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The Role of the Parish Pastor as Mental Health Provider: Counseling Competency and Personality Characteristics

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THE ROLE OF THE PARISH PASTOR AS MENTAL HEALTH PROVIDER: COUNSELING COMPETENCY AND PERSONALITY CHARACTERISTICS

by

John Phillip Burgess

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the requirements for the Degree of Doctor of Education
Department of Counselor Education and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
April 1998
United Methodist pastors, serving churches in the State of Michigan, were surveyed regarding their participation in counseling and referral to other mental health providers. In addition to a demographic questionnaire, each pastor completed two standardized instruments, the Counseling Self-Estimate Inventory (COSE) (Larson, et al., 1992) and the Edwards Personal Preference Schedule (EPPS) (Edwards, 1959). Dependent variables of amounts and types of counseling being conducted, scores from the COSE and EPPS, and four satisfaction ratings, were compared across several independent variables including: pastor's gender, age, race, length of service, theological orientation, and amount of academic preparation specifically related to mental health/counseling in college, seminary, graduate school or other training.

The hypotheses were analyzed with a series of Analyses of Variance (ANOVAs). The sample included data from 97 pastors, including 56 females and 41 males. Notwithstanding that only one null hypothesis, out of six, was
rejected, the findings of this research provide important information about the role of pastors in the delivery of mental health services. Results indicate that pastors are performing minimal long term counseling. The results also revealed that pastors are being presented with a variety of counseling issues, foremost of which are pre-marital and marital counseling, parenting issues, grief and loss issues, and substance abuse counseling. The average pastor in this study spends about nine percent of their time in counseling. COSE scores indicate that pastors generally feel competent in their role as counselors, and EPPS scores indicated high needs for Nurture, Intraception, and Affiliation.
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John Phillip Burgess

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

Background

Polls show that religion plays a major role in the life of most Americans. More than eight of ten pray regularly, nearly half attend worship services each week, and more than half believe religion could solve the world's social problems. It is not surprising, then, that when men and women grapple with ethical dilemmas, urgent personal concerns, or questions of faith, they seek answers from the clergy (Lob-senz, 1984, p. 65).

The parish pastor in a local church is often called on to perform many tasks in the pastoral role. While the primary concern of the pastor is to be a spiritual leader to a local congregation, this task may be performed in a number of different ways. The pastor is a preacher, expounding God's word from the pulpit. The pastor is an educator, teaching and training individuals and small groups. The pastor is an administrator, working with boards and committees, preparing and implementing budgets, and writing reports. The pastor is a care-giver, visiting the sick and shut-ins and ministering to the families of the church in times of joy and in times of sorrow, such as; births, deaths, baptisms, weddings, and funerals. In some larger congregations the pastor may be
a supervisor with a staff to oversee and direct, and in a smaller church the pastor may be the janitor and secretary as well. In addition to all of these roles, the pastor is also a counselor, a healer of the hurts of living. Oates (1959), an early pastoral counselor, educator, and author said it well with these words:

The pastor, regardless of his training, does not have the privilege of electing whether or not he will counsel with his people. They inevitably will bring their problems to him, for his best guidance and wisest care. He cannot avoid this if he stays in pastoral ministry. His choice is not between counseling or not counseling, but between counseling in a disciplined and skilled way and counseling in an undisciplined and unskilled way (p. vi).

Clemens, Corrodi, and Wasman (1978) are mental health professionals (two psychiatrists and a psychologist) who run a program of continuing education in mental health and counseling for members of the clergy at Case Western Reserve University in Cleveland, Ohio. After 10 years of providing educational experiences to parish pastors these authors note the extensive nature of the problems that are being seen by clergypersons and state "Whether he (or she) likes it or not, the clergyman (or woman) is a front-line worker in dealing with mental and emotional problems" (p. 228).

Holling (1990) wrote:

Simply stated, counseling can be defined as a short-term relationship in which the counselee primarily presents problems in living and the counselor lis-
tens then provides advice or guidance. Implied in this definition is that substantial training is not necessary, making this the type of counseling done by the local parish pastor, who has not had much training in counseling (p. 97).

This area of ministry, the parish pastor’s role as a counselor, is the focus of this research. The review of related literature reveals that parish pastors are doing a great volume of counseling, much of which goes far beyond Holling’s (1990) definition, and is very similar to that done by traditional mental health providers, such as psychiatrists, psychologists, social workers, and counselors. In a very early study conducted in the late 1950’s Gurin, Verloff and Feld (1960) found that parish pastors were providing significant amounts of counseling. In an extensive study of almost 2500 adults these researchers found that 42% of those who had sought professional help for a personal problem at some point in their lives had turned to an minister while only 18% had seen a psychologist. More recent studies have revealed similar utilization of parish pastors as mental health providers. Specifically, Conaway (1991) surveyed 380 lay members representing 50 Southern Baptist churches in Missouri. When asked to rank, on a Likert scale of Most Likely to Least Likely, a variety of sources of help for various family problems, these respondents indicated a significant preference for seeking counseling assistance in
their local church before seeking outside "professional" help.

In an extensive study (Robin, 1991) of almost 100,000 Michigan high school students a question was asked concerning whom the student would contact if they had a drug or alcohol problem and wanted help dealing with it. A total of 16% of these students indicated that they would contact their pastor or rabbi and another 21.1% said they might contact their spiritual leader. By comparison, 15.3% said they would, and 26.5% indicated they might contact their school counselor.

Even the popular, secular literature of this generation positions the parish pastor in a place where counseling becomes a part of the expectations of those being served, and equates the pastor with other, more traditional mental health providers. Beatty (1987) in her best seller, Codependent No More, makes the following statement:

There are times when we may need professional help to deal with our emotions. If we are stuck in any particular feeling we should give ourselves what we need. See a counselor, a therapist, a psychoanalyst, or a clergyperson. Take care of ourselves. We deserve it. We may want to seek professional help if we've been repressing feelings for a long period of time or if we suspect what we've been repressing is intense (p. 136).

Findings and writings like these place a great pressure on parish pastors to be competent to counsel well,
not only for personal and spiritual problems but significant issues like teenage drug and alcohol abuse and emotional problems as well. How pastors function in this role is of great importance to their counselees and the mental health profession as a whole.

That the participants of the present investigation are expected to provide counseling services as part of their pastoral duties is readily obvious when one turns to the instructions they are provided in their Book of Discipline (United Methodist Church, 1992). A number of duties of the parish pastor are specifically delineated in Paragraph 437 and fully half of them use the word counsel. Examples include: "To perform the marriage ceremony after due counsel with the parties involved" (p. 237). "To counsel those who are under threat of marriage breakdown and explore every possibility for reconciliation" (p. 237). "To counsel bereaved families and conduct appropriate funeral and memorial services" (p. 237). "To counsel persons struggling with personal, ethical, or spiritual issues" (p. 237).

The Current Situation

A great deal of research has been done concerning the role of the parish pastor as counselor. Major variables that have been studied have included the types and
amounts of counseling being conducted, the role of the educational level of the pastor, and the referral practices of pastors. To date however, few studies has utilized any standardized measures in relationship to any variable in considering the counseling role of parish pastors. Another area of concern, that has received some attention in the research literature, is the question of the personality of the successful, effective pastor and of successful, effective counselors. A number of studies have analyzed personality factors using instruments such as the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway and McKinley, 1967), or the Edwards Personal Preference Schedule (EPPS). However, these studies have typically used seminary or university students, in preparation for careers in pastoral ministry or counseling, as subjects. More studies have been done with practicing counselors than with practicing clergypersons but the numbers are still minimal. Previous research on the role of pastor as mental health provider has focused mainly on the white male pastor. A few studies (Hartman, 1980; Mollica, Streets, Bascarino, and Redich, 1986; and Lau, 1986) have compared white and non-white pastors and several others (Clark, 1990 and Lyles, 1992) have looked exclusively at African-American pastors but research is still lacking regarding this variable. The role of
female pastors has been researched even less. Scott's (1991) subject pool of 492 pastors contained 38 females and Wright's (1984) 102 respondents included only 2 females.

The present research seeks to fill these voids in the research literature by using a standardized, self-report measure of counselor effectiveness, The Counseling Self-Estimate Inventory (COSE) (Larson, et al., 1992) as well as the Edwards Personal Preference Schedule (EPPS) (Edwards, 1959) in a study of the counseling practices of United Methodist clergypersons in Michigan.

Purpose of This Research

The purpose of this research project was to objectively measure the self-reported efficacy of the parish pastor as a mental health provider. A second purpose was ascertain if there are differences in pastoral counseling provided by female and/or ethnic pastors as compared to the white males who have been the subjects of the majority of previous research. A final purpose was to the analyze personality variables associated with effective counselors in the parish setting. With the information that this study will provide, used in conjunction with previous, similar research, this researcher hopes to be able to offer suggestions for more effective curriculum
for the seminary training of pastors in the area of counseling and provide the basis for continuing education seminars in this area.

Statement of the Problem and Questions to be Answered

With an ever increasing need for mental health and counseling services in our society and with more and more people turning to their parish pastor or to some pastor for this service, the following questions could be posited: How is this need to be met? To what degree do pastors perceive that their training adequately prepared them for the role of counselor? To what degree do pastors feel comfortable with their counseling duties? Do pastors perceive that they receive, in their seminary coursework, the necessary skills for effective counseling or do they learn these skills on the job or in continuing education experiences? Do pastors refer to others: when, why, and to whom? and What is the personality of the effective, active parish counselor?

Delineations and Limitations of the Research

This research will be conducted using United Methodist pastors serving churches in Michigan. Only those pastors who are serving at least half-time appointments (more than 20 hours per week) will be considered as
participants. Ordained clergy serving in other capacities, including staff positions such as youth pastor or minister of music, will not be surveyed. This population has been selected due to the significant numbers of ethnic pastors and female pastors available for study. The presence of these subjects will allow examination of variables that have generally been ignored in similar research in the past. This population also contains a very broad range of subjects in terms of variables such as pastor’s age, length of service, and educational level. Additionally, the pastors in Michigan represent many of the officially endorsed United Methodist seminaries, thus providing a good overview of the types of educational experiences pastors in training are receiving in preparation for the parish pastorate in the United Methodist Church.

Because of these factors the results of this study should be generalizable to a much broader spectrum of pastors, especially those in the United Methodist Church, other than those serving in Michigan alone.

Definitions

The following operational definitions will apply throughout this study.

Pastor/clergyperson/minister - These three terms
will be used interchangeably and are defined as: A person who has been appointed by the presiding Bishop (the chief ecclesiastical official in the state) or the Bishop's representative (one of 11 district superintendents) to serve a local church or circuit (two or more churches). Throughout this dissertation when the word clergyman is used it indicates that the pastors under discussion, as in many of the studies cited in Chapter II, are all male. When female pastors are referred to this will be indicated and when mixed gender groups are being discussed the gender neutral clergyperson or pastors will be used.

Counseling - Although this word has a number of different definitions, in this study it will be used to refer to any occasion in which the pastor spends time with an individual, couple, family, or group for the purpose of discussing a problem, giving advice or direction, or resolving a crisis. Excluded from this definition are common pastoral activities such as routine home visitations and hospital or nursing home visitations unless the visit was specifically scheduled for the purpose of counseling. No distinctions will be made between spiritual and other kinds of counseling.

Statement of the Research Hypotheses

1. It is expected that those pastors who report
conducting more counseling will obtain higher scores on the Counseling Self-Estimate Inventory.

2. It is expected that those pastors who obtain higher scores on total mental health related training will obtain higher scores on the Counseling Self-Estimate Inventory.

3. Very limited research has been reported regarding the provision of mental health services by female pastors in contract to the number of studies with male pastor subjects. However, it is expected that female pastors will report conducting more counseling that male pastors.

4. Although relatively little research has been done on the issue of race as a variable in studies of this kind, it is expected that African-American and other minority pastors will report conducting more counseling than their Caucasian counterparts.

5. There have been mixed findings related to EPPS profiles for counselors and clergypersons. It is expected that pastors will show higher needs for Intraception, Dominance, Nurture, and Affiliation and lower needs for Order, Change, Succorance, and Deference. These trends are predicted to be even stronger in those pastors who obtain the highest COSE scores and who report the largest amounts of counseling.

6. It is expected that female pastors, in a non-
traditional female career, will have EPPS scores that more resemble the male than female norms.
CHAPTER II

REVIEW OF RELATED LITERATURE

Overview of the Chapter

This chapter will be divided into three major sections. The first section will review a variety of studies related to the counseling practices of members of the parish clergy. This section will contain three subsections relating to: (1) the scope of the counseling practice of parish clergy; (2) the effect of a number of variables, such as: race, gender, age, experience, and education, on the counseling practices of parish clergy-persons; and (3) the training of pastors in the area of counseling. This final subsection will also include reviews of studies regarding continuing education efforts in the area of counseling and examine how parish pastors feel about their training and preparedness for counseling.

The second section of the chapter will review studies related to the evaluation of counselor effectiveness. Included in this section will be information regarding the Counseling Self-Estimate Inventory (COSE) (Larson, et al., 1992), one of the instruments being used in the
present study.

The third major section of this review will look at the Edwards Personal Preference Schedule (EPPS) (Edwards, 1959) and the literature related to the use of this instrument with counselors, clergypersons, and women in non-traditional careers. The EPPS is an inventory that measures manifest needs and is the second instrument being used in the present study.

Each section of the chapter will conclude with a brief summary.

The Parish Pastor as Counselor

The Scope of Clergy Counseling Practice

Generally, the studies reviewed in this section were published from the middle 1970's to the early 1990's with the majority being from the 1980's and 1990's. Several reviews of earlier studies (Arnold and Schick, 1979; Gilbert, 1981) will be cited for summaries of early research in the area of clergy counseling.

The most frequently addressed research question concerning the role of the parish pastor as counselor has been: What types of problems are presented to parish pastors for counseling? Although the answers to this question have varied somewhat from study to study the results lead to one inescapable conclusion: Parish pas-
tors are involved in counseling a large number of concerns, not all of them spiritual or religious in nature. Lowe (1986) summed up the findings of these studies well by stating, "In fact, the problems seen by clergy appear to be equal in magnitude to those seen generally by mental health professionals" (p. 28).

A number of studies (Bell, Morris, Holzer, and Warheit, 1976; Ludlow, 1978; Virkler, 1979; Abramczyk, 1981; Wright, 1984; Wylie, 1984; Lau, 1986; Lowe, 1986; Mollica et al., 1986; Winger and Hunsberger, 1988; Hyman and Wylie, 1990; Scott, 1991; Lyles, 1992) have all sought to ascertain the scope of the counseling practices of parish pastors. These studies have examined the counseling practices of pastors representing a wide range of religious affiliations and geographic locations. Pastors who have participated in these studies have included the following: 178 Protestant, Catholic, and Jewish clergymen from three counties in southern Florida (Bell et al., 1976), a diverse group of 49 Protestant and Catholic clergymen from Kalamazoo, Michigan (Ludlow, 1978), 54 Protestant pastors in both a large northern and southern city and the surrounding areas (Virkler, 1979), 55 United Methodist pastors in South Carolina (Abramczyk, 1981), 100 Catholic and Protestant clergymen and two clergywomen from British Colombia, Canada (Wright, 1984), 108 Church

Despite the diversity of these samples, both in their religious affiliation and in their geographic location, the results of these studies have been surprisingly similar. Presenting problems that a majority of the pastors who responded to these various research projects stated they saw often or frequently include the following: marital problems, pre-marital counseling, guilt, depression, grief or bereavement issues, and spiritual concerns. While none of the studies listed reported all of these issues as regularly seen by the pastors who responded, this list represents a compilation of those presenting problems common to these studies.

In an extensive review of the literature, published
from 1960 through the middle 1970's, on the role of the parish pastor as mental health provider, Arnold and Schick (1979) state: "The common perception that a cleric counsels mostly religious problems was not supported by these studies" (p. 87). It is noteworthy that in those studies reviewed by Arnold and Schick (1979) pastors generally reported seeing persons for marital concerns more often than any other presenting problem. This finding indicates that the scope of practice of parish clergypersons has not changed a great deal over the last 30 years or so.

Another area of agreement in these studies concerns the presenting problems with which pastors report dealing only rarely or never. The results of these studies are in almost unanimous agreement that sexual issues or problems are the least likely of all presenting problems to be directed toward parish pastors. Other areas of concern that are among those seen less often by pastors are substance abuse problems and family issues such as parenting concerns or family relationships.

A few specifics from the studies reported above are worthy of attention. The respondents in the Abramczyzk (1981) study were United Methodist pastors and are thus the most similar to those of the current study. Abramczyzk (1981) presented her respondents with a list of 18
common mental health issues and asked the pastors to rate the frequency with which they addressed each of these in their pastoral counseling on a scale of 0 = never to 4 = very frequently. Following are the top and bottom five problem areas as reported by these pastors. The top five were: Grief (M = 2.78), Depression (M = 2.42), Adjustment to life stage (M = 2.29), Marital (M = 2.24) and Dissatisfaction with life (M = 2.24). The five problem areas reported as least often seen were: Sexual deviation (M = 0.85), Abortion (M = 0.80), Birth Defects (M = 0.67), Child abuse (M = 0.55), and Rape (M = 0.36). Lau (1986) also surveyed United Methodist pastors. In this study counselees were broken down into four categories: (1) walk-ins (those unknown to the pastor and with no connection to the church), (2) referrals from church members (also unknown to the pastor but sent by a member), (3) marginal members, and (4) core members. In this study walk-in counselees presented more welfare (food, clothing, shelter) issues, referrals presented more spiritual problems, and both marginal and core members presented with more marital/family issues.

