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Article 62

The Misunderstood Pastoral Counselor: Knowledge and Religiosity as Factors Affecting a Client's Choice

Paper based on a program presented at the 2012 American Counseling Association Annual Conference and Exposition, San Francisco, CA, March 23-25.

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Introduction

Within the spectrum of mental health professionals, the pastoral counselor's role appears to be among the most misunderstood. Personal and anecdotal evidence suggests that many individuals have an incomplete, inaccurate, or nonexistent understanding of the training, capabilities, and role of a pastoral counselor.

Conversations with certified pastoral counselors reveal that prospective clients express common misunderstandings, such as the belief that pastoral counselors work only with clergypersons or that pastoral counselors never charge a fee for their services (S. Fringer, personal communication, 2007 and 2010; S. Stoner, personal communication, 2010). Other misconceptions encountered by the researcher include the belief that

pastoral counselors deal only with spiritual issues or only with a particular faith tradition and that pastoral counselors have little expertise with psychotherapeutic theories. Some individuals express that they have never heard the term *pastoral counselor*. Adding to the confusion is a lack of clarity within the profession. Terms such as *pastoral counselor* and *Christian counselor* are often used interchangeably in literature, but are more clearly defined by certifying organizations such as the American Association of Pastoral Counselors [AAPC].

For a majority of individuals in the United States, religion and spirituality play a significant role in their lives. According to a 2010 Gallup Poll, 78% of Americans identify in some way with a Christian faith, 9% identify with a non-Christian religion, and 13% claim no religious identity (Newport, 2010). In the same survey, 56% of Americans state that religion is very important and 25% claim it is fairly important in their lives.

Studies indicate that many prospective clients would like to include spirituality and religion in their therapeutic conversations (Mayers, Leavey, Vallianatou, & Barker, 2007; Rose, Westefeld, & Ansley, 2008). Highly religious clients tend to prefer a counselor who holds the same religious values (Mayers et al., 2007). Similarly, higher levels of reported religiosity result in stronger reactions to spiritual components of counselor descriptions (Keating & Fretz, 1990). Theologically conservative Christians, a subset of highly religious clients, tend to respond more strongly to a counselor's perceived or described religious background (Guinee & Tracey, 1997). Wade, Worthington, and Vogel (2006) found that clients with very strong religious commitments tend to view therapy as more effective when it includes specifically religious interventions (e.g., prayer, meditation, scriptural references, discussion of faith).

In an article in *Counseling Today*, J. Rollins reports on the increasing number of studies that suggest a positive connection between religious/spiritual engagement and mental health (July 29, 2009). Rollins also observes that secular counselors often hesitate in working with a client's religious beliefs and spiritual dimensions. Reasons for this hesitancy may include a lack of training or knowledge, personal struggles with organized religion, or strong disagreement with a client's values.

Although many counseling programs do not include coursework on integrating religion/spirituality into the therapeutic framework, it is an element of multicultural awareness. In a holistic approach to assessing the mental and emotional health of a client, it would be a disservice to ignore the client's religious beliefs and background.

Although there are studies exploring preferred counselor types that include counselors with a religious or spiritual orientation, few specifically use the term *pastoral counselor*. When the title is used, it is rarely defined or it is used interchangeably with other types of religiously oriented professionals.

The American Association of Pastoral Counselors [AAPC] sets distinct standards for pastoral counselors. In general, a pastoral counselor will have obtained a bachelor's degree, a master's or doctoral degree from a seminary, and a master's or doctoral degree in the field of mental health. Given their advanced educational background in both clinical counseling and theology, pastoral counselors are particularly well equipped to address psychological and spiritual concerns. Despite the apparent preference of many individuals to work with a counselor with a religious orientation, pastoral counselors

might be underutilized due to misunderstandings and lack of knowledge about their capabilities.

This study examined participants' knowledge concerning the professional role of a pastoral counselor and ascertained the likelihood that participants would choose to work with a pastoral counselor. The questionnaire used for the current study also measured levels of religiosity and Christian conservatism, as these variables are expected to influence a prospective client's choice of a counselor. In addition, demographic details were collected and analyzed in relationship to the *knowledge* and *choice* variables.

The primary hypothesis that guided this research is based on the expectation that one's knowledge of pastoral counseling would influence one's willingness to choose a pastoral counselor.

H₁: There is a positive correlation between an individual's level of knowledge of the professional role of a pastoral counselor and the individual's likelihood of choosing a pastoral counselor to address her or his therapeutic needs.

