately 15-20 minutes to complete. The questionnaires request demographic information, self-reporting about your religious faith, ratings of your attitude about mental health, and a measure of preferences for counselor characteristics. Time spent on completing this survey packet may result in equivalent time loss to spend on other activities.

Your replies will be completely anonymous, so do not put your name anywhere on the forms. You may choose to not answer any question and simply leave it blank. You may discontinue your participation at any time. If you choose to not participate in this research, you may return the blank research materials or you may discard them in the box provided. Returning the completed research materials indicates your consent for use of the answers you supply for this anonymous research project. Because of the confidentiality of this research project, no individual results can be provided, however, a copy of the aggregated results will be provided to the church.

If you have any questions, you may contact Dr. Stephen E. Craig at 269) 387-5114, Darryl P. Plunkett at (773) 807-4165, the Human Subjects Institutional Review Board (269) 387-8293 or the vice president for research (269) 387-8298.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board as indicated by the stamped date and signature of the board chair in the upper right corner. You should not participate in this project if the stamped date is more than one year old. Please keep this copy of the Anonymous Consent Form.
Appendix C

Demographic Data Questionnaire
Demographic Data Questionnaire

The title of this study is Exploring the Relationships between Religious Faith, Mental Health Help Seeking Attitudes and Preferences for Specific Counselor Characteristics among Black American Churchgoers. Please complete each of the following demographic items. Thank you for your participation.

1. Gender (Please check one)
   - [ ] Male  [ ] Female

2. Age at last birthday: [_____]

3. Marital Status (Please check one)
   - [ ] Married  [ ] Divorced  [ ] Widowed  [ ] Single

4. Please check one
   - [ ] Black or African American
   - [ ] Other (please specify. i.e. Black/ Hispanic, Black/White, etc.)

5. Approximate Annual Income (Please check one)
   - [ ] Under $10,000  [ ] $10,000-$25,000  [ ] $26,000-$45,000
   - [ ] $46,000-$65,000  [ ] $66,000-$85,000  [ ] $86,000-$105,000
   - [ ] $106,000 or more

6. Highest educational level completed (Please check one)
   - [ ] Grade School  [ ] High School  [ ] Some College
   - [ ] College Graduate  [ ] Graduate or Professional School
7. With what religious denomination are you primarily affiliated?

☐ AME  ☐ Baptist  ☐ CME  ☐ COGIC  ☐ UCC

☐ Non-Denominational  ☐ Other (Please specify)________________

8. Have you ever been involved in a professional relationship with a licensed counselor/psychologist/psychiatrist/social worker for a personal problem?

☐ Yes

☐ No

9. Have you ever received counseling from a pastor or other clergy person for personal a problem?

☐ Yes

☐ No
Appendix D

Preferences for Counselor Characteristics Scale
Preferences for Counselor Characteristics Scale

This survey asks you to make choices between two types of counselors. Listed below are pairs of phrases that describe a counselor's characteristics. These characteristics relate to the counselor's personality, religion, educational background, attitudes and values, ethnicity and age. Please choose one response for each set of selections.

If you were going to see a counselor to discuss a personal problem, would you prefer to see a counselor who is?

<table>
<thead>
<tr>
<th>CHOICE A</th>
<th>CHOICE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [ ] Similar to you in religion</td>
<td>OR [ ] Similar to you in ethnicity</td>
</tr>
<tr>
<td>2. [ ] More educated than you</td>
<td>OR [ ] Older than you</td>
</tr>
<tr>
<td>3. [ ] Similar to you in attitudes/values</td>
<td>OR [ ] Similar to you in personality</td>
</tr>
<tr>
<td>4. [ ] Similar to you in religion</td>
<td>OR [ ] Older than you</td>
</tr>
<tr>
<td>5. [ ] Older than you</td>
<td>OR [ ] Similar to you in ethnicity</td>
</tr>
<tr>
<td>6. [ ] Similar to you in ethnicity</td>
<td>OR [ ] Similar to you in attitudes/values</td>
</tr>
<tr>
<td>7. [ ] Similar to you in religion</td>
<td>OR [ ] Similar to you in personality</td>
</tr>
<tr>
<td>8. [ ] Similar to you in attitudes/values</td>
<td>OR [ ] Older than you</td>
</tr>
<tr>
<td>9. [ ] Similar to you in personality</td>
<td>OR [ ] Similar to you in ethnicity</td>
</tr>
<tr>
<td>10. [ ] Similar to you in attitudes/values</td>
<td>OR [ ] More educated than you</td>
</tr>
<tr>
<td>11. [ ] Similar to you in religion</td>
<td>OR [ ] Similar to you in attitudes/values</td>
</tr>
<tr>
<td>12. [ ] Similar to you in personality</td>
<td>OR [ ] More educated than you</td>
</tr>
<tr>
<td>13. [ ] Older than you</td>
<td>OR [ ] Similar to you in personality</td>
</tr>
<tr>
<td>14. [ ] Similar to you in religion</td>
<td>OR [ ] More educated than you</td>
</tr>
<tr>
<td>15. [ ] More educated than you</td>
<td>OR [ ] Similar to you in ethnicity</td>
</tr>
</tbody>
</table>
Appendix E