It should be noted that the results of this portion of the Abramcyzk (1981) study suffers along with most of the other studies cited earlier. In this study, and others of this type, the survey instruments have provided
respondents with a list of counseling concerns and asked that they be rated or ranked according to frequency of presentation. There is a possibility that this method would inhibit the range of problem areas that pastors report seeing by limiting the concerns. Virkler’s (1979) list of 34 counseling concerns is the most inclusive. However, even this more extensive list is certainly not inclusive of all areas of concern for counseling. Another problem is the variations in the lists used by various researchers; for example Scott (1991) did not have spiritual issues on his list although personal counseling, the highest ranked type of counseling reported by pastors responding to this survey, may have included spiritual issues. This variation makes for difficulty in adequately comparing the results of these studies in this area.

One study, (Wright, 1984), is unique in this area. Rather than provide a checklist to be rated, Wright asked his subjects to list the most common counseling concerns that they had dealt with over the previous two years. A total of 285 specific, different problems were given which the author and his research assistants categorized into six major types of problems. Marriage and family problems (31.5%) and emotional difficulties, such as, anger, depression, and anxiety (29.5%) accounted for 61%
of all the problems reported by these 102 pastors. Bereavement and death counseling made up the next largest group at 11.6%. These results are very similar to those found when checklists are used. Substance abuse problems accounted for only 5.3% of these pastor's counseling contacts and spiritual issues accounted for even less at 4.9%. While this latter finding stands in some contrast to most of the other studies reviewed, the infrequency of pastors providing substance abuse counseling is supported.

Wagner and Dobbins (1967) conducted a very different study regarding the provision of counseling services by a parish pastor. In a large, Assembly of God Church, the pastor (who was the second author of the study), administered the Minnesota Multiphasic Personality Inventory (MMPI) to all who came to him for counseling over a 10 month period. In all 40 persons were tested in this manner. A demographically matched group of another 40 members of the same congregation was selected to serve as a comparison group and were also administered the MMPI using the same protocol.

The differences between these two groups were significant. Among the counselees' scores were a total of 151, spread across the 12 scales, that were two or more standard deviations above the mean. There were only 25
such scores, on 10 of the scales, that reached this level among the comparison group. These authors concluded:

The psychological disturbances of those seen for pastoral counseling were not concentrated on any particular scale but were distributed across the entire spectrum of emotional disorders. This would tend to contradict the stereotype entertained by many lay and professional people that the clergyman tends to see the discouraged or depressed person. In fact, these findings suggest that people seeking pastoral counseling might not differ greatly from those seen in clinical practice by psychologists and psychiatrists (Wagner & Dobbins, 1967, p. 83).

The studies reported above have all had pastors as respondents and they have been self-report studies regarding pastoral involvement in counseling. A number of studies have also been done that have investigated how the general public feels about counseling services as provided by traditional mental health providers such as psychiatrists, psychologists, social workers, and counselors compared to counseling provided by pastoral counselors or parish clergypersons. Some of these studies have examined the general public and others have specifically targeted church attenders.

The study conducted by Pierce (1980) was one of those whose participants were all active church attenders. Because of a very small sample size (N = 46) there is not a great deal that can be generalized from this study; however, it did have some unexpected results. The subjects represented a total of seven Protestant denomi-
nations as well as members of Roman Catholic parishes. Subjects were asked to rank order the following eight sources of help: pastor, friend, spouse, sibling, teacher, deacon/vestry, church staff, or psychologist/psychiatrist in each of four problem areas: (1) child related problem, (2) marital problem, (3) home (work) problem, and (4) spiritual problem. Respondents were also given the opportunity to check a line indicating that they always worked this problem out on their own.

This sample group rated pastors as the first or second choice only on spiritual problems. However, pastors were ranked above the traditional mental health professionals listed in all four areas.

The survey used for this study also asked for subject's opinions about the need for trained counselors being provided in church settings and about the gender preferences of those seeking counseling help. One finding of this study was that those who responded indicated a definite need for the church to provide trained counselors and especially to make female counselors available.

Larson et al. (1988) conducted an extensive survey of over 18,500 adults in five metropolitan areas across the United States. The analysis of the data was based on the division of the respondents into four mutually exclu-
sive groups related to the reception of mental health services: (1) those who had sought mental health help from a clergyperson, (2) those who had sought mental health help from a mental health professional or agency, (3) those who had sought help from both sources, and (4) those who had sought help from neither source. The results of this investigation revealed that, "... the clergy are as likely as mental health professionals to be sought out by individuals from the community who have serious psychiatric disorders" (p. 1068).

A similar study was earlier conducted by Gould, Hennessy, Seiler, and Silberman (1985). The survey distributed by these researchers asked 136 adults living in the Long Island, New York area a series of questions such as: Who would you go to for adult psychotherapy?, ...for behavior therapy?, ...for child psychotherapy?, ...for marital therapy?, ...for psychological testing? For each question the following multiple choice answers were available: psychiatrist, psychologist, physician, social worker, clergyperson, other, don't know. (Participants were allowed to choose more than one helper for each question if they wished.) The results of this study reveal that subjects preferred to seek services from psychiatrists and psychologists for serious psychiatric problems and for psychological or intelligence testing.
The results also revealed significant utilization of the clergy as a helping resource in many other areas.

In response to the question on marital therapy 57% indicated they would go to a clergyperson while psychologists (41%), social workers (26%), and psychiatrists (16%) were all selected less often. In response to a question asking, Who would you go to see if you were feeling anxious or depressed? the clergy were selected equally to psychologists and psychiatrists. And finally, 36% of respondents indicated that they would seek the assistance of a clergyperson if they had a friend who was suicidal.

A similar investigation was conducted by Privette, Quackenbos, and Bundrick (1994). Through names found in local phone books these researchers surveyed a total of 86 persons living in Pensacola, Florida and 78 living in Appleton, Wisconsin. The two groups were demographically similar and subjects represented a range on variables such as age, educational level, income, and religious affiliation. Most were Caucasians and approximately two-thirds reported attending church regularly. Participants were asked whom they would consult for the following problem areas: marriage and family problems, severe mental illness, schizophrenia, weight problems, nervousness, alcoholism, drug abuse, and depression.
For analysis of the data subjects were divided into two groups: high vs. low religiosity. This division was based on the combination of a self-reported religiosity score and reported frequency of church attendance. When Privette, Quackenbos, and Bundrick (1994) combined the responses of these groups religious counseling was preferred only for marriage and family problems, with 86% of subjects indicating this preference. Secular and religious counseling were seen as equally effective for depression and secular sources were generally preferred in the other problem areas. However, 38% percent of the subjects indicated that they would seek religious counseling for drug problems, 33% for nervousness, and 21% for weight problems.

Additional results of the Privette, Quackenbos, and Bundrick (1994) study reveal several other significant findings. The first was that 93% of subjects, regardless of religiosity score, expressed an expectation that religiously oriented counseling would be available to them. A second was that when asked about religious values 87% of church attenders and 67% of non-attenders stated that religious values should be considered, even in a secular counseling setting. A third finding, which would seem to indicate that religious people seek counseling more often than non-religious people, came in response to a question.
concerning seeking counseling of any kind. While high religiosity subjects gave about equal credence to the value of religious vs. non-religious counseling only three percent indicated that they would seek help from neither source. The results of this question for low religiosity subjects revealed a strong preference for non-religious counseling, 78% to 7%, but 16% said that they would not seek out either source of help.

Hyman (1988) conducted another study that targeted church attenders. The purpose of this study was to discover the expectations of church attenders regarding counseling services provided by their pastors. This investigator received a total of 606 usable surveys from attenders of 11 Southern Baptist churches served by pastors who had participated in another portion of the same study.

The survey checklist in this study included the following 14 counseling areas: spiritual growth, marital problems, pre-marital concerns, mental/emotional issues, death, patient counseling, parent-child conflict, job related stress, alcohol use/abuse, drug use/abuse, aging, sexuality, suicide, and sexually transmitted diseases.

The most often expressed areas of need for counseling mentioned by those who make use of pastoral counseling were: spiritual growth, marital problems, pre-mar-
ital counseling, death, and parent-child conflicts. These church members reported expectations of competent counsel from their pastors in all 14 areas. They expressed confidence in the adequacy of their pastor’s counseling in all but 2 of the 14 areas, drug use/abuse and sexually transmitted disease, and indicated that they would contact their pastor first if they had concerns in any area except these two. For these problems subjects indicated that they would contact their physician before their pastor.

Robinson (1993) looked at pastoral counseling roles in the African Methodist Episcopal Zion Church, a traditionally African-American denomination in which pastoral counseling is not, according to the author, well defined as a responsibility of parish pastors. In this sample over 50% of all church members and attenders surveyed indicated that they expected their pastor to provide counseling services.

**Variables Affecting the Practice of Counseling by Parish Clergy**

**Age and Length of Service of Pastors**

Gilbert’s (1981) review notes that very little research had been done prior to that time regarding the variable of pastoral age on the counseling practices of
parish clergy, and the results of those studies that had been done did not lead to unequivocal conclusions. Gener­ally the older the pastor the less likely he was to refer and the more likely he was to see parishioners problems as religious in nature rather than psychological or social in nature. Of more current studies only Scott (1991), Perryman (1989), and Hyman (1988) have researched the role of pastoral age and its effect on counseling. These studies examined the amount of counseling being done as a function of age. Scott (1991) divided his pastors by age with 10 year spans: 21 - 30, 31 - 40, etc. The results indicated that the amount of pastoral counsel­ing conducted increased in the 31 - 40 year group over the previous division, and then increased again in the 41 - 50 year group. After that the amount of counseling being done declined into the retirement years.

Perryman (1989) obtained similar results in his sample of 144 Wesleyan pastors in North and South Carolina. Hyman (1988) found no differences, based on age, in the counseling practices of ministers in his sample group.

An area closely related to the age of the pastors is length of service. One would expect that this variable would affect the amounts and kinds of counseling that a pastor would do, especially for those pastors with long
tenure with the same local church. However, neither Perryman (1988) nor Scott (1991) found a significant main effect for this variable. Lau (1986) found that length of service to a congregation was positively correlated to conducting more counseling.

The Gender of the Pastor

Worthington (1986), in his review of research regarding religious counseling, notes that there has been a paucity of research on the counseling practices of female clergy. This lack of research has not been redressed in the years since publication of the Worthington (1986) review. Only a few of the studies that have been mentioned in this review have examined this variable. Scott (1991) found that full time female pastors did more counseling than their male counterparts in 10 of the 14 areas listed on his survey. Only in the area of pre-marital counseling did males report significantly greater amounts of counseling. Lau (1986) found that there were no gender differences in the mental health involvement of the pastors in his study.

The Educational Level of the Pastor

Generally, in studies reviewed in this chapter, the level of education has been shown to have little impact
on the amount of counseling performed by, or on the types of problems that are presented to, parish pastors. Martin (1991) surveyed 36 male, Pennsylvania Church of the Brethren pastors regarding their practice of pastoral counseling. None of these pastors were seminary educated and only 10 possessed a baccalaureate degree. All 36 of these pastors reported being called on to provide pastoral counseling. Going as far back as the middle 1960’s Bentz (1967) found few differences between the counseling practices of seminary trained pastors vs. those lacking a college degree. Clark (1990) and Lyles (1992) both studied African-American pastors and found no differences in the counseling loads of their subjects based on educational level. In the Lyles (1992) study only 12 of the 17 pastors had a college degree but all of the participants in this study "described a central role for the church - especially the black church" (p. 369) in providing help to emotionally troubled parishioners.

Winger and Hunsberger (1988) found that "the clergy's general level of education was not correlated with ... the problems which they counseled" (p. 45). These researchers did find that those pastors with more graduate level training in psychology and counseling, as defined by the number of courses taken, did tend to be more Rogerian in their approach and use less sacramental
techniques such as prayer and Bible reading in their counseling. Arnold and Schick (1979) similarly note that the studies they reviewed indicated that pastors with more formal counseling training tended to use a more non-directive counseling style.

Using an authors-designed inventory known as the Pastoral Counseling Survey (PCS), Clark and Thomas (1979) found that pastors with more counseling training (as measured by number of courses taken, supervised practica, and continuing education experiences) saw counseling as a more important part of their work. There was no interaction with this variable and a theological position (liberal, moderate, or conservative) variable in this study suggesting that education alone effects how pastors view the role of counseling in their ministry.

Gilbert (1981) summarizes the early studies in this area by noting that:

...a pastor with comparatively little higher education tends to counsel with parishioners more than refer. A pastor with a moderate degree of higher education and specialized counseling training apparently tends to refer parishioners more than counsel, and the highest educated and trained pastor tends to counsel more than refer (p. 32).

Arnold and Schick's (1979) review revealed a slightly different pattern as they found that pastors with the most formal counseling training referred more of their counselees to others. Bentz (1967), one of the studies
reviewed by Arnold and Schick (1979) looked specifically at this area of the role of education in counseling and referral. In a study of 100 full time, white, clergymen representing the major Protestant denominations in Florida, this researcher compared pastors with less than college education, college educated, seminary educated and pastors who had received specialized training related to mental health and counseling. In every comparison, moving up the scale of amount of education, pastors with more training referred more of their counseling out to other professionals. Bentz (1967) concluded that "ministers without a college education see themselves as being capable of dealing with more of the problems by themselves than do their better educated brethren" (p. 202).

Lau's (1986) findings were somewhat different than those of most similar studies. Based on the responses of these United Methodist pastors Lau stated that "it can be concluded that more clinically educated clergy are usually more active in their mental health involvement, and vice versa" (p. 113).

The Race of the Pastor

The differences in the counseling activities of parish pastors, compared across racial categories, is another area that has received relatively little research
Hartman (1980) compared the counseling practices of 27 white and 25 black clergymen representing a variety of denominational traditions. Over a four week period the white clergymen averaged 27 contacts and the black clergymen, 15. In terms of presenting issues the white pastors in this study counseled more persons with emotional, marital, and loneliness problems and black pastors were presented with more welfare-related, substance abuse, and religious issues. Black clergymen also tended to see more clients who had reached a crisis point. Hartman (1980) concluded that in general the mental health activities of black clergymen are more similar to those of crisis interventionists while those of white clergymen are more similar to a traditional mental health role.

Mollica et al. (1986) compared what they called traditional clergy (mainline Protestant clergymen such as United Methodists, Presbyterians, and Episcopalians; Roman Catholic priests, and Jewish Rabbis) to Evangelical Protestant pastors, African-American pastors (referred to in the study as "Black clergy"), and professional pastoral counselors (those not serving parishes but having specialized counseling training and practicing counseling full time in an agency or private practice setting).
Results of this study indicate that African-American pastors use more theological concepts such as sin, guilt, forgiveness, redemption and salvation; and more religious practices such as prayer, meditation, confession, faith healing, and exorcism in their counseling than do the other groups.

This study also revealed some variation in the types of problems counseled by the four groups. All four groups reported seeing the same types of counseling concerns that other studies noted earlier in this review have found. However, of the four groups surveyed, it was found that African-American pastors conducted the most post-psychiatric hospitalization counseling and they also saw twice as many substance abuse clients as all other clergy in this study.

Mollica et al. (1986) note that generally African-Americans do not access community mental health or other psychiatric services in amounts equal to the general population and they concluded that the African-American pastor is active, through counseling, "in meeting the serious mental health needs of his community" (p. 327).

Lau’s (1986) comparison of white and non-white clergy in his study revealed no differences in the amount of counseling being conducted. The differences between these groups showed up in the types of problems being
presented with non-white pastors reporting more counseling related to the presenting issues of substance abuse, physical illness, and welfare problems, and had more counselees whose problems had reached crisis level. Among the non-white pastors in this study Asian pastors reported the highest level of substance abuse counseling and the most crisis cases of any of the pastoral groups.

Clark (1990) surveyed only African-American pastors serving in the African Methodist Episcopal (AME) Church. As in the Mollica et al. (1986) study these pastors indicated that they often used spiritual responses in their counseling and they tended to be very directive in their style. These pastors indicated that they felt that spiritual factors were important in facilitating change in their counselees.

Similar results were found in Lyles' (1992) ethnography of African-American Baptist pastors. These 17 pastors, 11 of whom were bi-vocational and 5 of whom lacked a college education, reported counseling contacts ranging from 6 per year to up to 40 per week. They also reported significant use of spiritual techniques in dealing with parishioner's problems including teaching and Bible study, personal prayer, "altar call" prayer during a worship service, and conferring forgiveness and acceptance as well as more traditional counseling and
referral services.

**The Theological Position and Denominational Affiliation of the Pastor**

Like most of the variables discussed previously, theological position (which is often at least partially determined by denomination affiliation) generally has not been demonstrated to have a significant effect on the amounts and types of counseling performed by parish pastors. Gilbert (1981) summarizes the early studies on this variable with these words:

The overall impression generated by these studies is one of isolation from mental health professionals by theologically conservative ministers. Theologically liberal pastors may be somewhat more active in referral and may do less counseling than theologically conservative pastors, but not to a degree permitting a clear conclusion (p. 31).