In addition, the expected influence of religious commitment and Christian conservatism is reflected in the following:

H₂: Regardless of the level of one's knowledge of the practice of pastoral counseling, a higher level of religiosity or Christian conservatism results in a higher probability of an individual choosing a pastoral counselor.

Background

Religion, Spirituality, Religiosity

Religion and spirituality are difficult constructs to define, as evidenced by the variety of definitions found in research studies. Hill et al. (2000) gathered several components in conceptualizing *religion* and *spirituality*. The authors asserted that *religion*, over time, has become more objectively defined to reference a connection to particular systems such as denominations, sets of traditions, and world religions.

In their literature review, Hill et al. (2000) suggested that religion involves a spiritual component, but spirituality may exist separately from religion, although the two constructs are both multidimensional and share common characteristics. They concluded that the definition of *religion* has generally referred to the institutional aspects of the construct.

Rose et al. (2008) explicated their understanding of distinction between *religiosity* and *spirituality*. "Religiosity denotes allegiance to the beliefs and practices of institutional, organized religion, whereas spirituality indicates beliefs, experiences, and practices involving the individual's relationship with a higher being or the universe" (p. 18).

Worthington (1988 as cited in Worthington et al., 2003) used the term *religious commitment* when attempting to measure *religiosity*. Worthington defined *religious commitment* as "the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living" (Worthington et al., p. 85). Hill et al. (2000) used the noun *religiousness* in a similar fashion.

Measurement scales of *religiosity* include items such as frequency of worship and prayer, support from a religious community, time spent reading sacred writings, financial contributions to a religious group, and the influence of religious beliefs on decision-making (McCullough, 1999; Worthington et al., 2003).

In a study that examined the responses of *born again/fundamentalist* Christians to counselor descriptions, Keating and Fretz (1990) measured *Christian conservatism*, a subset of religiosity. Drawing on ethnographic studies, Hempel and Bartkowski (2008) set out to determine key factors that make up a theologically conservative Christian worldview. They suggested that there are varied dimensions within *Christian conservatism*. According to Hempel and Barkowski's results, key markers for conceptualizing Christian conservatism fall into three categories: "(1) epistemology – a belief in the Bible as the inspired word of God, (2) ontology – assumptions about the pervasiveness of human sinfulness, and (3) soteriology – the conviction that salvation is made possible through a commitment to Jesus Christ" (p. 1647).

Historical Background

In the history of behavioral sciences, the influence and importance of religion often has been minimized or excluded. Seeman, Dubin, and Seeman (2003) suggested that for several decades, an emphasis on scientific methods led to a void in the study of psychological/biological and religious connections.

Rollins (2009, July 29) stated that studies have indicated individuals in the field of mental health tend to be less religious than the general public. Shafranske (as cited in Hill et al. 2000) found that "... only 48% of a sample of clinical and counseling psychologists found religion in their lives to be either very important or fairly important" (p. 52). Historically, mental health counselors, along with physicians, have been hesitant to explore spiritual issues with their clients/patients.

In recent years there has been an increase in the interest in research on religion/spirituality and mental health (Koenig, 2006; Seeman et al., 2003). Koenig's (2006) review of research suggested that religion/spirituality can play a positive role in coping abilities and can impact physical and mental health among the aging. Seeman et al. (2003) reviewed studies that link religiosity/spirituality to physiological health. They found increasing evidence of linkage between religiosity/spirituality and physical processes including cardiovascular, neuroendocrine, and immune function. The studies focused on the impact of Judeo-Christian practices and meditation.

Neuroscience is adding increasing evidence of the effects of meditative practices on the brain and the chemistry of emotions. Researchers have shown how the plasticity of the brain allows positive changes to occur as a result of meditation, forms of which may be included in religious practices (Benson, 1996; Davidson, Jackson, & Kolin, 2000; Lutz, Slagter, Dunne, & Davidson, 2008).

In reviews of existing studies on the relationship between religion and mental health, authors have included summaries of some of the positive correlations (Frame, 2003; Genia, 2000; Hickson, Housley, & Wages, 2000; Hill et al., 2000; Koenig, 2006; Seeman et al., 2003). The comparisons have included favorable associations with various measures of religious/spiritual involvement and suicide risk, sense of well-being, drug and alcohol abuse, criminal behavior, marital satisfaction, depression, physical health, immune function, longevity, social adjustment, and emotional stability. In addition,

Rollins (2009, July 29) remarked that religious involvement can help people connect with others, assist in coping with stress, encourage benevolent action on behalf of others, and provide meaning and purpose. Frame concluded, “Given that so many studies support the salutary relationship between religion and mental health, these findings support the proposition that religion and spirituality are integral components to the psychotherapeutic enterprise” (2003, p. 20).