Paired Comparison Matrices of Counselor Characteristics
by Religious Orientation/Help Seeking Groups
Paired-Comparison Matrix of Counselor Characteristics Stimuli, Group 1
(Intrinsic/High ATSPPHS), N=101

<table>
<thead>
<tr>
<th>Counselor Characteristics</th>
<th>Similar Religion</th>
<th>More Educated</th>
<th>Similar Attitudes</th>
<th>Older Age</th>
<th>Similar Personality</th>
<th>Similar Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar</td>
<td>____</td>
<td>f=31</td>
<td>f=43</td>
<td>f=18</td>
<td>f=19</td>
<td>f=54</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>30.7%</td>
<td>42.6%</td>
<td>17.8%</td>
<td>18.8%</td>
<td>53.5%</td>
</tr>
<tr>
<td>More</td>
<td></td>
<td>f=70</td>
<td>____</td>
<td>f=67</td>
<td>f=34</td>
<td>f=42</td>
</tr>
<tr>
<td>Educated</td>
<td></td>
<td>69.3%</td>
<td>66.3%</td>
<td>33.7%</td>
<td>41.6%</td>
<td>54.5%</td>
</tr>
<tr>
<td>Similar</td>
<td>f=58</td>
<td>f=34</td>
<td>____</td>
<td>f=23</td>
<td>f=7</td>
<td>f=27</td>
</tr>
<tr>
<td>Attitude</td>
<td>57.4%</td>
<td>33.7%</td>
<td></td>
<td>22.8%</td>
<td>6.9%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Older</td>
<td>f=83</td>
<td>f=67</td>
<td>f=78</td>
<td>____</td>
<td>f=56</td>
<td>f=78</td>
</tr>
<tr>
<td>Age</td>
<td>82.2%</td>
<td>66.3%</td>
<td>77.2%</td>
<td></td>
<td>55.4%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Similar</td>
<td>f=82</td>
<td>f=59</td>
<td>f=94</td>
<td>f=45</td>
<td>____</td>
<td>f=67</td>
</tr>
<tr>
<td>Personality</td>
<td>81.2%</td>
<td>58.4%</td>
<td>93.1%</td>
<td>44.6%</td>
<td></td>
<td>66.3%</td>
</tr>
<tr>
<td>Similar</td>
<td>f=47</td>
<td>f=46</td>
<td>f=74</td>
<td>f=23</td>
<td>f=34</td>
<td>____</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>46.5%</td>
<td>45.5%</td>
<td>73.3%</td>
<td>22.8%</td>
<td>33.7%</td>
<td>____</td>
</tr>
</tbody>
</table>

Note. Frequency and percent values reflect a respondent's preferences ranking of the column characteristic (j) over the row characteristic (k). The two respondents in the indiscriminately anti-religious group were excluded.
Paired-Comparison Matrix of Counselor Characteristics Stimuli, Group 2 (Pro-religious/High ATSPPHS), N=40

<table>
<thead>
<tr>
<th>Counselor Characteristics</th>
<th>Similar Religion 1</th>
<th>More Educated 2</th>
<th>Similar Attitudes 3</th>
<th>Older Age 4</th>
<th>Similar Personality 5</th>
<th>Similar Ethnicity 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Educated</td>
<td>f=30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>75.0 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Attitude</td>
<td></td>
<td>f=10</td>
<td>f=17</td>
<td>f=6</td>
<td>f=12</td>
<td>f=16</td>
</tr>
<tr>
<td>3</td>
<td>f=23</td>
<td>f=16</td>
<td></td>
<td>f=6</td>
<td>f=8</td>
<td>f=13</td>
</tr>
<tr>
<td>Older Age</td>
<td></td>
<td>f=28</td>
<td>f=34</td>
<td>f=34</td>
<td>f=23</td>
<td>f=31</td>
</tr>
<tr>
<td>4</td>
<td>f=34</td>
<td>f=28</td>
<td>f=34</td>
<td></td>
<td>f=23</td>
<td>f=31</td>
</tr>
<tr>
<td>Similar Personality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Frequency and percent values reflect a respondent’s preferences ranking of the column characteristic (j) over the row characteristic (k). The two respondents in the indiscriminately anti-religious group were excluded.
Paired-Comparison Matrix of Counselor Characteristics Stimuli, Group 3  
(Intrinsic/Low ATSPPHS), N=89