Mollica et al. (1986) did find some support for this final statement among the pastors they surveyed. In this study, traditional clergy (generally theologically more liberal) did significantly less counseling than did their more conservative, evangelical and African-American counterparts. So strong was this finding among this group of pastors that Mollica et al. (1986) concluded, "Our study has demonstrated again that the traditional clergy engage in little formal pastoral counseling" (p. 327).

The effect of theological position on a pastor's
counseling activity is more often seen in how one coun­sels, rather than in who or how much, and in how the pas­tor views the source of the problems with which they are presented.

Mollica et al. (1986) found that theologically conservative pastors used significantly more theological concepts (sin, guilt, forgiveness, salvation, etc.) and religious practices (prayer, meditation, confession, faith healing, etc.) in their counseling than did their more liberal counterparts. Clark and Thomas (1979) also reported that conservative clergy placed more emphasis on religious concepts in their counseling than their theo­logically liberal peers. Ludlow (1978) combined theo­logical concepts with religious practices in his study and called them all religious practices. Among these pastors in Kalamazoo, Michigan (a traditionally very conservative area) there were no statistically signifi­cant differences between liberal and conservative pastors in their use of these techniques in their counseling.

Educational Preparation for Counseling

Satisfaction With Formal Education

The results of the research that has examined how parish pastors feel about their formal educational prepa­ration for the counseling portion of their ministerial
responsibilities reveal that, overall, pastors are dis-
满意 with their training in the area of counseling,
and they consider it to be inadequate to their needs.
Lunn (1980) surveyed 57 evangelical, conservative minis-
ters, all of whom were seminary graduates. Just under
one-third of these pastors reported taking no counseling
courses in seminary and very few of the subjects had
received any clinical training. Most rated their semi-
nary education as less than adequate or inadequate in
preparing them for this area of ministry. These pastors
acknowledged their limitations in the area of providing
mental health help and desired to improve their skills.

Abramczyk (1981) asked pastors to rate, on a five
point scale (0 = poor to 4 = excellent) how they felt
about their seminary training in the area of counseling.
Eight of the 55 respondents in this study indicated that
they had completed a concentration in counseling during
seminary, 16 reported doing clinical work in counseling,
and 11 had done post-graduate seminary work in counsel-
ing. Only six of the respondents stated that their
seminary work included no courses in counseling. Areas
of training reported by these pastors, in descending
order of rankings, included: theological support theory,
integration of theology and counseling, dealing with a
variety of problems, practice theory, self-awareness,
support theory, interdisciplinary work, skills training, clinical experience, and dealing with different client systems. Only theological support theory ($M = 2.19$), received a mean rating of better than 2 (good). All other areas received mean ratings of 1.69 or less. Clinical experience ranked next to last ($M = 1.28$) and different client systems (family, group, community) ($M = 1.06$) was the lowest rated.

Virkler (1979) asked his subjects about the amount of training they had received related to counseling and to rate the adequacy of their seminary training in this area. More than 25% of these pastors reported having had no counseling courses in their seminary programs. Another 27% had taken only one or two courses. Sixty percent of these pastors reported no opportunity to counsel real cases or receive supervision during their seminary education. Overall, just under 67% of these pastors rated their seminary education in the area of counseling as somewhat or slightly deficient while about 33% considered it moderately to very adequate.

Hyman and Wylie (1990) found that most of the pastors they surveyed felt inadequately trained in 7 of the 14 counseling areas assessed. Counseling issues that these pastors felt inadequately trained for included: substance abuse, aging, job-related stress, sexual...
issues, sexually transmitted diseases, and suicide. These pastors also felt that training in all 14 areas should be included in seminary programs.

These findings are not unexpected when the results of studies by Linebaugh and Devivo (1981), Mayers (1986), and Giblin and Barz (1993) are considered. These researchers investigated the status of counselor education in the seminaries and Bible colleges of the United States, the primary training grounds of most parish pastors.

Linebaugh and Devivo (1981) received responses from 55 of 76 seminary administrators surveyed regarding the status of counseling courses and counselor education in their curriculums. These researchers found that there is a growing emphasis on education in this area for pastors in training. During the period of 1965-1968 there were 51 professors in these seminaries with counseling degrees and by 1979-1980 this number had more than doubled to 103. This study also revealed that seminaries are aware of their students' desires for more training in this area and many were making plans for increasing the number of courses offered, the practicum experiences offered, and the number of faculty in this area. The final finding of this study was that 53% of the seminaries responding required at least a basic course in pastoral care and
counseling. This means that in 47% of the seminaries a pastoral candidate could graduate with a Master of Divinity degree without ever taking a single course in this important ministry area. Linebaugh and Devivo (1981) note that these seminaries are "doing very little or nothing in preparing their students for the almost inevitable role of counseling which will be thrust upon them" (p. 268).

Mayers (1986) surveyed the 100 accredited Bible colleges in the United States and Canada and received 90 usable responses. Many graduates of these colleges serve, at the baccalaureate level, in the pastoral ranks in this country. Often these pastors serve churches in the fundamental/evangelical denominations which are traditionally more theologically conservative. These pastoral groups have generally been shown to do the most counseling and least referring. The results of this study are similar to those of Linebaugh and Devivo (1981) in regards to counselor education. More than 54% of the responding institutions (49) indicated that their total course offerings in the area of counseling was between two and six semester hours. Only 10 of the 90 schools offered more than 24 total semester hours in the area of counseling. Mayers (1986, p. 45) notes that in many cases courses in general, educational, and developmental
psychology are included in the number of total hours offered. Only 23 schools (25.6%) stated that at least one counseling course is required of all of their majors. The major positive finding of this study was that almost 81% of these schools require pastoral ministry majors to take at least one counseling course.

Giblin and Barz (1993) surveyed the directors of university and seminary based Master's level programs in pastoral counseling that are affiliated with the Association of Pastoral Counseling Graduate Programs. Twenty-six of the 35 programs responded to the survey. These programs are specifically designed to train professional pastoral counselors and not parish pastors who will do counseling. However, since they are housed in seminaries and universities that also train prospective parish pastors, it is likely that these latter student would be involved in the same basic coursework if they selected counseling courses as electives in their program. Respondents in this study were asked to respond to a total of 63 items related to their perceptions of training effectiveness. Each item was rated on a nine point Likert scale (1 = very weak to 9 = very strong).

Several findings of this investigation are important to the present study. Nineteen items from the survey used in this study were taken from a similar study which
had surveyed secular Master's degree level counseling psychology programs. Six of these 19 items were significantly different between pastoral counseling and counseling psychology programs. The ability to do crisis intervention, the ability to do marital and family counseling, and training in the supervision of others were all rated as more important by pastoral counseling programs. Training in the use of personality tests, training in test construction, and training in the use of aptitude tests were all seen as more important by counseling psychology programs. The ability to do primary prevention work was also seen as more important in pastoral counseling programs but this difference fell just short of statistical significance. In light of these findings on the emphasis given to marital and family counseling, preventative and crisis intervention counseling, the types of counseling that pastors are reporting conducting is not surprising. Giblin and Barz (1993) state,

We can conclude that pastoral counseling training seeks the same clinical competence as psychology and/or clinical social work, while simultaneously emphasizing pastoral, spiritual, theological, and formative dimensions of therapeutic work, quite an ambitious task (p. 18).

These authors found it remarkable that of the 26 program directors who responded only 5 are registered as members of the American Association of Pastoral Counselors (AAPC) and only one of these programs is AAPC ap-
Desire for and Participation in Continuing Education in Counseling

Just as research has consistently demonstrated that pastors are dissatisfied with their training related to counseling, it has also demonstrated that pastors are interested in, and participate in, continuing education experiences to strengthen this area of their ministry.

In the early 1970's Saarinen (1972) surveyed over 700 Lutheran pastors from five southern states regarding their concerns for continuing education. A total of 169 pastors responded. These pastors, who had served an average of 13 years of parish ministry, indicated that the development of "general counseling skills" (p. 6) was their third highest priority for continuing education. This was especially true for those pastors with the least experience, one to four years of ministry, who rated this as their second highest priority.

Mauer (1979) reports on a program run by West Virginia University, located in a state that has no theological seminaries, for the continuing education of professional, generally Master of Divinity level trained, parish pastors. The program was designed to augment and supplement the "training of church leaders in those areas of experienced need not covered by their professional
training" (p. 4). Courses are taught in four areas in short term, intensive sessions that allow pastors to attend without taking extensive time away from their pastoral duties. The four areas of concentration for courses are: (1) Community Development and Social Concerns, (2) Interpersonal Relations, (3) Culture and Cultural Arts, and (4) The Church as an Institution. The second concentration area, Interpersonal Relations, grew out of psychology and related fields and included courses such as communication, pastoral counseling and care, family life development, human sexuality, and group processes.

That such programs are perceived as needed by pastors is reflected in the participation numbers for programs such as this one. In the first 10 years of its existence, 1968-1978, over 100 pastors representing 15 denominational groups and 33 states participated. Participants traveled from as far as Puerto Rico and Texas to be involved in this continuing education experience.

Clemens, Corrodi, and Wasman (1978) run a similar program at Case Western Reserve University in Cleveland. Over a 10 year period approximately 20% of the clergy in the greater Cleveland area took part in the trainings offered through this program. These authors conclude that "For the most part, the clergy operate without
knowledge of the theory and clinical procedures fundamen-
tal to the mental health disciplines" (p. 230). This
program focuses training in nine areas that are consid-
ered to be lacking in other training pastors receive: (1)
child development, (2) personality dynamics, (3) crisis
intervention, (4) transference and countertransference,
(5) defense mechanisms, (6) personality strengths and
weaknesses, (7) manifestations of mental conflict, (8)
interviewing skills, and (9) referral skills.

Wilson (1985), in a review of studies regarding the
continuing education experiences of religious profession-
als, stated the following:

What types of programs are available to religious
workers? Results of several surveys found that the
following courses, by order of importance, were the
most frequent subjects studied: (a) counseling and
other professional skills, (b) Biblical-theological
knowledge, and (c) human relations skills. Regard-
ing future interest in courses, participants men-
tioned counseling most frequently (p. 18).

This reviewer also noted that the most commonly given
reason among religious professionals for seeking continu-
ing education experiences was "to increase knowledge and
skills for performing ministerial roles" (p. 18).

Lowe (1986) asked pastors to rate their need for
additional training in the 14 areas of counseling ad-
dressed in his study. Forty-seven percent or more of the
respondents in this study indicated a "moderate" or
"high" need for additional training in each of the 14
counseling areas with parenting problems (86.2%), alcohol/drug problems (81.9%), depression/suicide (74.3%) and counseling singles (74.2%) topping the list.

Pastoral participants in the Abramczyk (1981) and Hyman and Wylie (1990) studies indicated a desire for and willingness to participate in continuing education experiences in all of the areas of counseling addressed in these surveys.

Bell et al. (1976) found that 27% of their pastors had taken no coursework in counseling during their seminary training. A majority of those surveyed indicated that they would take advantage of continuing education experiences in counseling related areas, if available.

Wright, Moreau, and Haley (1982) also found that pastors are interested in continuing education in the area of counseling. In this study 72% of the subjects had participated in a workshop experience in the previous two years and 40% had taken a counseling or mental health related college or university course in the past five years. Over 60% indicated that they believed formal instruction in psychological problems and their treatment should be included in every minister’s training.

Garver (1988) surveyed a very different group of pastors than any of the previously cited studies. His respondents were 211 Seventh Day Adventist pastors from
eight southeastern states. These pastors affirmed, as others have, that counseling is an important part of their pastoral duties and consumes a large portion of their time. These pastors also generally reported that their seminary training had not adequately prepared them for this role in their ministry. Ninety-seven percent of these pastors indicated that they desired workshops or seminars in the area of counseling to be available to them and over half of these pastors had participated in at least one such experience subsequent to their formal training.

Martin (1991) offered the 36 pastors, 26 of whom lacked a college education, in his sample an opportunity for an ongoing program of continuing education experiences and 20 (55%) of them took advantage of the training.

Researchers at Indiana University (1967) noted the need of pastors to "learn how to work cooperatively with mental health resources within their community. Pastors were not taught effective methods and attitudes relating to these resources when formal theological studies were their primary occupation" (pp. 2-3).

As a result of these observations a pilot program of mental health training for pastors was undertaken. A total of 78 pastors participated in a 10 month program consisting of two weeks of intense Clinical Pastoral
Education (CPE) at the University Hospital in Indianapolis and a series of tri-weekly seminars held at various sights around the state. These seminars covered a core mental health curriculum and addressed issues of concern expressed by the participants. After 10 months there were no drop-outs except pastors who moved out of the area to new pastorates. Evaluation revealed that the program was especially helpful in teaching pastors to recognize symptoms of mental problems and to ascertain the need for referrals. It was noteworthy that those pastors possessing the least formal education showed the greatest gains in mental health/counseling knowledge as a result of this program. Six of those involved decided to seek advanced, formal mental health training as a result.

Gamble (1984) surveyed a total of 5400 ministers representing 12 denominations across the United States and Canada regarding their participation in continuing education experiences. A total of 1790 usable surveys were returned. Of these respondents 877 (49%) indicated that they had participated in a continuing education experience in marital/family counseling. This was the most often checked of nine categories.

These studies would seem to indicate that parish pastors are very desirous of continuing education opportunities in the area of counseling and take advantage of
them when they are available.

Summary

A number of general conclusions can be drawn from the studies that have been reviewed in this section. Parish pastors, whether trained or not, are doing significant amounts of counseling in a number of areas, similar to those seen by other mental health professionals. Overall, pastors feel confident and competent to counsel those who seek their help while expressing dissatisfaction with the formal training that they have received in this ministry area. Finally, pastors are willing to participate in continuing education experiences to improve their skills in the area of counseling.

The Evaluation of Counselor Effectiveness

Rating Instruments and Their Use

The desire to be able to evaluate counselors or counselors in training as to the effectiveness of their skills has been a concern in the areas of psychology and counseling for many years. In the late 1950’s Grigg and Goodstein (1957) commented that “some appraisal of the client’s reaction to counseling should be obtained before we can say we have a comprehensive understanding of who makes a good counselor and what constitutes successful
counseling techniques" (p. 32). In the years since this statement was made this desire has led to the development of a number of instruments designed for the purpose of evaluating counselors as to some aspect of their skills, attractiveness, expertise, or effectiveness as a therapist. These instruments have been designed, and basically used, for the purpose of obtaining assessments from clients and supervisors concerning the skills of counseling students and practitioners.

The most popular of these instruments has been the Counselor Rating Form (CRF) (Barak and LaCrosse, 1975). This instrument was designed to measure three aspects of the counseling situation; the perceived attractiveness, expertness, and trustworthiness of the counselor. The CRF has also been used in several studies where counselors have rated their own performances, which is of concern to the present study. Barak and LaCrosse (1977) used 19 actual counseling interviews conducted by 14 doctoral practicum students as the basis for a study. Following each interview the client, counselor, and one of six supervisors rated the interview using the CRF. Results of this study revealed that these student counselors rated themselves as significantly more trustworthy than expert or attractive and that clients rated the counselors as more expert than the counselors rated
themselves on the same dimension. The data also "suggest considerable agreement among counselors, clients, and supervisors regarding overall perceptions of counselor behavior, as reflected in the nonsignificant findings for the source of rating" (Barak and LaCrosse, 1977, p. 206).

A similar study is reported by Kahnweiler and Rollin (1980). However, these researchers found no significant agreement in the three CRF dimensions in the ratings of clients, counselors, and supervisors.

The group results reflect differential judgmental criteria among clients, trainees, and supervisors. What may have seemed expert, attractive, or trustworthy to a beginning counselor or client may have seemed less so to a supervisor who has participated in and observed numerous counseling sessions. Conversely, the clients' lack of previous experience in counseling, compared with trainees and supervisors, could have contributed to their relatively higher ratings as a group. That counselor trainees generally rated themselves higher than their supervisors rated them may be indicative of students' tendencies to rate themselves higher than faculty supervisors in an evaluation situation. The overall mean ratings also indicate that students see themselves as less expert than clients see them (Kahnweiler and Rollin, 1980, p. 12).

Another counselor evaluation instrument that has been used for counselor self-rating is the Counseling Evaluation Inventory (CEI) developed by Linden, Stone, and Shertzer (1965). The CEI is a criterion measure of counselor effectiveness based on client satisfaction with counseling. Bishop (1971) conducted a study using the
CEI in which 25 graduate students in counseling, 120 of their clients, and five faculty supervisors all completed the CEI after termination of each client’s counseling. Counselors were asked to rate themselves as they thought their clients would rate them. Results of this study indicated that counselors and supervisors were in agreement about their ratings of the effectiveness of the counseling provided. This study paralleled Barak and LaCrosse (1977) as clients rated the counselors significantly higher than did the counselors or their supervisors.