Inclusion of Religion/Spirituality in Counseling

Consideration of a client’s religion/spirituality is increasingly seen as a vital component of therapeutic assessment and intervention (Association for Spiritual, Ethical, & Religious Values in Counseling, 2009; Frame, 2003; Hall & Edwards, 2002; Hickson et al., 2000; Hill & Pargament, 2003; Hill et al., 2000; Mayers et al., 2007; McCullough, 1999; Oakes & Raphael, 2008; Wade et al., 2006). Wade et al. (2006) found that religiously oriented interventions are perceived to be effective by clients who are religious. They did not determine a causal relationship, but posited the counselor’s openness and understanding of the client’s religious values may have created a better working alliance leading to better outcomes.

Hill et al. (2000) listed characteristic components of religion/spirituality that are germane to psychological study and to applications in therapeutic knowledge:

- Religion and spirituality develop across the lifespan.
- Religion and spirituality are inherently social-psychological phenomena . . . many of the mores and norms of any culture are rooted in religious perspectives.
- Religion and spirituality are related to cognitive phenomena. One example is the relationship between particular forms of religious commitment and complexity of thought.
- Religion and spirituality are related to affect and emotion.
- Religion and spirituality are relevant to the study of personality and in the genetic determinants of personality. (pp. 53-54)

In order to integrate religion/spirituality into counseling interventions, counselors need to develop competency in assessment of clients (Oakes & Raphael, 2008). A number of measurement scales have been developed for the assessment of factors associated with religion/spirituality. Hill and Hood (as cited in Hall & Edwards, 2002) published a review of 125 assessment/measurement scales of spirituality and religiosity. There are different emphases among the assessments that are available. Oakes and Raphael (2008) recommend a qualitative, holistic, open-ended approach to gathering a client’s spiritual/religious history.

Inclusion of Religion/Spirituality in Counseling Curricula and Other Guidelines

In an investigation into counselors’ perceptions of the role of spirituality in the therapeutic process, Hickson et al. (2000) found that many counselors lack formal training in the subject. Rollins (2009, July 1) reported that the counseling educators he interviewed confirm the need for better preparation for students to be able to deal with religious/spiritual issues.

One of the divisions of the American Counseling Association (ACA), the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC; 2009) approved a set of competencies for addressing spiritual and religious issues in counseling. Included in the competencies are a basic knowledge of world religions; the centrality of a client's spiritual beliefs to his/her worldview; a counselor's self-awareness of his/her own beliefs, attitudes, and limitations; the relationships between spiritual and human development; knowledge of therapeutically appropriate communication surrounding religion/spiritual themes; ability to assess spiritual perspectives; and appropriate consideration and use of a client's religious beliefs during diagnosis and treatment. These competencies have been endorsed by the ACA.

Religious Background and Client's Choice of Counselor

Although research has increased the knowledge of the potential value of the inclusion of religion/spirituality in counseling, highly religious individuals may fear that a traditional (secular) counselor may not be able or willing to sufficiently acknowledge and honor their religious beliefs (Guinee & Tracey, 1997; Keating & Fretz, 1990; Mayers, et al., 2007). Bergin (as cited in Guinee & Tracey, 1997) called this phenomenon the *religiousness gap*. Guinee and Tracey (1997) discovered that, in a reversal of the *religiosity gap*, individuals with low levels of religiosity or individuals who identify as non-religious may be apprehensive of engaging with a counselor who identifies as religious.

The American Association of Pastoral Counselors (AAPC; 2000) summarized research completed as a follow-up to a 1992 Gallup survey and concluded that among Americans surveyed, regardless of religious background, there is a strong preference for mental health professionals who integrate religion/spirituality into their practice.

Keating and Fretz (1990) completed a study building on the issue of potential clients' resistance to engaging with a counselor when there are mismatched characteristics (e.g., race, age, gender). Although such differences do not appear to affect actual results of counseling, there is concern about the underutilization of mental health services by potential clients who are resistant to a *mismatched* counselor. In particular, Keating and Fretz commented, "... many professional psychologists, and even clergy, find that fundamentalist and 'born-again' Christians are often unwilling to accept referrals for needed counseling, especially if the referrer cannot guarantee that the counselor is a Christian counselor" (p. 293). Thus the researchers explored whether negative anticipations of Christians would be affected by descriptions that ignored, showed empathy, or identified with their beliefs. Second, Keating and Fretz hypothesized that Christians with stronger beliefs would react with stronger negative anticipations. The results confirmed that a description containing spiritually empathetic elements could reduce the level of negative anticipations. Also, "for those low on religiosity, the empathic description is as effective as the description *Christian* in evoking lower levels of negative anticipations" (p. 295).