<table>
<thead>
<tr>
<th>Counselor Characteristics</th>
<th>Similar Religion 1</th>
<th>More Educated 2</th>
<th>Similar Attitudes 3</th>
<th>Older Age 4</th>
<th>Similar Personality 5</th>
<th>Similar Ethnicity 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar Religion 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Educated 2</td>
<td>f=68, 76.4%</td>
<td>f=57, 64.0%</td>
<td>f=34, 38.2%</td>
<td>f=40, 44.9%</td>
<td>f=52, 58.4%</td>
<td></td>
</tr>
<tr>
<td>Similar Attitude 3</td>
<td>f=57, 64.0%</td>
<td>f=32, 36.0%</td>
<td>f=21, 23.6%</td>
<td>f=13, 14.6%</td>
<td>f=19</td>
<td></td>
</tr>
<tr>
<td>Older Age 4</td>
<td>f=72, 80.9%</td>
<td>f=55, 61.8%</td>
<td>f=68, 76.4%</td>
<td>f=40, 44.9%</td>
<td>f=53, 59.6%</td>
<td></td>
</tr>
<tr>
<td>Similar Personality 5</td>
<td>f=70, 78.7%</td>
<td>f=49, 51.5%</td>
<td>f=76, 85.4%</td>
<td>f=49, 55.1%</td>
<td></td>
<td>f=52, 58.4%</td>
</tr>
<tr>
<td>Similar Ethnicity 6</td>
<td>f=62, 69.7%</td>
<td>f=37, 41.6%</td>
<td>f=70, 78.7%</td>
<td>f=36, 40.4%</td>
<td>f=37</td>
<td></td>
</tr>
</tbody>
</table>

Note. Frequency and percent values reflect a respondent's preferences ranking of the column characteristic (j) over the row characteristic (k). The two respondents in the indiscriminately anti-religious group were excluded.
Paired-Comparison Matrix of Counselor Characteristics Stimuli, Group 4 (Pro-religious/Low ATSPPHS), N=44

<table>
<thead>
<tr>
<th>Counselor Characteristics</th>
<th>Similar Religion 1</th>
<th>More Educated 2</th>
<th>Similar Attitudes 3</th>
<th>Older Age 4</th>
<th>Similar Personality 5</th>
<th>Similar Ethnicity 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Similar Religion 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Educated 2</td>
<td>f=31</td>
<td>70.5%</td>
<td>68.2%</td>
<td>47.7%</td>
<td>61.4%</td>
<td>59.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Attitude 3</td>
<td>f=25</td>
<td>56.8%</td>
<td>31.8%</td>
<td>22.7%</td>
<td>22.7%</td>
<td>36.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Age 4</td>
<td>f=30</td>
<td>68.2%</td>
<td>52.3%</td>
<td>77.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Personality 5</td>
<td>f=26</td>
<td>59.1%</td>
<td>38.6%</td>
<td>77.3%</td>
<td>56.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Similar Ethnicity 6</td>
<td>f=28</td>
<td>63.6%</td>
<td>40.9%</td>
<td>63.6%</td>
<td>40.9%</td>
<td>47.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Note. Frequency and percent values reflect a respondent’s preferences ranking of the column characteristic (j) over the row characteristic (k). The two respondents in the indiscriminately anti-religious group were excluded.
Appendix F

Human Subjects Institutional Review Board
Letter of Approval
Date: September 12, 2008

To: Stephen Craig, Principal Investigator
    Darryl Phankett, Student Investigator for dissertation

From: Amy Naugle, Ph.D., Chair

Re: HSIRB Project Number: 08-09-15

This letter will serve as confirmation that your research project entitled "Exploring the Relationships between Religious Faith, Mental Health Help Seeking Attitudes and Preferences for Counselor Characteristics among Black American Churchgoers" has been approved under the exempt category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: September 12, 2009