The Evaluation of Pastors as Counselors

Hyman (1988) reported on one of the few studies to objectively rate the effectiveness of pastors as a provider of mental health services. In this study the subjects were 606 attenders of 11 Southern Baptist Churches. The pastors of these churches were among 113 ministers who also participated in another portion of the study. The most often expressed areas of need for counseling mentioned by those who make use of this service were: spiritual growth, marital problems, pre-marital counseling, death, and parent-child conflicts. These church members expected competent counsel from their pastors in all 14 of the areas. They expressed confi-
dence in the adequacy of their pastors counsel in all but 2 of the 14 areas. The respondents also indicated that they preferred their pastor to another mental health professional in all but two of the areas; drug use/abuse and sexually transmitted diseases.

Mannon and Crawford (1996) surveyed a total of 157 ministers in the Memphis, TN area regarding their self-reported confidences in counseling a number of problem areas. Demographically these pastors represented many denominations but more than 80% considered themselves to be moderate to conservative theologically. They were an educated group of clergypersons with almost 70% holding at least a Master’s degree and 30 holding earned Doctorates. They were racially mixed with 115 Caucasian and 40 African-American respondents (two did not indicate their race). Seventy-two percent of the respondents were between the ages of 41 and 65.

In this study respondents were asked to rank, on a seven point Likert scale (1 = very doubtful to 7 = very confident) their confidence in counseling persons with problems in seven areas: (1) spiritual/moral issues, (2) marriage and family issues, (3) life adjustment issues, (4) emotional issues, (5) substance abuse issues, (6) severe mental illness issues, and (7) sexual issues. Overall these pastors felt most confident to deal with
spiritual and moral issues ($M = 6.44$) and marriage and family issues ($M = 5.61$) and least confident to deal with severe mental illness issues ($M = 2.69$).

When these pastors were compared by various demographic factors some noteworthy results were found. There was no difference in confidence level based on educational level or theological orientation. However, amount of mental health training was. Pastors with graduate degrees expressed more confidence in dealing with marriage and family issues, life adjustment issues, emotional issues, and sexual issues, than those who had taken just a few classes or seminars in mental health subjects. However, those with a Bachelor's degree in psychology or social work and those with no training at all in mental health areas were not statistically different than those with graduate degrees. Racially, African-American pastors saw themselves as more confident in five of the seven areas with the other two almost reaching statistical significance.

Malikow (1992) designed a 61 item questionnaire, based on current research findings, to determine the preparedness of parish pastors to provide a specific form of counseling, suicide postvention. This researcher hypothesized that 50% of his respondents would not be prepared to provide this counseling service. However,
the hypothesis was rejected as 47 of 66 evangelical pastors responding to his survey scored as being prepared in this area.

No studies are available in which instruments like the CRF or CEI have been used with parish pastors or their counselees.

The Counseling Self-Estimate Inventory

Larson et al. (1992) have developed a new instrument designed to measure "counselor trainees' expectancy for success in a counseling situation or judgements of their capabilities to counsel successfully in a counseling situation" (p. 107). Named the Counseling Self-Estimate Inventory (COSE), the instrument consists of a series of 37, six-point, Likert items that are subdivided into five scales. Each scale measures expectancies in a different areas of concern for counselors. The five scales and their area of concern are: (1) Microskills: which measures the counselor's confidence in using basic counseling microskills such as active listening, reflection of feelings, paraphrasing, and clarification; (2) Process: which measures the counselor's ability to attend to process issues in the counseling session such as tracking, ending sessions, and use of silence; (3) Difficult Client Behaviors: which measures the counselor's comfort in
dealing with difficult client issues such as lack of motivation or crises; (4) Cultural Competence: which measures the counselor’s ability to behave in a culturally sensitive and competent manner; and (5) Awareness of Values: which measures how well the counselor is aware of their own values and their tendency to push those values onto clients. The COSE is rooted in self-efficacy theory.

This theory articulates four sources of information that increase or decrease percepts of self-efficacy: (a) performance enactment, that is, performing a specific behavior successfully; (b) vicarious learning, that is, observing a model successfully performing the specific behavior; (c) verbal persuasion, that is, listening to someone explain how to perform the specific behavior, and (d) emotional arousal, that is, anxiety that inhibits one’s self-efficacy (Larson, et al., 1992, p. 105).

The premise behind this instrument is that it is able to discriminate between counselors at various levels of skill development and experience based on the sources of information noted above. Because of the newness of this scale there are no studies to review that have made use of it except those done by its authors to establish reliability and validity data. This information is provided in Chapter Three under Instrumentation.

Summary

While a number of instruments have been created to assess the effectiveness of counselors very little re...
search has been using these types of instruments with practicing clergypersons. Results of the studies using standardized instruments with counselors in training have generally indicated that most counselors tend to rate themselves very positively. Research with pastors in this area has revealed a similar tendency for pastors to see themselves as competent to counsel in most areas but no research has been done using any standard measuring instrument with this population.

Studies Related to Personality Characteristics

Counselors and EPPS

Cantwell (1991) conducted a study, the purpose of which was "to determine...whether needs can be identified that are characteristic of counselors" (p. 102). For this study a group of 81 students, 40 males and 41 females, in a counselor education program, were administered the EPPS. When considered as a total group the four strongest manifest needs for these students were Intraception (M = 21.06), Nurture (M = 17.46), Change (M = 15.72) and Dominance (M = 15.68). The four weakest needs were Order (M = 9.38), Succorance (M = 10.75), Deference (M = 11.10) and Abasement (M = 11.28). Cantwell (1991) compared these results in a total of 15 group and male/female subgroup comparisons with the findings of
other studies that had used the EPPS with school counselors, college students, professional women, and Roman Catholic Sisters and with the 1959 adult and college student EPPS norms. Intraception and Nurture stood out as the dominant characteristic of prospective counselors when compared to these other groups. In 14 of 15 comparisons these prospective counselors scored higher on Intraception and on 13 of 15 they scored higher on Nurture. Not surprisingly this group of prospective counselors were most similar to the practicing school counselors in their manifest needs patterns.

Brooks (1973) compared the EPPS scores of counselors in training with other graduate students in various education majors. This study's results revealed these counselors in training to be less Dominant and more Nurturant than educational administrators and supervisors but not significantly different than either elementary or secondary teachers. The author notes that these characteristics are ones that have generally been accepted as important to being a good helper.

Thrower and Tyler (1986) administered the EPPS to 31 paraprofessional (Bachelor degree level) addictions counselors (21 males and 10 females). All were working in substance abuse clinics as counselors, a role in some ways similar to the pastors of the present study, who
serve in the counselor role but are not specifically trained for it. Besides taking the EPPS each respondent in this study was ranked by their supervisor as to their effectiveness as a counselor and over-all effectiveness was rated by both supervisors and peers. To determine an effectiveness score three questions were posed regarding each counselor and each was rated on a 10 point scale. The effectiveness score was obtained by averaging the responses to the three questions. The questions concerned: (1) confidence in referring a family member to the counselor, (2) the likelihood of referring a very difficult case to the counselor, and (3) the overall effectiveness of the counselor with their clients.

When compared to the EPPS norms male counselors in this study were found to be lower in Order and Endurance and higher in Intraception and Heterosexuality. Female addictions counselors were lower in Deference, Order, and Endurance than the norms and higher in Autonomy, Intraception, and Heterosexuality.

The supervisor rankings of effectiveness revealed positive correlations with Dominance and Heterosexuality with similar results for ratings. Additionally, ratings revealed a negative correlation with Order. Peer ratings showed positive correlations with Dominance and negative correlations with Deference and Order.
Walton (1974) studied the counselor preferences of 54 students enrolled in a guidance seminar in a Master's level counselor education program. The course was designed to assist faculty and students in determining suitability of students for the counseling profession. At the beginning of the term each student was administered the EPPS for later use. At the end of the term each student was asked to rank order their first three choices for a counselor, from among their peers, if they were seeking professional help and there were no other counselors available.

The EPPS profiles of those students, rated by their peers, as the best choices for a counselor showed high needs for Dominance, Change, Succorance, Order, Nurture, and Achievement, in that order. While the author admits that his findings are limited and not highly generalizable this study does reveal results that are somewhat similar to other studies using the same kinds of respondents.

Harvey and France (1982) conducted a related study that used the Manifest Needs Questionnaire rather than the EPPS. This instrument measures Achievement, Affiliation, Autonomy, and Dominance needs in one's current work setting. Twenty-nine (15 male and 14 female) school counselors served as subjects for this study. Results
showed that male and female school counselors were very similar in their manifest needs for Achievement, Domi­nance, and Autonomy and that males indicated a higher need for Affiliation than their female counterparts.

The Clergy and EPPS

The available studies that have used the EPPS with members of the clergy have all concentrated on students in preparation for ministry and not those who are prac­ticing parish pastors.

Callahan and Wauck (1969) administered the EPPS to a group of Roman Catholic seminarians and a comparison group of male Catholic college freshmen. Results re­vealed that seminarians scored higher on Nurture, Affiliation, and Succorance while their non-seminary counter­parts scored higher on Heterosexuality, Autonomy, and Intracception. When the seminary sample was broken down into those who persisted and were ordained and those who dropped out, those who persisted also had higher scores on Abasement and Deference than did their non-seminary counterparts. The authors note that when compared with the Edwards normative group much the same picture emerged.

Hjelle and Aboud (1970) did a similar study, admin­istering the EPPS to 33 Catholic Seminarians and 57 male
Catholics studying in a nearby university. These researchers hypothesized that seminarians would score higher on the needs for Abasement, Affiliation, Deference, Nurture, and Succorance, and lower in Achievement, Autonomy, Exhibition, Aggression, Dominance, and Heterosexuality. Mean scores for the respondents in this study supported every hypothesis except the lower need for Dominance. No differences between the two groups were found on the needs for Change, Endurance, Intraception, and Order.

Hjelle and Aboud (1970) conclude:

The results of this study strongly confirm the expectation that individuals who express an intense behavioral commitment to religion can be characterized in terms of highly uniform personality variables; but it would seem hazardous and pretentious to generalize the present results to other denominational groups (p. 280).

Patrick (1991) administered the EPPS to a total of 67 (35 male and 32 female) United Church of Christ seminary students. Results of this study revealed that Affiliation, Intraception, Dominance, and Nurture were among the five highest mean scale scores for both men and women and the mean scores for these scales were higher than for the general adult population by at least one-half standard deviation. These pastoral candidates also scored at least one-half standard deviation lower than the general adult population on the Order, Abasement, and
Aggression scales, scales that were among the lowest four mean scores for both male and female candidates.

Patrick (1991), based on the EPPS profile obtained, gives the following personality description for this sample: "extroverted, resourceful, self-confident, concerned about societal problems, sensitive, energetic, and adaptable" (p. 194).

Thorson (1992) used Patrick's (1991) data and compared the EPPS scores of her 67 United Church of Christ seminarians to the EPPS 1959 college student norms and the scores of 222 medical students (51 women and 171 men). Thorson's (1992) position was that comparison to the 1959 Edwards adult norms was inappropriate since all the seminarians in the Patrick (1991) study were college educated and in 1959 only about 10% of the adult population were so educated. While the author notes that generalizations are difficult, due to the limited, non-random samples of pastoral candidates and medical students involved, some trends were noted in the data and "it would seem that these people entering the ministry are different from their peers with regard to several personality traits" (p. 50). Generally pastoral candidates were higher in needs for Deference, Affiliation, Intraception, and Nurture. Male pastoral candidates scored lower on Heterosexuality than their medical stu-
dent or college norm group counterparts and both male and female pastoral candidates scored lower on Autonomy, Abasement, and Aggression.

These studies continue to support Hjelle and Aboud's (1970) conclusions regarding a pattern of personality variables that are indicative of those seeking careers in religious life. While the results of these studies are not all exactly alike high needs for Affiliation and Nurture and a low need for Aggression seem to be common to prospective clergypersons. These tendencies seem to hold true in studies completed over more than a 20 year time span and with very different pastoral candidate groups.

**Women in Non-traditional Careers and EPPS**

Several studies have been done using the EPPS with various populations of women in non-traditional careers or in preparation for non-traditional careers. Abi-Karam and Love (1984) administered the EPPS to a group of 23 professional women in "non-traditional" (p. 3) careers such as medicine, law, veterinary science, business, politics, and art. These women had a mean age of 38.04 years and averaged 17.04 years of education and had incomes averaging over $41,000.00. These women evidenced low needs for Deference, Order, Affiliation, Succorance,
Abasement, Nurture, and Endurance. They showed high needs for Achievement, Exhibition, Autonomy, Dominance, Change, and Heterosexuality. The authors note that these high needs are similar to those of males in the 1959 norm groups. Puig-Casuaranc (1977) compared the personality traits of 185 female college juniors and seniors in traditionally feminine majors (education, nursing and social work), non-traditional majors (business administration, communications and pharmacy), and neutral majors (English, fine arts, and psychology) using the EPPS and a sex role inventory. This researcher found that female students in non-traditional majors scored higher on the following EPPS needs: Achievement, Endurance, Affiliation, Dominance, Exhibition and Order. All of these except Order were the dominant male needs in the 1959 norm group. This researcher concluded that:

the non-traditional group was associated with less stereotypic characteristics, and thus were more masculine in their orientation. But, when the data from the Bem Sex Role Inventory was included, it became evident that this pattern was not at the exclusion or rejection of femininity (Puig-Casuaranc, 1977, p. 6).

An earlier study, Trigg and Perlman (1976), had measured Affiliation and Achievement needs (using the Personality Research form rather than the EPPS) in female students who chose non-traditional medical careers (medicine and dentistry) versus traditional medical careers.
(nursing and medical rehabilitation). These researchers found that women who chose the non-traditional medical fields were significantly lower in Affiliation needs and higher in Achievement needs than their traditional counterparts.

Summary

The studies that have looked at manifest needs in regards to counselors, clergypersons, and women in non-traditional careers have revealed some interesting patterns of stated needs. In studies using counselors or counselors in training the results have varied but high needs for Intraception and Nurture are common to most studies. Clergy studies, using practicing Protestant clergypersons, are limited but those available reveal high needs for Affiliation, Intraception, Dominance, and Nurture and low needs for Order, Abasement, and Aggression. Women in non-traditional careers, and clergywomen would be considered part of this category, have demonstrated low needs for Deference, Affiliation, Succorance, Abasement, Nurture, and Endurance along with high needs for Achievement, Exhibition, Autonomy, Dominance, Change, and Heterosexuality.
CHAPTER III
THE RESEARCH METHODOLOGY

Overview of the Research Methodology

This research makes use of self-report data provided by respondents on three instruments: (1) an author designed questionnaire designed to provide demographic information as well as information regarding the respondent’s counseling and referral practices, (2) The Counseling Self-Estimate Inventory (Larson et al., 1992), and 3) The Edwards Personal Preference Schedule (Edwards, 1959). (See additional information on these instruments following under Instrumentation.) The participants, United Methodist pastors serving churches in Michigan, were mailed copies of the forms and requested to participate in the study. The null hypotheses are stated and data analyzed using a series of Analyses of Variance (ANOVAs). Several sections of data will also be discussed using descriptive statistics.

Selection of Subjects and Data Collection

The sample from which the respondents of this study were obtained were the 720 pastors serving United Methodi-
ist Churches in the state of Michigan. Official lists of pastors are published yearly by the two conferences in the state (West Michigan and Detroit) and made available to all members of the conference. These lists provide address and phone number information on all pastors as well as current and past pastoral appointments and statistics. A sample of 256 names (36%) was randomly drawn from these lists and the demographic questionnaire (Appendix A), a copy of The Counseling Self-Estimate Inventory with instructions for completing, an EPPS test booklet and answer sheet, a cover letter (Appendix B), and a copy of the Bishop's authorization letter (Appendix C), were mailed to persons on this list. All instrumentation was numerically coded so that those pastors who failed to respond could be contacted and their input solicited.

The population of 720 pastors included 18 African-Americans (2.5%), 10 Asian-Americans (1.3%), 3 Native-Americans and 3 Hispanic-Americans. Female pastors made up 17% of the population (N = 122). This group of female pastors included only one of the ethnic minorities noted. A number of ordained persons from ethnic minorities, both males and females are employed by the church in administrative, para-church, or staff roles but these persons were not included in the subject pool. The subject pool
to whom the data packets were mailed included 5 African-Americans (2%), all 10 of the Asian-Americans (4%), 2 of the Native-Americans and all 3 Hispanic-Americans. Because of the stated purpose of this research, to compare male and female pastors in the area of mental health services, females were purposefully selected and made up 46% of the subject pool.

Response Rate

One hundred-seventeen of the 256 surveys were mailed to female pastors and 139 to male pastors. This represented almost the entire population of female clergy available within the population. The sample yielded usable returns from 97 subjects (38%). A total of 56 usable surveys were returned by female pastors. Additionally, 22 were returned undone, 2 were returned by the post office as undeliverable, 2 were returned completed but unusable due to failure to follow directions. A total of 35 were not returned. A total of 41 completed, usable surveys were returned by male pastors with another 27 returned undone. The remaining 71 were not returned. Follow-up phone calls and/or letters to those pastors who had not returned surveys yielded an additional 11 completed female surveys and one male survey with several others returning the survey packets undone. These 12
surveys are included in the totals reported. Only 3 of the 97 returned packets were from ethnic minorities.

Demographic Profile of the Respondents

The typical pastor in this study was a caucasian who was nearly 50 years old (M = 49.85) and has served a total of about 15 years (M = 14.78) as a parish pastor. This pastor works a total of 53.28 hours per week and averages about four and a half hours (M = 4.62) per week, or about nine percent of their time, in counseling. Theologically, this pastor was a moderate (M = 4.58 on a seven point Likert scale ranging from 1 = very conservative to 7 = very liberal). The average pastor holds at least a bachelor’s degree and more likely a Master’s. A total mental health education derived score of 28.40 would indicate the completion of a significant number of courses in college and graduate school and/or completion of a number of post education training experiences related to mental health issues.

When male and female pastors are compared demographically they are found to be very similar. Male pastors were just slightly older (50.63 years to 49.27 years) and work just slightly less (52.73 hours to 53.68 hours). Their counseling loads are amazingly similar (4.63 hours per week to 4.61 hours per week). Male pastors reported
themselves to be slightly more conservative (4.24 to 4.82) and had total higher mental health education scores (31.56 to 26.09). The major significant difference in these two groups was in years of service where males more than doubled their female counterparts (21.24 years to 10.05 years).

Profile of Formal Education

The respondents reported diverse educational experiences. With few exceptions they were at or above the baccalaureate level. Question 11 on the demographic questionnaire asked respondents to report their formal education. Four categories were provided, less than a college degree, Bachelor's degree, Master's degree, Doctoral degree. Respondents were asked to report their major at the Bachelor's level, check if they had earned a Master of Divinity (M.Div.) degree or another Master's and report the major, and to specify their doctorate, if applicable, and give a major. Unfortunately many pastors provided only their highest degree so the information that follows is not complete. It should be noted that the M.Div. degree is generally considered the professional degree that qualifies a person for ordination and the parish pastorate.

Only 6 of the 56 clergywomen reported less than a
college degree and two of them wrote in Associate's degrees and one indicated that she was currently a college student. Among these pastors were five Doctorates, one Ph.D. in education and four Doctors of Ministry (D.Min.). The D.Min. is a relatively recent degree designation and is a professional degree that usually contains a high degree of specialization for some area of ministry. Almost all D.Min. programs require entrants to have already earned a M.Div. The majors for the four D.Min. degrees reported by these female pastors were two in preaching and one each in urban studies and parish ministry.

Thirty-nine (70%) of these pastors held M.Div. degrees and there were another 16 Master's degrees reported. (Some of these were also holders of the M.Div.) Only eight respondents indicated their major study area for the M.Div. and three of these earned their degree with a major in pastoral care. Majors for the other Master's degrees were varied. Five were religion or ministry related, five were education related, and three were Master's of Social Work.

Education was the most popular Bachelor's level major for the 32 respondents who indicated their B.A. major, with nine in this category. Religion, sociology, and social work, with four each were the next most popu-
lar majors.

Among the males a similar pattern was seen. Only 1 of the 41 pastors indicated that he did not hold a college degree. Twelve (29%) of the male respondents held Doctorates (3 Ph.D. and 9 D.Min.). Parish ministry and spiritual direction, with two each, were the most often reported doctoral majors. A M.Div. degree was held by 30 (73%) of these pastors. Only 11 noted majors and 2 each in Christian Education and Theology were the most often noted. There were eight other Master’s degrees reported with three of these having ministry related majors. The 23 Bachelor’s degrees included only 2 in education, 4 in religion related areas, and one in social work.

Educational Preparation for Counseling Ministry

Question 12 asked respondents to indicate the amounts of education specifically related to psychology, counseling, and mental health at a variety of levels; undergraduate courses, graduate/seminary courses, supervised practica or field training courses, quarters of Clinical Pastoral Education (CPE), and post education workshops and seminars. The format for this question and the concept of combining these educational experiences in some way to obtain a mental health related educational score is based on work done by Elkins (1983) and Clark.
and Thomas (1979).

As noted earlier a total mental health education score was given to each respondent based on the information that they provided to this question. This score was based on the following formula, which was constructed by the student researcher and the chairperson of his dissertation committee: undergraduate courses = 2; graduate or seminary courses = 3; a quarter of CPE, a supervised practica, or a field training course = 4; and a workshop or seminar, post formal education = 1. (Elkins (1983) and Clark and Thomas (1979) did not report how their mental health education scores were derived, only that they were used.) Although this is obviously a somewhat arbitrary rating system and the researcher does not intend to imply that a supervised practica or a quarter of CPE is twice as valuable as an undergraduate class or four times more valuable than a workshop on counseling depressed persons, it is a means by which to devise a total mental health related education score for each respondent.

The determination of this score was difficult in some cases due to incomplete information, or the use of "many," "I don't recall," or "?" for answers. Also some respondents gave a range such as 3-5 for some categories. In these cases the higher number was used for calculating
the score. In the case of workshops and seminars, if a range or "?" was given, the total score was credited with one point for each specific workshop mentioned that was related to a mental health topic.

The mean score of 28.4 on this variable indicates that these pastors have received some training specifically related to counseling and mental health issues as part of their total educational experience. Only 2 of the 97 pastors in this study reported no training (total educational score of 0) in this area. Abramczyk (1981) found that 11% of the pastors reported no seminary training in counseling and Virkler (1979) and Bell, et al. (1976) reported 25% and 27% respectively, as having no seminary courses in counseling. Nearly one-third of the evangelical clergy in Lunn's (1980) study reported no counseling courses in their seminary training. These studies do not report continuing education experiences or undergraduate work in the area of mental health related issues as the present study does but current results would seem to indicate that pastors are making a greater effort to get training in counseling and related issues as part of their seminary and other training than did pastors a few years ago.
Clinical Education

Three of the educational components noted in question 12, CPE, supervised practica, and field training experiences, are for our consideration here, defined as clinical training. CPE, measured in three month "quarters," is an intensive chaplaincy based counseling training program that is generally conducted through seminars or hospitals by trained CPE supervisors in hospital and institutional settings. Supervised practica or field training experiences are commonly found in secular counselor education programs but are less common in seminary based programs. Virtually no one in a secular counselor training program receives a degree and is allowed to practice in the field of counseling without having participated in training of this type.

Responses to this question reveal that 59% of female pastors and 78% of male pastors have had at least one such clinical experience. The average number of such experiences for those reporting them was 3.09 for females and 3.40 for males. However, these numbers were somewhat inflated by the presence of two female pastors who held Master of Social Work (MSW) degrees and a male pastor who was an experienced CPE trainer/supervisor. When these three individuals were removed from the total the averages dropped to 2.58 for females and 2.87 for males report-
ing at least one clinical experience. A total of 33% of the 97 subjects for this research have never had a single clinical experience at any level of training.

These responses would seem to indicate that seem to pastors are receiving more clinical education related to counseling/mental health than they have in the past. Virkler (1979) reported that 60% of his sample had never had a clinical experience and Lunn (1980) reported that only a small percentage of the respondents of her study had taken part in a clinical experience as part of their formal education. Abramczyk (1981) reported that 39 of 55 pastors (61%) in her study had never had a clinical experience as part of their seminary training. Abramczyk (1981) also reported that of 10 training areas assessed her respondents rated their clinical experiences and training as 9th in terms of their satisfaction.

**Continuing Education**

Past researchers Wright et al. (1982), Gamble (1984), and Garver (1988) have demonstrated that pastors continue to participate in workshops and seminars related to mental health and counseling after they complete their formal training. The present study strongly reinforces these findings. Seventy-nine of the 97 respondents (81%) indicated that they had taken at least one workshop or
seminar related to a mental health or counseling issue. This tendency was slightly stronger in males pastors as 85% reported at least one workshop compared to 78% of female pastors. These findings would seem to indicate that these pastors are seeking more continuing education experiences than pastors have in the past. Wright et al. (1982) reported 72% of their subjects had participated in a workshop, and Garver (1988) reported just over 50%.

Gamble (1984) reported that almost 50% had participated in a workshop related to marriage or family counseling, the most often checked of this researcher's nine categories. Lowe (1986) found that pastor's greatest reported needs for continuing education experiences were in the following areas: parenting problems, substance abuse issues, depression and suicide and counseling singles.

Respondents were asked as part of question 12 to list the subject matter of the workshops/seminars in which they had participated. The most often reported areas in this study were (numbers in parentheses indicate number of pastors who indicated attending a workshop in that area): family counseling or family systems (21), general pastoral care and counseling (16), conflict management (14), grief (14), substance abuse/alcoholism (11), marital counseling (11), death and dying (10), and...
pre-marital counseling (9). A total of 53 other topics were mentioned by at least one pastor. Workshop topics reported were as diverse as communication, suicide, surviving divorce, parenting, depression, active listening, transactional analysis, referrals, dreams, prayer counseling, dissociative disorders, anger management, and non-family groups.

A number of pastors reported substantial attendance at workshops and seminars, with three reporting more than 30. However, those that listed this many seldom listed the topics of those in which they had participated.

Instrumentation

Author Designed Questionnaire

The first instrument that was used in this study was an author designed questionnaire, the purpose of which was to gather basic demographic information as well as information about the counseling and referral practices of the respondents. A copy of this questionnaire is provided in Appendix A.

The Counseling Self-Estimate Inventory

The second instrument that was utilized was the Counseling Self-Estimate Inventory (COSE) (Larson et al., 1992). The COSE consists of a series of 37 items, scored
on six-point Likert scale that measure a counselor's perceived self-efficacy in five areas. Each scale measures expectancies in a different area of concern for counselors. The five scales are: (1) Microskills: which measures the counselor's confidence in using standard counseling microskills such as active listening, reflection of feelings, paraphrasing, clarification; (2) Process: which measures the counselor's ability to attend to process issues in the counseling session such as tracking, ending sessions, use of silence; (3) Difficult Client Behaviors: which measures the counselor's comfort in dealing with difficult client issues such as lack of motivation or crises; (4) Cultural Competence: which measures the counselor's ability to behave in a culturally sensitive and competent manner; and (5) Awareness of Values: which measures how well the counselor is aware of their own values and their tendency to push those values onto clients. Examples of items on the COSE, by subscale, are:

1. When using responses like reflection of feeling, active listening, clarification, probing, I am confident I will be concise and to the point.

2. When I initiate the end of a session I am positive that it will be in a manner that is not abrupt or brusque and that I will end the session on time.
3. I feel confident regarding my abilities to deal with crisis situations which may arise during counseling sessions -- e.g., suicide, alcoholism, abuse, etc.

4. When working with ethnic minority clients I am confident that I will be able to bridge cultural differences in the counseling process.

5. I feel that I will not be able to respond to the client in a non-judgmental way with respect to the client's values, beliefs, etc.

When scored the COSE yields a total score and five subscale scores. Only the five subscale scores were used in the data analysis for this research.

Appendix D contains a letter of permission, from the main author, to use the COSE in this research.

**Reliability of the COSE**

The COSE is a new instrument and therefore very little reliability and validity data is available. The only existing data is that which is provided by the authors in their initial study, (Larson et al., 1992).

An estimate of internal consistency was computed for each of the five factors and the total inventory \( N = 213 \). The internal consistencies for the COSE total score and the five factors were as follows: for COSE total, \( \alpha = .93 \); for Microskills, \( \alpha = .88 \); for Process, \( \alpha = .87 \); for Difficult Client Behaviors, \( \alpha = .80 \); for Cultural Competence, \( \alpha = .78 \); and for Awareness of Values, \( \alpha = .62 \) (p. 109).
A study was also conducted to determine test-retest reliability using a shortened form of the COSE which was shown to correlate well ($r = .99$) with the long form.

The three-week test-retest reliabilities ($N = 30$ for all correlations) were: total, $r = .87$; for Microskills, $r = .68$; for Process, $r = .74$; for Difficult Client Behaviors, $r = .80$; for Cultural Competence, $r = .71$; and for Awareness of Values, $r = .83$ (p. 112).

**Validity of the COSE**

The authors of the COSE have performed several studies to determine the validity of the instrument. To determine convergent and discriminant validity the COSE scores of 213 counselors in training were compared to scores on several other instruments including the Tennessee Self Concept Scale (TSCS), the State-Trait Anxiety Inventory (STAI), the Problem Solving Inventory (PSI), the Social Desirability Scale (SDS), and the Meyers-Briggs Type Indicator (MBTI) as well as Graduate Record Examination (GRE) scores and the student's undergraduate grade point averages (GPA).

The convergent validity results revealed that those students with higher total COSE scores (i.e. higher reported counseling self-efficacies) also reported moderately higher self concepts as measured by the TSCS total score, reported less state and trait anxiety as measured by the STAI, and reported themselves as more effective.
problem solvers as measured by the PSI.

Discriminant validity results revealed minimal correlations between measures of defensiveness and faking as measured by the SDS and the TSCS Self-Criticism score, respectively. There was also minimal correlation between the five factor scores and the total COSE score and academic aptitude as measured by GRE scores or undergraduate GPA's. The COSE did not seem to measure personality types as it did not correlate at all with the MBTI.

To establish criterion validity Larson et al. (1992) compared COSE scores of 26 graduate student counselors with scores on three instruments created by the authors as well as the STAI. This portion of Larson et al's. (1992) case for the validity of their instrument seems very weak. Further research, comparing the COSE to other counselor effectiveness instruments, will be needed to adequately determine criterion validity.

The COSE has also been demonstrated to differentiate counselors at various levels of education and experience. It was found that Master's and Doctoral level counselors had significantly higher COSE scores than did beginning counselors in training. A similar effect was found for years of experience as more experienced counselors obtained significantly higher scores. There was no main effect for gender of counselor in either of these analy-
Another study was conducted to determine if theoretical orientation affected COSE scores. A total of 56 Doctoral level counseling psychologists, representing three orientations: cognitive behavioral, eclectic, and family systems, were administered the COSE and there were no significant differences in the scores.

**The Edwards Personal Preference Schedule**

The EPPS is an instrument designed primarily for "research and counseling purposes, to provide quick and convenient measures of a number of relatively independent normal personality variables" (Edwards, 1959, p. 5) [italics in original]. The EPPS consists of a series of 225 forced choice items and measures 15 manifest needs. The manifest needs measured by the EPPS are: Achievement, Deference, Order, Exhibition, Autonomy, Affiliation, Intracception, Succorance, Dominance, Abasement, Nurture, Change, Endurance, Heterosexuality, and Aggression. The EPPS also generates a consistency score for the instrument.

**Reliability of the EPPS.**

In norming the EPPS, Edwards (1959) reports that, ...split-half reliability coefficients or coeffic-
ients of internal consistency were determined for the 15 personality variables. These coefficients were obtained by correlating the row and column scores for each variable over the 1509 subjects in the college normative group (p. 19).

Coefficients thus determined ranged from a low of $r = .60$ for Deference to a high of $r = .87$ for Heterosexuality. The $r$ for all variables was between .74 and .87 except for Deference and Exhibition ($r = .61$) (Edwards, 1959, p. 19).

A test-retest reliability coefficients were also calculated, based on a group of 89 students at the University of Washington who took the EPPS twice, with a week long interval between administrations of the inventory. These stability coefficients ranged from a low of $r = .74$ for Achievement and Exhibition to a high of $r = .88$ for Abasement (Edwards, 1959, p. 19).

Intercorrelations of the variables were also calculated to determine if the 15 variables on the EPPS were measuring relatively independent variables. This intercorrelation matrix was based on the complete college sample of 1509 students. Results revealed low intercorrelations ranging from $r = .46$ between Affiliation and Nurture to several correlations at $r = -.01$. "The low values of the intercorrelations indicate that the variables being measured by the EPPS are relatively independent" (Edwards, 1959, p. 20).
Validity of the EPPS

Edwards (1959, p. 21) reports on a study in which respondents were administered the EPPS and then some weeks subsequent were administered several other instruments which had been designed for similar purposes. This study indicates that the EPPS measures the manifest needs which it purports to measure, thus providing it with an acceptable level of validity.

The manual (Edwards, 1959, p 22-23) also addresses the issue social desirability, i.e. are respondents more likely to choose one of the two responses over the other based on its perceived social desirability? While each respondent’s judgement and experience regarding social desirability will vary, making this a variable which is impossible to totally control, the author made every effort to pair items of nearly equal social desirability to lessen this response pattern. Studies are reported that indicated that social desirability alone will account for only .16 of the total variance in the difference between the A and B choices on the EPPS.

Variables and Statistical Analysis

Dependent Variables

There were four major dependent variables in this
study: (1) the amount and kinds of counseling that pastors report on the demographic, author designed questionnaire, (2) the five scale scores obtained on the COSE, (3) the fifteen scale scores obtained from the EPPS, and (4) the four satisfaction scores taken from the questionnaire. All of these variables will be compared across the independent variables listed below.

**Independent Variables**

This study analyzed six independent variables as they relate to the pastor's performance of mental health related activities. These included: (1) the pastor's gender, (2) the pastor's age, (3) the pastor's race, (4) the pastor's length of service, (5) the pastor's theological orientation, and (6) the amount of academic preparation specifically related to counseling in college, seminary, graduate school or other training. The data for this final independent variable is a total mental health education score which was described previously.

**Statistical Analysis**

The data in this study was analyzed using a series of Analyses of Variance (ANOVAs). Additional data sections are discussed in terms of descriptive statistics only.
Statement of the Null Hypotheses

The following null hypotheses are derived from the research hypotheses formulated in chapter I. All null hypotheses will be accepted or rejected at the .05 level of significance.

1. There will be no difference in the five COSE scale scores when pastors are compared based on the amount of counseling that they report conducting.

2. There will be no difference in the five COSE scale scores when pastors are compared on the basis of total mental health related education score.

3. There will be no difference in the amount of counseling reported by female and male pastors.

4. There will be no difference in the amount of counseling reported by Caucasian and non-Caucasian pastors.

5. There will be no difference in the manifest needs (as demonstrated by EPPS scores) when pastors are compared based on the amount of counseling that they report conducting.

6. There will be no differences in the EPPS scores of male and female pastors in this sample group.
CHAPTER IV

ANALYSES OF THE DATA

Overview

The present study was designed to investigate the self-reported counseling efficacy and personality characteristics of United Methodist pastors serving churches in the state of Michigan. The analyses of these data addressed research questions and hypotheses presented in Chapters I and III. This chapter presents analyses of the data through the use of analyses of variance. Probability for all analyses in this study was set at .05. Results of several ad hoc analyses are included.

Hypothesis 1

There will be no difference in the five COSE scale scores when pastors are compared based on the amount of counseling that they report conducting.

A separate ANOVA was completed for each of the five scales of the COSE. In each case there were no significant differences found between groups based on either the number of reported counseling contacts or the total hours involved in counseling. Therefore, this null hypothesis was accept-
Hypothesis 2

There will be no difference in the five COSE scale scores when pastors are compared on the basis of total mental health related education score.

A separate ANOVA was completed for each of the five scales of the COSE. In each case there were no significant differences found between groups based on total mental health education scores. Therefore, this null hypothesis was accepted.

Hypothesis 3

There will be no difference in the amount of counseling reported by female and male pastors.

The ANOVA comparing the amount of reported counseling being conducted by male and female pastors was not statistically significant, showing them to be almost identical in both number of counseling contacts and amount of time spent in counseling. Therefore, this null hypothesis was accepted.

Hypothesis 4

There will be no difference in the amount of counseling reported by Caucasian and non-Caucasian pastors.

Because of the absence of responses from non-Cauca
sian pastors this hypothesis was impossible to analyze. Only three minority pastors responded to the survey: an African-American male, an Asian-American male, and a Hispanic female. It is unfortunate that this is the case because this was an area of interest to this researcher. The presence of a number of minority pastors within the potential subject pool was one of the reasons that this group of pastors was selected.

After a number of questionnaires were returned one respondent noted to the researcher that those of Hispanic ethnicity were omitted from the race/ethnicity questions on the survey. This omission was inadvertent and for this the researcher apologizes.

Hypothesis 5

There will be no difference in the manifest needs (as demonstrated by EPPS scores) when pastors are compared based on the amount of counseling that they report conducting.

A separate ANOVA was completed for each of the fifteen scales of the EPPS. In each case there were no significant differences found between groups based on number of hours spent in counseling. Therefore, this null hypothesis was accepted.
Hypothesis 6

There will be no differences in the EPPS scores of male and female pastors in this sample group.

A separate ANOVA was completed for each of the fifteen scales of the EPPS. On only one scale, Intraception ($F = 6.39$, $df = 92, 1$, $p = .013$) was there a significant difference found between male and female pastors. Female pastors ($M = 18.64$) indicated a higher level of need for Intraception than their male peers ($M = 16.13$). Therefore, this null hypothesis was rejected.

Ad Hoc Analyses

A number of other ANOVAs were completed on the data generated by this study and these analyses provide additional information regarding the issues raised in this study. Included in these were: counseling hours by age groups, counseling hours by years served, counseling hours by theological orientation, counseling hours by total mental health education score, counseling hours by gender and age group, counseling hours by gender and years served, counseling contacts by gender, counseling contacts by age group, counseling contacts by years served, counseling contacts by total mental health education score, and counseling contacts by theological orientation. None of these 11 ANOVAs were statistically sig-
significant at the .05 level.

An additional set of ANOVAs were completed comparing the four satisfaction indicators across the five independent variables: pastor's gender, age, length of service, theological orientation, and total mental health related education score. The four satisfaction indicators from the questionnaire were:

1. How well my education prepared me for the counseling role in the parish ministry.

2. How well my denomination, conference or district has responded to my needs for assistance in this area of ministry.

3. The availability of continuing education experiences in counseling or related topics in my geographical area.

4. The availability of appropriate mental health resources/agencies in my community to whom I can refer.

None of these 20 ANOVAs was significant at the .05 level.

Although there was no difference between male and female pastors in their reports of the amount of counseling being performed, there appears to be some slight differences between genders in the types of counseling that they report participating in.

Question 13 of the questionnaire asked respondents to list the eight areas/types of counseling that they most
often engage in. The question offered the following examples: premarital or marriage counseling, job problems, parenting issues, substance abuse, etc.

The 97 pastors who responded to the survey listed a total of 69 different types of counseling that they engage in. Several categories, such as premarital counseling, marriage counseling, dealing with parenting issues and grief and loss issues were mentioned by fully one-half or more of respondents. Many others were mentioned by just one or two pastors with 34 categories mentioned by only one. That pastors are dealing with a broad range of problems in their counseling offices is evident by the variety of categories mentioned. Problem areas mentioned by respondents included such diverse topics as divorce and divorce recovery, spousal abuse, financial problems, problems related to aging and retirement, gambling addiction, adoption, abortion, teen pregnancy, panic attacks, suicidal persons, and cultic abuse.

Premarital counseling was the most often listed form of counseling being listed by 89 of the 97 respondents (92%). When respondents were broken down by gender, years of service (15 or less - 16 and more), and amount of mental health education (30 or less points - 31 or more) this pattern remained true with premarital counseling being the most often listed form of counseling en-
gaged in by every group.

The second most often listed form of counseling for this group of respondents was marital counseling. Sixty-eight of the 97 respondents (70%) reported that they had engaged in marital counseling. Once again when broken down by the categories noted above each group listed this as the second most often form of counseling engaged in.

Table 1 summarizes the counseling areas reported by at least 10% of the total respondents and offers a comparison of how male and female pastors reported in each area.

<table>
<thead>
<tr>
<th>Area</th>
<th>Overall N=97</th>
<th>Males n=41</th>
<th>Females n=56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-marital Counseling</td>
<td>92</td>
<td>89</td>
<td>95</td>
</tr>
<tr>
<td>Marital Counseling</td>
<td>70</td>
<td>73</td>
<td>68</td>
</tr>
<tr>
<td>Parenting Issues</td>
<td>54</td>
<td>56</td>
<td>52</td>
</tr>
<tr>
<td>Grief and Loss</td>
<td>44</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>35</td>
<td>37</td>
<td>34</td>
</tr>
<tr>
<td>Employment Issues</td>
<td>35</td>
<td>49</td>
<td>21</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>29</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Spiritual Needs</td>
<td>28</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>Death/Dying/Illness</td>
<td>20</td>
<td>10</td>
<td>27</td>
</tr>
<tr>
<td>Conflict Resolution</td>
<td>17</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>Depression</td>
<td>17</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Spousal Abuse</td>
<td>10</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Aging Parents</td>
<td>10</td>
<td>12</td>
<td>9</td>
</tr>
</tbody>
</table>

Numbers indicate percentage of pastors reporting that type of counseling in the top eight presenting issues.
CHAPTER V

SUMMARY, DISCUSSION OF FINDINGS, CONCLUSIONS AND IMPLICATIONS, AND RECOMMENDATIONS FOR FUTURE RESEARCH

Summary

The present study was undertaken in order to investigate the counseling practices parish pastors in the United Methodist Church in Michigan. Independent variables included the pastor's gender, age, race, length of service, theological orientation, and amount of academic preparation specifically related to counseling in college, seminary, graduate school or other training. The dependent variables were the amount of counseling being performed, five scale scores on the Counseling Self-Estimate Inventory (COSE) (Larson, et al., 1992), fifteen scale scores on the Edwards Personal Preference Schedule (EPPS) (Edwards, 1959), and four satisfaction scores reported by respondents on the demographic questionnaire. Several ad hoc ANOVA's and a descriptive analysis of the types of counseling conducted were also included.

The subject pool included 97 pastors serving United Methodist Churches within the state of Michigan. A
Discussion of Findings

Although the statistical analyses of the collected data did not reveal significant differences between groups on any of the variables in question there were, in the present results, a number of findings worth noting. The most surprising finding is the extent of the similarity of the involvement of this subject population in mental health related activities. Irrespective of the particular independent variable which was analyzed there were few differences in this group of pastors. There were no differences noted among these pastors based on gender, age, length of service, amount of mental health related education, or theological orientation. With a couple of minor exceptions this lack of difference appears across all the dependent variables analyzed in this study. What this would seem to indicate is that pastors, regardless of educational background or amount of pastoral service are all performing basically the same amounts and kinds of counseling and they see themselves as equally proficient. This group of pastors are also very similar in terms of their personalities as regards their reported manifest needs.
Despite this lack of differences, this group of pastors provide a valuable source of information about the role of pastors as mental health providers and the personality of persons who enter pastoral ministry. The following section will contain numerous findings as they relate to the stated research hypotheses and to previous research reported in Chapter II.

The first two hypotheses related to scores on the COSE, predicting that those pastors reporting the largest counseling loads and the highest total mental health education scores would also report greater counseling self-efficacy. While this prediction did not prove to be accurate these pastors rated themselves as generally being able to effectively work in each of the areas examined by the COSE (Larson, et al., 1992). Mean scores, on a scale of 1 = Strongly Disagree to 6 = Strongly Agree, for the five scales ranged from 3.62 for Difficult Client Behaviors to 4.70 for Microskills. Thus these respondents seemed to agree that they had the needed skills to counsel those parishioners that sought their help.

The highest endorsed individual item (M = 5.04) was #15 I feel that I have enough fundamental knowledge to do effective counseling. The area of counseling that these pastors expressed the least comfort with was Difficult
Client Behaviors. It is not surprising, therefore, that three of the items from this scale had the lowest individual item means. The three lowest individual items were:

1. #26 I am uncomfortable about dealing with clients who appear unmotivated to work towards mutually determined goals (M = 3.02).

2. #27 I may have difficulty dealing with clients who do not verbalize their thoughts during the counseling session (M = 3.0).

3. #28 I am unsure how to deal with clients who appear noncomittal and indecisive (M = 3.23).

Dealing with Difficult Clients is an area of counseling that would generally be addressed in clinical training and fully one-third of this group of respondents report no clinical experiences during their educational preparation for ministry.

Larson, et al. (1992) reported individual item means, on the 37 COSE statements, for a group of 213 Master's level students in three university counseling programs. All of these students had been exposed to basic coursework and "had practiced effective counseling responses" (Larson, et al, 1992, p. 108). This group of counseling students obtained mean scores on the four individual items reported above that are noticeably dif-
ferent from those obtained by the pastors in the present study. The student’s mean for item #15, relating to the possession of enough fundamental knowledge to counsel effectively, was only 3.85, compared to 5.04 for the pastors. However, on the items related to Difficult Client Behaviors the students obtained higher means on every one: item #26 (M = 3.69 to 3.02 for pastors); item #27 (M = 4.06 to 3.0 for pastors); and item #28 (M = 3.84 to 3.23 for pastors). Comparing these Master’s level counseling students to the pastors in the subject pool it seems that while students felt less confident with their overall fundamental skills they felt more confident to deal with difficult clients.

Hypothesis 3 suggested, based on Scott (1991), who found that female pastors were conducting somewhat more counseling in most of the types of presenting problems that he surveyed, that female pastors would report doing more counseling than their male counterparts. While this hypothesis was not supported within the present study there were three notable differences between male and female pastors, as noted in Table 1. For most counseling types the percentages of male and female pastors reporting that type among their top eight was very similar. However, three areas revealed noteworthy differences between genders. These areas were: employment related
counseling - males 49% and females 21%, death/dying/terminal illness issues - females 27% and males 10%, and depression - females 21% and males 12%. While not subjected to a statistical analysis it appears that there are some differences between these groups. The reason for the differences in these areas is unclear.

Not withstanding the three noted differences these results are very similar to those found by Lau (1986) with another group of United Methodist pastors in terms of the general similarity between the types of counseling needs reported as seen by male and female pastors.

The information provided by these pastors about their counseling work reveals some changes in recent years when compared to earlier studies in this area. The results are similar too, yet divergent from those reported in the studies reviewed in Chapter II. The similarity is found in the fact that pre-marital and marital counseling are the dominant types of counseling engaged in by parish pastors. Also common to the lists from earlier studies and the present data is the frequency of pastors seeing persons with grief and loss issues and with spiritual needs. The divergence from earlier studies is found in the reported frequency of pastoral counseling in the areas of substance abuse, parenting issues, and family counseling. Among the pastors who participat-
ed in this study, the aforementioned three counseling types were areas that were reported as seen by a much higher percentage of pastors than expected, based on previous studies. Nearly one-third or more of pastors listed each of these three areas within their most commonly seen eight types of counseling. That 35% of these pastors listed substance abuse counseling among their eight most often seen types of counseling is by far the biggest deviation from previous studies as most reported very little pastoral counseling in this area. The intense media attention recently given to substance abuse and family issues may help to account for the fact that persons are seeking help more often in these areas and, as so many have done for so long, they are turning to their spiritual leaders for this help.

The fifth and sixth hypotheses related to the scores on the EPPS for this group of respondents. Except for the gender difference on the Intraception scale there were no statistically significant differences between groups based on the other independent variables (i.e. age, length of service, theological orientation, and total mental health related education score). Despite this lack of differences relevant information related to the personality characteristics
of parish pastors was obtained.

The studies of Brooks (1973), Walton (1974), Thrower and Tyler (1983), Cantwell (1991), Patrick (1991), and Thorson (1992) all suggested that the clergy would show higher needs for Intraception, Dominance, Nurture, and Affiliation and lower needs for Order, Change, Succorance, and Deference. These predictions were generally supported by the present results. For each EPPS scale possible scores range from 0 - 28. For the total group of respondents in this study the five highest expressed needs were; Nurture (M = 18.11), Intraception (M = 17.65), Affiliation (M = 16.93), Change (M = 16.30), and Dominance (M = 15.89). Order (M = 10.70), Succorance (M = 14.06), and Deference (M = 14.49) were all needs expressed at a lower level. Thus, except for a higher Change score, these results are very similar to those reported by the previous studies noted. High needs for Affiliation, Nurture, and Intraception have generally been reported for both clergy and counselor samples taking the EPPS and these are needs that fit well with the role as helpers that these persons fill in life.

An unexpected finding of this research was that this group of pastors did not express higher needs for Exhibition (M = 12.92) and Autonomy (M = 12.70). The pastor, by virtue of his preaching/teaching role is often cast in
the role of performer, and he often works in a setting where he is his own boss and quite alone. These scores are relatively low when compared to the norm group for the EPPS (Edwards, 1959). The Exhibition score falls at the 56th percentile indicating that 44% of the nearly 9000 adults who were used to norm this instrument reported themselves as having a higher need for Exhibition than did these pastors. The Autonomy score falls even lower at the 43rd percentile. Given the pastor's role these scores are unexpectedly low when compared to the general public. By comparison the Nurture ($M = 18.11$) and Intraception ($M = 17.65$) scores place these pastors at the 71st and 80th percentile, respectively, on the general population norms.

The lack of statistically significant differences between male and female pastors in this study has been previously discussed. Previous studies (Abi-Karam and Love, 1984; Puig-Casuaranc, 1977; and Trigg and Perlman, 1976) had shown that women in non-traditional careers show higher needs for Achievement, Exhibition, Autonomy, Dominance, Change, and Heterosexuality and lower needs for Deference, Affiliation, Succorance, Abasement, Nurture, and Endurance. These findings were not replicated in this sample of females who are in what has long been considered a non-traditional occupation for females. Of
the six expected high needs the females in this study had lower means than their male peers on all but the need for Change. On the low end needs these female pastors expressed a lower need than their male peers only for Deference.

Based on this group of pastors it can be inferred that female pastors have needs much more typical of the traditional pastor or counselor than they do of women in other non-traditional occupations. It may be that women who enter the ministry no longer see themselves as a woman in a man's job as might have been true 20 years ago.

A further inspection of the responses related to referrals also provide information that is worthy of discussion. Question 14 of the questionnaire asked pastors to check, yes or no, if they had ever made a referral to a mental health professional. Respondents were then asked to list the problem areas that they most commonly refer and to report to what type of mental health provider they refer these problems. Only 4 of the 97 respondents indicated that they had not made a referral. Thus 96% of these pastors had made at least one referral, and it is likely, from their comments, that they frequently refer. Four lines were provided for the second part of question 14 and nearly every respondent filled all four with some providing several more answers.
As noted this group of respondents reported themselves to be moderates in their theological orientation. The finding of 96% of respondents having made at least one referral is higher than any previous study noted in the literature review. Hong and Wiehe (1974) reported that 84% of their respondents had made at least one referral and Turner (1993) found that almost 81% had made at least one. Other studies reported in Chapter II had significantly lower referral rates.

Additional insight into the referral practices of parish pastors is found when the responses regarding the kinds of issues that pastors are referring and to whom they are referring is considered. Respondents in this study reported a wide variety of referral sources for their counselees. A total of 30 different referral sources were mentioned in question 14. These included the expected responses of psychologists, psychiatrists, pastoral counselors and community mental health as well as a number of unexpected sources such as school counselors, social service agencies, job training programs, child guidance clinics, a Stephen Minister (a lay person who has received training to serve as a peer listener/helper), Alcoholics Anonymous, and another pastor. Overall, the four expected referral sources noted above were by far the most often reported. Table 2 summarizes
the referral sources listed by at least 10% of either male or female pastors.

Table 2

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Overall (N=97)</th>
<th>Males (n=41)</th>
<th>Females (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>39</td>
<td>34</td>
<td>48</td>
</tr>
<tr>
<td>Pastoral Counselors</td>
<td>37</td>
<td>29</td>
<td>47</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>24</td>
<td>29</td>
<td>18</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>23</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>Counselor/Counseling Center</td>
<td>16</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Marriage and Family Therapist</td>
<td>9</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Domestic Assault Shelter</td>
<td>6</td>
<td>0</td>
<td>11</td>
</tr>
</tbody>
</table>

Numbers indicate percentage of pastors reporting making a referral to that source.

These results reveal that generally pastors, whether male or female, use basically similar sources for referrals of their counselees. The outstanding gender difference is found in the fact that male pastors didn't report a single referral to a domestic assault shelter, while 11% of females did. If this finding reflects a lack of understanding on the part of male pastors of the dynamics of spousal abuse this is a major concern when one reflects on the significant problem of domestic violence in our society. Another possible explanation for this finding is that battered women simply don't seek out the
services of a male counselor in a manner that would lead to such referrals.

Bell et al. (1976) and Hong and Wiehe (1974) reported that the majority of referrals from pastors went to traditional mental health providers such as psychologists, psychiatrists, social agencies, and CMH. The subjects of these previous studies did report more referrals to social workers than the present respondents did. The one change that does seem to be happening in the area of referrals is the desire to make referrals to pastoral counselors, who are more likely to hold a similar theological position, if possible. Two recent studies, Glover (1993) and Mannon and Crawford (1996), both reported that pastors would prefer Christian counselors if possible for referral and this finding is supported here with pastoral counseling being a preferred source for referrals. This may be an emerging trend that will need to be monitored in future research. The presence of marriage and family therapists on this list of referral sources is also a change from previous studies. This finding may reflect the attention that licensure or certification for the practice of marriage and family therapy has gotten in recent years. According to the most recent information 37 states (74%), including Michigan, currently have a licensure or certification law in
place for marriage and family therapists (American Association for Marriage and Family Therapy, 1996).

In relation to the emerging trend to make significant numbers of referrals to pastoral counselors Wright (1984) reported that pastors are often reluctant to refer to someone whose religious orientation they don't know. Wright's (1984) subjects also indicated that they felt that mental health professionals often failed to report back to pastors when they do refer. This failure was cited in this study as a significant reason that more referrals weren't made. Comments from several pastors in the present study would seem to indicate that these are concerns that they share.

I have the impression that a Christian Pastoral Counseling Center would be useful in our community.

One of the basic skills of pastoral counseling is knowing when to refer. To whom to refer is a major consideration, causing enormous grief to me. There is a major gulf between pastors and "professional" counselors. Thirty years of ministry has made me very suspicious of "professionals" and no one seems willing to bridge the gap. "Professionals" don't seem to want to work with us - Why?

Despite these concerns this group of pastors reported that they generally were moderately satisfied with the availability of referral sources in their area. The final satisfaction item on the questionnaire was: The availability of appropriate mental health resources/agencies in my community to whom I can refer. Not surpris-
ingly, given the information already reported about referrals made, this was the satisfaction item with the most positive ranking ($M = 2.72$). (The other satisfaction items are discussed at the end of this section.)

Another area of data provided by the respondents in this study regards the types of issues that pastors are referring out to other mental health providers. Once again results of the present study are very consistent with previous studies. Marital problems were the most often reported type referred out, being mentioned by 44% of the total respondents. Table 3 summarizes the counseling types more often reported as being referred to other mental health professionals for counseling.

Table 3
Counseling Types Reported as Referred Out by 10% or More of Either Male or Female Pastors

<table>
<thead>
<tr>
<th>Issue</th>
<th>Overall N=97</th>
<th>Males n=41</th>
<th>Females n=56</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Problems</td>
<td>44</td>
<td>39</td>
<td>48</td>
</tr>
<tr>
<td>Depression</td>
<td>26</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>23</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>Major Mental Illness</td>
<td>16</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>12</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Spousal Abuse</td>
<td>9</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Sexual Abuse History</td>
<td>8</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>

Numbers indicate percentage of pastors reporting making a referral of that counseling issue.
The fifth most often reported referred problem for female pastors was sexual abuse history, reported by 13% of respondents. It is interesting to that this area was reported by only two male pastors (4.8%). This may reflect a level of discomfort for female counselees in talking about this issue with a male counselor.

As noted earlier, pastors are being presented with a divergent and wide ranging array of issues in their counseling ministry. The list of counseling issues reported in Table 1 is expanded as the subject of referrals is discussed. For instance, only one pastor listed suicidal counselees as among the eight most often seen counseling issues. However, eight pastors reported having referred a suicidal counselee to someone else. Other issues that pastors reported referring out that were not mentioned in the most often seen categories included: counselees who were delusional and psychotic, a person with multiple personality, an anorexic, parishioners suffering from Alzheimer's disease, and a man suffering with impotence. These are significant mental health issues for which counselees initially sought the assistance of their pastor and were subsequently referred to other mental health professionals. This finding replicates that of Wagner and Dobbins (1967) who reported that pastors are often presented with major mental health issues.
The present research took the issue of referrals one step further than previous studies by asking pastors to indicate pairings of issues referred out and the specific service provider to whom they would refer that problem. In their responses to this question pastors demonstrated a better knowledge of referral sources and better referral practices than would be expected based on the results of previous studies reported in Chapter II.

An example, to illustrate this, is found in the area of substance abuse counseling. Previous studies (Wright, 1984; Hyman, 1988) have reported this issue as one rarely presented to pastors. However, substance abuse issues were the fifth most often reported type of counseling in the present study, indicating that the clergy are being sought out for assistance in this area more than ever before. Substance abuse issues were also the third most often cited issue referred out. A total of 29 referrals to nine different sources for substance abuse issues were reported by the respondents. Four said they would refer to an Alcoholics Anonymous group, five to a counselor with three specifying a Christian counselor, six to an addictions counselor or center, four to a psychologist, four to an inpatient hospitalization program, four to CMH, one to a physician and one to another clergyperson. It is noteworthy that these 29 referral sources were
reported by 22 different pastors. This happened in several referral areas as pastors noted that, depending on the client's need and situation, they would make referrals to different sources. This finding serves as evidence of the better than expected knowledge and use of referral sources.

Another example of this better than expected knowledge of referral sources is found in the area of marital counseling, the area reported as second most often seen and the most often referred to others. Referral sources for marital problems were, in order of preference: A pastoral counseling center (15), a psychologist (12 - with two specifying a Christian psychologist), CMH (6), a Marriage and Family therapist (5), a psychiatrist (3), and another pastor (2). Also mentioned were an MSW, a "private practice therapist," a counseling center, and Catholic Counseling services. These two areas, substance abuse and marital problems, were the only areas where another pastor noted as a possible referral source.

Referrals of depressed counselees were most often made to psychiatrists and medical doctors (11) followed by psychologists (8) with pastoral counseling (3) being the chosen alternative far less often. Irrespective of the counseling need these pastors seemed to have adequate knowledge of where an appropriate referral could be made.
There are times when pastors don’t refer and previous research has reported that at times referrals have been the exception as pastors have personally dealt with most issues presented to them. Gurin, Verloff, and Feld (1960) found that 42% of those in their sample who had sought help from a mental health professional had sought that help from a pastor while only 18% went to a psychologist or psychiatrist. In this study 29% had taken their problem to their family physician first. These writers concluded:

They [clergymen and physicians] are major therapeutic agents; not only do most of the people with personal problems come to them, but also, in the great majority of cases, the clergymen and physicians do not refer these people to any psychiatric specialist, they handle the problem themselves. This is especially true of the clergy (pp. 341-342, [ ] words added).

Perrymay (1988) reported that the pastors in his study had averaged only 1.3 referrals over the previous year and 45% of respondents had made no referrals.

Much has been written about why pastors don’t refer. Previously reported reasons for not referring have included: (a) the clergy’s general reluctance to refer to someone whose religious orientation they don’t know (Wright, 1984); (b) the failure of mental health professionals to report back to pastors when they do make a referral (Wright, 1984); (c) the clergy’s general feeling that they may be the most effective providers of counsel-
ing assistance (Wright, Moreau, & Haley, 1982; Lyles, 1992); (d) the clergy’s general skepticism about the effectiveness of secular counseling (Wright, Moreau, & Haley, 1982; Lyles, 1992); (e) the lack of training that pastors have regarding the entire process of making referrals and evaluating the results of them (Virkler, 1979); and (f) the failure of pastors to see problems presented by counselees as needing referral (Elkins, 1983).

Given this history regarding the lack of substantive numbers of referrals, made by the clergy, the present study addressed this issue by asking respondents to list reasons that they do or don’t make referrals to other mental health providers. Three major reasons why these pastors refer become evident as the responses of the respondents are analyzed: (1) the acknowledgement of lack of or limits to training and expertise in the area of counseling; (2) the lack of time to do long term counseling; and (3) the role confusion between being spiritual leader and counselor. Many pastors noted that they limit the number of contacts that they have with any potential counselee. Three to six sessions were the most often noted limits.

A number of typical responses, related to reasons why they refer, follow (all are quoted directly from questionnaire responses).

My professional training is somewhat limited and knowing my limitations I refer to give persons the
best assistance possible.

I am far from expert in most areas. I am good at discerning problems and prefer to refer problems beyond my expertise to others.

I am not a professional counselor. I know my limits and refer when I need to.

I recognize my limits as a counselor. If a person requires more than four sessions on one issue, I refer them to a professional, and continue contact as support to their spiritual needs.

If my sense is that the individual needs long term therapy and/or medication, I acknowledge to them my limitations and begin the referral process. There are other counselors available but I am their only pastor.

Although I have an MSW and years of experience I want to maintain boundaries between pastoral work and therapeutic work. I will do short term assessment and work on spirituality, prevention, but in depth on-going issues should be addressed in therapeutic community. I am new to pastoral ministry but intentional about helping families be family. Doing preventive work rather than therapeutic work [sic]. I teach better than I do reflective counseling. I confront better than listen. I expect responsible behavior.

It is no longer my "job" to be in long term counseling relationships. In seminary class we were told "3X" [sic] then refer. If I had been called to be a social worker I would still be doing social work.

Feel I have expertise to listen but not help resolve issues for persons. I can identify dysfunction but do not have necessary skills to help person recognize them and begin healing process.

If I cannot achieve closure in three sessions, I refer. I am a reality therapist. Counseling is not my strong suit. I intervene for crisis and refer or just do casual talks. [underlining in original]

I refer when a problem is chronic, when more than a trained listener is needed, especially medical or psychological issues and when a person’s safety is
involved. I don’t usually refer spiritual issues or when enabling short term decisions. I do not see myself as a professional counselor. I don’t do long term counseling. I do a lot of home and hospital visitation. It is my responsibility to learn the counseling services available in my area.

I see clients a total of 6 times. I feel pastors are general practitioners and need to refer if issues take longer or need longer treatment. Issues beyond my ability, i.e. bi-polar disorder, severe manic depression, borderline personality disorder, suicide. I do a lot of it (counseling). Talk to experts constantly for ideas and help [sic].

I am not in the counseling business. I do not have time to counsel for more than six sessions. Plus others have more skills, training.

The themes presented in these quotes were reported often by the respondents in this study and these quotes represent a small, but representative, portion of the comments made. These quotes suggest that the reasons noted in past studies that pastors don’t make referrals may no longer be relevant for these pastors.

Several pastors did note some problems related to the referral process that are worthy of discussion. The lack of financial resources on the part of counselees, the lack of knowledge about referral sources, and the unavailability of mental health professionals are the primary reasons given for not referring in some cases. Again, some quotes, directly from respondents, serve to demonstrate these themes.

This is a rural area, resources for professional counseling are virtually non-existent. That makes it very difficult to feel you’ve given the kind of
help you should. I'm not a trained counselor. I know my limitations.

I refer those problems I do not feel qualified to handle. I do not refer as often as I would like due to the rural nature of my ministry. Many of the people that I see do not have funds available for other counselors. CMH needs to network with pastors to let folks know that low cost services are available.

I do not refer when I know that the family cannot afford to pay for the counseling and the community mental health available is not suitable. I do refer whenever I feel it is more than I am trained or able time wise to give attention that is needed. I do not feel generally that pastors are well enough trained or resourced with the counseling facilities/skills needed. Too many of our parishioners cannot afford the cost of good counseling. Our state mental health system is very poor in most areas and pastors feel overwhelmed with the needs which aren't being met.

One of the basic skills of pastoral counseling is knowing when to refer. To whom to refer is a major consideration, causing enormous grief to me. There is a major gulf between pastors and "professional" counselors. Thirty years of ministry has made me very suspicious of "professionals" and no one seems willing to bridge the gap. "Professionals" don't seem to want to work with us - Why? [underlining in original]

I refer frequently. I deal only with crises, giving no on-going counseling. Only reason for lack of referral in some instances is the lack of financial resources of the client.

In summary, it seems that the referral practices of pastors are changing from what they have been in the past. Even those pastors who note reasons that they sometimes don't refer indicated that they do make referrals and that they desired more referral sources. They also indicated a desire to help obtain the financial
means for their parishioners to avail themselves of these professional services. It seems reasonable to conclude that these pastors perceive themselves as serving well in their roles as the gatekeepers to other mental health professionals ((Hong and Wiehe, 1974; Haugk, 1976).

A final area of results that deserve discussion relate to the four satisfaction scores provided by respondents. Each respondent was asked to rate, on a six point scale: 1 = very satisfied to 6 = very dissatisfied, their satisfaction in each of four areas. The first of these satisfaction items was: How well my education prepared me for the counseling role in the parish pastorate. A mean rating of 3.05 indicates that as a whole the population was only slightly satisfied with their educational opportunities. This was the second most negative rating of the four items. Several respondents commented on this issue in the section provided for other comments.

I would have liked to have taken more counseling courses in seminary, but my schedule was too tight to do that.

Seminary didn't -- my B.S.W. did.

I could have taken more courses in seminary but this department was the one true weak part of the seminary - only two instructors and both were terrible! I decided to build my library on this subject instead. Would love good continuing education opportunities.

The second satisfaction item related to the response of the connectional system within the denominational
hierarchy: How well my denomination, conference or district has responded to my needs for assistance in this area of my ministry. This item received the most negative rating of the four (M = 3.21). It seems that these pastors feel that their church is making a less than adequate effort to meet whatever needs they have in the area of counseling.

The third satisfaction item related to the issue of continuing education: The availability of continuing education experiences in counseling or related topics in my geographical area. A mean rating of 2.94 was given to this item, indicating moderate to slight satisfaction. Several pastors specifically noted that they would like to have more continuing education opportunities available to them.

The final satisfaction item was: The availability of appropriate mental health resources/agencies in my community to whom I can refer. Although some pastors, especially those in rural areas, noted that adequate referral sources were not readily available to them, this area received the most positive rating (M = 2.72). Thus this group of pastors reported greater satisfaction with professional mental health referral sources than they did with their educational preparation, their denomination's response to their needs, and the availability of continu-
ing education in the area of counseling.

In Chapter I quotes were offered from the Book of Discipline (United Methodist Church, 1992) which indicated that the provision of counseling services is a significant part of the scope and role of the parish pastor’s responsibilities. In summary, it seems reasonable to say that the findings of this study offer empirical support that confirms that United Methodist pastors in Michigan are fulfilling this role in their ministries.

Conclusions and Implications

One of the most serious conclusions of this research is that while pastors are not totally untrained for the role of counselor in the parish ministry there is much more that could be done in this area.

Two recommendations can be made to those who educate potential pastors. The first is that all candidates for pastoral ministry, whether graduating from a Bible College at the Bachelor’s level or a seminary at the M.Div. level, be required to take a block of core counseling courses. Included in this core could be information on counseling theories, basic counseling skills and interventions, including crisis intervention; interpersonal relationships, including marriage, family, and group dynamics; and process information including how and when
to refer. This information could be presented in a block of three to five courses and would give all persons entering the parish pastorate at least a minimal background in counseling similar to that received by students in secular counseling programs.

A second recommendation to pastoral educational institutions would be that all pastoral candidates be required to participate in a minimum clinical experience as part of their training. Clinical Pastoral Education (CPE) is readily available in most large hospitals and almost all seminaries have it available for those who elect to take advantage of this training. Making at least two quarters, or six months, of CPE required of all candidates for parish ministry would give pastors exposure to dealing with real clients as an adjunct to the coursework that they take. Given the expectations of parishioners reported in Chapter II it seems that this would be a minimum requirement of persons who are going to be expected to provide this service in their parishes.

Related to this is the need for the church to provide its parish clergy with effective, reliable, on-going training in this area. Pastors do take advantage of continuing education opportunities and express a desire to continue to do so. Conferences or districts could offer their pastors quarterly, day-long forums in which
local mental health professionals could be used as instructors. One important topic for this training could be in the area of referrals. Many pastors expressed a lack of knowledge in this area and frustration in dealing with the mental health system.

Another implication of this research is the need for mental health providers to provide more feedback and information to pastors. This is especially true for the community mental health system. Many pastors expressed a concern about the cost of mental health services and noted that this is the one reason that they don't make more referrals. As a practitioner within the CMH system in Michigan this researcher is aware that low or no cost services are available to virtually every resident of the state. However, it may well be that the CMH system has failed to see the need to interface with members of the clergy. One pastor summed up feelings expressed by many with these words:

I do not refer when I know that the family cannot afford to pay for the counseling and the community mental health available is not suitable. I do refer whenever I feel it is more than I am trained or able time-wise to give attention that is needed. ALSO I do not feel generally that pastors are well enough trained or resourced with the counseling facilities/skills needed. Too many of our parishioners cannot afford the cost of good counseling. Our state mental health system is very poor in most areas and pastors feel overwhelmed with the needs which aren't being met.
Another expressed a similar sentiment:

I refer those problems I do not feel qualified to handle. I do not refer as often as I would like due to the rural nature of my ministry. Many of the people that I see do not have funds available for other counselors. CMH needs to network with pastors to let folks know that low cost services are available.

A third pastor, whose M.Div. major was pastoral counseling, stated that she referred often but that she never made a referral to CMH.

If pastors are going to fulfill their duty as gatekeepers of the mental health system the system is going to need to become more responsive to their needs and do a better job of informing the clergy of the services that they offer.

In conclusion, it can be stated that the questions raised in Chapter I have at least started to be answered by the present research. Pastors are doing a significant amount of counseling and are being presented with a wide variety of issues. They feel adequate to the task but admit to their limitations and understand that their role is not that of therapist but pastor. They refer often, to a wide variety of mental health providers, but often feel that the system isn’t responsive to their needs. These pastors indicated high needs for Nurture, Intraception, and Affiliation, the needs most often associated with the counseling role.
Limitations

There are several important limitations that should be noted in this research. One limitation is the relatively small number of respondents. Ninety-seven respondents represents only about 38% of the sample pool. For a professional group of subjects a response rate of 45 to 50% would be more acceptable. This somewhat lower than hoped for response rate makes generalizations to a wider group of pastors, including other United Methodists to be somewhat difficult. However, the similarity of the findings of this study to a variety of other studies reported in the review of related literature makes generalizations somewhat more effective.

A second limitation is that pastors of only one denominational group were used in this study. Further research needs to be done across denominational boundaries to see if these results are replicated. Doing this research would make these results much more generalizable.

Another limitation of this research, and one that needs to be addressed in future studies, lies in the design of the data collection questionnaire. When respondents were asked to report the eight types of counseling that are most often presented to them, they simply listed them. By asking that these be rank ordered a
statistical analysis would have been possible other than simply reporting percentages as was done in this, and many other, studies.

A final limitation, and probably the most significant, is that self-reported data is the basis for the reported findings and self-report is always susceptible to the bias of social desirability. While the EPPS takes this variable into account in its pairing of statements, thus reducing the effect of this variable, the COSE may be highly susceptible in this area. It is possible that these pastors presented themselves as they desired to be perceived rather than as they actually perform in their counseling. The use of a more objective measure of counselor effectiveness might be helpful in this area.

Recommendations for Future Research

There are a number of questions raised by the findings of the present study that could stimulate additional research.

1. One question that arises from this data is: How do pastors actually practice counseling with those parishioners that they see? While the self-reported COSE scores indicate that pastors perceive themselves to be effective counselors, a study that analyzes this in a more objective manner would be helpful. One possible
methodology for this would be to compare the responses of pastors to those of practicing professional counselors on a variety of case studies or counseling dialogues. As noted above, Oates (1959) stated that pastor's choices is not between counseling or not but "between counseling in a disciplined and skilled way and counseling in an undisciplined and unskilled way" (p. vi). The results of this study would seem to indicate that pastors generally feel that they are counseling in a skilled and disciplined way but further research is needed to verify these findings.

A related question concerns the use of traditional counseling practices and interventions as opposed to more religious/spiritually based interventions such as prayer, confession, Bible reading, and faith and theological concepts such as sin, guilt, and salvation. Previous researchers, Mollica, et al. (1986), Clark (1990), and Lyles (1992), have all demonstrated that African-American pastors tend to use much more spiritually based interventions and theological concepts than do their Caucasian counterparts in their pastoral counseling. Further research is needed to determine if these practices are truly racially determined or if pastors in general use these types of techniques in their work with clients.

2. Related to this topic of how pastors actually counsel is the question of how effective pastors actually
are in their counseling. Hyman (1988) found that those church attenders he surveyed not only expected competent counseling from their pastors, they also felt that their pastors were competent to counsel. Robinson (1993) also found that the church attenders he surveyed expected competent counseling from their pastors. A very informative, although probably difficult area of research, would be to have persons who have actually participated in counseling with their pastors be involved in a study to objectively rate their satisfaction with services and the changes that they had made as a result of this effort. Possibilities for this research is to use some standard instrument like the Counselor Rating Form (CFR) (Barak and LaCrosse, 1975) or the Counseling Evaluation Inventory (CEI) (Linden, Stone, and Shertzer, 1965). Use of an objective rating scale such as these would allow for comparisons between pastoral counselors and other mental health professionals that are currently not possible due to absence of data. This kind of follow-up regarding satisfaction with and effectiveness of service is routinely performed by CMH and other mental health providers and comparisons with other mental health providers could provide valuable information regarding how pastors are functioning in this area.

3. Another important area of need for additional
research regards the role of non-Caucasian pastors in this area of ministry. The failure of non-Caucasian pastors to respond to the present study is a major disappointment and this area needs to be continued to be researched.

4. Additional research is also called for regarding the practices of the parish clergy in the area of referrals. A major question that needs to be answered is: How many referrals are pastors making as compared to the number of counselees that they see without referring? The fact that 96% of these respondents indicated making at least one referral is significant. Pastors in this study showed a good knowledge of referral sources in that they indicated referrals to a number of appropriate sources. However, they also indicated that they were only moderately satisfied with the availability of referral sources in their communities to whom they could refer. Future research needs to address questions such as: (1) On what basis are counselees referred to a mental health professional? (2) How does the parish pastor find appropriate referral sources? (3) How do pastors maintain connections with those to whom they refer? (4) What training are pastors receiving in seminary in the area of making referrals?

As early as 1961, the final report of the Joint
Commission on Mental Health (1961), *Action for Mental Health*, recognized the role of parish clergypersons in the emerging community mental health system. Since then the clergy have been referred to as "the gatekeepers in the community mental health system" (Hong and Wiehe, 1974; Haugk, 1976). Continued research across a wide spectrum of denominations is needed to explore how well the clergy as a whole is doing at this important task.

5. A final area where additional research is needed is in the area of female pastors. In the current marketplace women are substantially represented in the mental health field and in many places represent the majority. This trend is also being seen in the parish pastorate, especially in denominations like the United Methodist Church, where the majority of new seminary graduates are females. Scott (1991) found significant differences in the counseling practices of male and female clergy that were not replicated in the present study. Considering the emerging role of females in the parish pastorate this is an area that deserves significant attention.
Appendix A

Demographic and Counseling Data Collection Questionnaire
Respondent #________________

Questionnaire

Please provide the following information by filling in the blank or marking an X on the correct line. Please be sure to answer all questions to provide for accurate comparisons with other responding pastors.

1) Age: __________

2) Gender: ______ Male
________ Female

3) Race/Ethnicity:

________ Caucasian
________ African-American or Black
________ Native American Indian
________ Asian/Asian American
________ Other - Please Specify _____________________

4) Primary Racial/Ethnic Make-up of your Current Parish

________ Caucasian
________ African-American or Black
________ Native American Indian
________ Asian American
________ Racially/Ethnically Mixed Congregation

5) Total Years of Pastoral Service (Count partial years as a year.) __________

6) Present Pastoral Appointment - Check one in each pair

________ Full time (30 hours or more per week)
________ Less than Full time

________ Senior pastor or Co-Pastor
________ Staff position such as music, youth, etc.

7) Average number of hours per week you are engaged in all pastoral work. _________

8) Average hours per week you are engaged in counseling. (Count as counseling all sessions held in your office or in a parishioner's home for the purpose of discussing a problem, giving advice or direction, resolving a crisis, etc.). _________

**continued on next page**
9) Average number of counseling contacts per month that you have seen over the last three months. __________

10) On the scale below please indicate your general theological orientation by circling the appropriate number on the scale:

Very Conservative 1 2 3 4 5 6 7 Very Liberal

11) Please indicate your formal education and provide the information requested - X each line that applies:

_______ Less than college degree
_______ Bachelor’s degree - Major _________________
_______ Master’s degree - ____ M.Div. ____ Other Major ______________________________________
_______ Doctoral degree - Specify _________________
                                   Major ________________________________

12) Please indicate the amount of training that you have received in each of the following areas: counseling, pastoral counseling, Clinical Pastoral Education, or other related mental health topics, in each of the following settings.

_______ Total number of courses taken as an undergraduate.

_______ Total number of courses taken as part of your seminary/graduate training.

_______ Total number of supervised practicum or field training courses.

_______ Total quarters of CPE.

_______ Total number of workshops/seminars/trainings attended since entering the ministry (post education).

**continued on next page**
What was the subject(s) of these workshop/seminar experiences. ___________________________________________
___________________________________________________________________________________________
(Use Back of sheet if you need more space)

13) Please list the eight areas/types of counseling that you most often engage in (examples: premarital or marriage counseling, job problems, parenting issues, substance abuse, etc.)
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

14) Have you ever referred a counselee to another mental health professional?

_____ Yes _____ No

If yes, please indicate what kinds of problems you have referred and to what type of provider you would refer, such as psychologist, psychiatrist, community mental health, another clergyperson, or a pastoral counseling center (do not give names, just type of provider).

Kind of Problem/concern: Professional referred to:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Please list reasons why you do or do not refer - you may use the back of this page if needed.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

**continued on next page**
15) The following questions rate how generally satisfied are you with each of several areas related to the counseling in your ministry. Please circle the number on each scale that reflects your feelings about that area, based on the following.

1 = Very Satisfied  
2 = Moderately Satisfied  
3 = Slightly Satisfied  
4 = Slightly Dissatisfied  
5 = Moderately Dissatisfied  
6 = Very Dissatisfied

How well my education prepared me for the counseling role in the parish pastorate.

1 2 3 4 5 6

How well my denomination, conference or district has responded to my needs for assistance in this area of my ministry.

1 2 3 4 5 6

The availability of continuing education experiences in counseling or related topics in my geographical area.

1 2 3 4 5 6

The availability of appropriate mental health resources/agencies in my community to whom I can refer.

1 2 3 4 5 6

16) In the space below or on the back of this page please feel free to make any other comments about your practice of counseling in the parish ministry and/or your preparations for this aspect of your ministry.

_______ Check this box if you would like a copy of the results.
Appendix B

Cover Letter as Sent to Subject Pool
Please allow me to introduce myself. I am a former United Methodist pastor who is, at the present time, completing my doctoral studies in Counselor Education at Western Michigan University. The topic of my dissertation concerns the role of the parish pastor in counseling and referral for counseling services. Although employed as a therapist in the community mental health system, for three years I served a part time appointment in the Grand Rapids District of the West Michigan Conference and as such I grew very interested in pastoral involvement in this area of ministry. The purpose of this letter is to request your assistance in the data collection process for my dissertation.

On the back of this letter you will find a permission letter from Bishop Ott's office granting me permission to seek your help with this research project. Included with this letter are the following: 1) A questionnaire seeking information about your ministry, educational background, and participation in counseling and referral services. 2) The Edwards Personal Preference Schedule and answer sheet. 3) The Counseling Self-Estimate Inventory, and 4) A self-addressed stamped envelop.

I would really appreciate your help in this project. It will take approximately 60 to 90 minutes to complete the material. If you would be so kind as to take this time right now, complete the instruments and return the materials to me I would really appreciate it. If you do not feel that you can take this time would you please still return the entire packet to me in the enclosed envelope. These materials are expensive to produce and can be reused if not filled out. I only have 75 copies of the Edwards test booklet and need approximately 300 responses so I have to reuse these materials. You are not under any obligation to participate in this study but your assistance is deeply appreciated. All the information that you provide is confidential. No one connected with the United Methodist Church will know who participated or what information they provided. No names will appear on any forms on which the data is reported. All data will be presented only in aggregate form.
If you have any questions about this research project you may feel free to call me at my office at (800) 323-0335, ext. 228 or my committee chairperson, Dr. Thelma Urbick at (616) 372-2971. You may also contact the Chair of the Human Subjects Institutional Review Board at (616) 387-8293 or the university’s Vice-President for Research at (616) 387-8298. I thank you in advance for your assistance with this project. If you are interested in receiving a copy of the aggregate results of this project please check the box at the end of the questionnaire and these will be provided to you once the study is completed. Once again, thank you for your assistance with this research project.

Sincerely:

John P. Burgess
Appendix C

Ecclesiastical Permission Letter to Use Pastors as Subjects
January 9, 1995

The Human Subjects Institutional Review Board
Western Michigan University
Kalamazoo, Michigan 49006

Dear Review Board:

I have no objections to the Reverend John P. Burgess surveying ministers for his dissertation work with Western Michigan University.

Very sincerely,

Donald A. Ott

Donald A. Ott
Appendix D

Permission Letter From Author of COSE
June 24, 1992

John Burgess
105 N. Walnut
Bangor Michigan 49013

Dear Mr. Burgess:

I appreciate your interest in the Counseling Self-Estimate Inventory (COSE). We have invested a lot of time and energy in its development. We are continuing to use it as a way of applying self-efficacy theory to counseling training.

I am happy to grant you permission to use the instrument. I do ask for the following information in return. A description of the population, other instruments, and procedures used in your study or in your applied application (Basically, the methods section of your paper). Second, I would like reliability and validity data on the total score and the five factor scores collected including test-retest reliability, internal consistency, and any convergent, construct, predictive, or discriminant validity values. This would involve sending me a correlation matrix of the COSE total and five factor scores with the other measures. This information allows me to continue to assess the usefulness of the COSE. I am also very interested in how you see the instrument as beneficial or how it could be more helpful. Finally, if you choose to submit your paper, I would like a copy of the paper for my records.

I have enclosed a copy of the instrument. The instructions read for people to indicate their answers on the instrument. An alternative which we are doing is using answer sheets so the inventories can be reused. Also there is no place for the person to indicate demographics and identification. You need to include this on a separate sheet.
The following items on the COSE are reversed scored: items 2, 6, 7, 9, 16, 18, 19, 21, 22, 23, 24, 26, 27, 28, 31, 33, 35, 36, & 37.

The factors consist of the following items:

Factor 1: Microskills: items 1, 3, 4, 5, 8, 10, 11, 12, 14, 17, 32, 34.

Factor 2: Counseling Process: items 6, 9, 16, 18, 19, 21, 22, 23, 31, 33.


Factor 4: Cultural Competence: items 29, 30, 36, 37

Factor 5: items 2, 7, 13, & 35.

Best wishes in your research endeavors. I look forward to hearing from you. Perhaps we will have the opportunity to meet at conventions.

Sincerely,

Lisa M. Larson, Ph.D.
Assistant Professor
121 Bancroft
University of Nebraska-Lincoln
Lincoln, NE 69588-0345
Appendix E

Human Subjects Institutional Review
Board Permission Letters
This is to inform you that your project entitled "The Role of the Parish Pastor as Mental Health Provider: Counseling Competency and Personality Characteristics," has been approved under the exempt category of research. This approval is based upon your proposal as presented to the HSIRB, and you may utilize human subjects only in accord with this approved proposal.

Your project is approved for a period of one year from the above date. If you should revise any procedures relative to human subjects or materials, you must resubmit those changes for review in order to retain approval. Should any untoward incidents or unanticipated adverse reactions occur with the subjects in the process of this study, you must suspend the study and notify me immediately. The HSIRB will then determine whether or not the study may continue.

Please be reminded that all research involving human subjects must be accomplished in full accord with the policies and procedures of Western Michigan University, as well as all applicable local, state, and federal laws and regulations. Any deviation from those policies, procedures, laws or regulations may cause immediate termination of approval for this project.

Thank you for your cooperation. If you have any questions, please do not hesitate to contact me.

Project Expiration Date: July 17, 1997
Date: 15 August 1997

To: Thelma Urbick, Principal Investigator
   John Burgess, Student Investigator

From: Richard Wright, Chair

Re: Extension and Changes to HSIRB Project Number 96-08-07

This letter will serve as confirmation that the extension and changes to your research project "The Role of the Parish Pastor as Mental Health Provider: Counseling Competency and Personality Characteristics" requested in your memo dated 7 August 1997 have been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

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: 15 August 1998
BIBLIOGRAPHY


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Indiana University, Indianapolis Medical Center (1967). *A community project in religion and mental health* (Report No. AC 066 964). Indianapolis, IN: Indiana University, Indianapolis Medical Center. (ERIC Document Reproduction Service No. ED 042 080)


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Privette, G., Quackenbos, S., & Bundrick, C. M. (1994) Preferences for religious or non-religious counseling and psychotherapy. Psychological Reports, 75, 539-546.