Garzon, Worthington, Tan, and Worthington (2009) purported that the proliferation of Christian lay counselors is an additional factor that may affect prospective clients' expectations. Clients who have experienced lay Christian counseling, which tends to be more *biblically* informed than *clinically* informed, may be resistant to professional counseling. Professional counseling can be seen as "not involving 'real'

Christian counseling – regardless of the integration and use of Christian principles” (p. 117).

What is Pastoral Counseling?

The increasing interest in the integration of theology, religion, and spirituality with psychology is reflected in the number of types, titles, and organizations that explicitly combine these components (Garzon et al., 2009). Garzon et al. (2009) mentioned the following: Lay Christian counseling, Nouthetic biblical counseling, Christian psychology, Christian soul care, Christian counseling, and pastoral counseling. Individuals may also seek psychological/spiritual assistance from spiritual directors, clergy members providing pastoral care, and chaplains who are trained through clinical pastoral education (AAPC, n.d.a; Harris, Edlund, & Larson, 2006; Tisdale, Doehring, & Lorraine-Poirier, 2003). Studies referred to additional spiritually oriented designations including spiritual- or religious-empathetic counseling, religious counseling, Christian therapy, and psychospiritual counseling (Genia, 2000; Guinee & Tracey, 1997; Keating & Fretz, 1990; Tisdale et al., 2003; Wade et al., 2006; Worthington, 1986).

Differentiating between pastoral counseling and other forms of spiritually oriented counseling produces difficulties. Some studies used the term *pastoral counselor* without defining it and/or using it interchangeably with *religious* or *Christian counselor* (Garzon et al., 2009; Rose et al., 2008)

Yevenes (2005) observed that there is no universally accepted definition for pastoral counseling. Yevenes (p. 50) cited Geary’s definition which stated that pastoral counseling “... is informed by spiritual values and is open to the possibility of exploring spiritual and religious issues in the counseling relationship... and is in conformity with current knowledge of psychology, spirituality, healing and human development.” Gerkin (as cited in Yevenes, 2005, p. 60) offered a definition that restricts pastoral counseling to a Christian context. He said pastoral counseling is “... a process of interpretation and reinterpretation of the human experience within the framework of a primary orientation toward the Christian mode of interpretation in dialogue with contemporary psychological modes of interpretation.”

In a study of Christian therapy and the use of religiously-tailored interventions, Wade et al. (2006) noted that Christian therapy is difficult to study empirically since there are so many forms. However, the authors suggested two primary characteristics for defining Christian therapy. Most counselors or agencies using the term *Christian therapy* (1) self-identify as Christians and (2) use techniques specifically tailored to Christians (such as inclusion of prayer and Bible quotations).

Hill and Armstrong (1998) stated that key essentials to pastoral counseling are the integrity and faith of the counselor as expressed in community, in the use of one’s gifts, in promoting justice and mercy, and in communing with God. “Pastoral counseling involves a spiritual and emotional quest for wholeness” (p. 105).

In a study of the distinctions between counseling and pastoral counseling, Patrick, Beckenbach, and Sells (n.d) found much overlap between the two designations. Differences were noted in two areas. First, pastoral counselors, unlike counselors, profess a commitment to religious faith and to a particular faith community. Second, although both professions adhere to ethical standards, pastoral counselors are also held accountable to their faith community. Counselors and pastoral counselors may have similar training in

theory and practice, but pastoral counselors have an additional immersion in theology. In practice, both professionals may, at times, appear synonymous “since not all pastoral counseling involves religious/spiritual concepts” (§ 4 of Results), and some secular counseling will integrate religious/spiritual concepts.

Worthington (1986) completed a review of published research involving religious counseling. Worthington reported that clergypersons do the majority of religious counseling, although most clergy have little training in clinical theory and practice. Worthington also noted that religious counselors who identify themselves as *Christian counselors* tend to be conservative in theology.

In 1963, the American Association of Pastoral Counselors (AAPC) was formed to certify pastoral counselors, accredit pastoral counseling centers, and approve training programs (AAPC, n.d.a). According to the AAPC, pastoral counselor “refers to a minister who practices pastoral counseling at an advanced level which integrates religious resources with insights from the behavioral sciences” (n.d.c, para. 2). Pastoral counseling “refers to a process in which a pastoral counselor utilizes insights and principles derived from the disciplines of theology and the behavioral sciences in working with individuals, couples, families, groups and social systems toward the achievement of wholeness and health” (para. 3). Furthermore, the AAPC (n.d.d, para. 6) suggests that certification helps ensure excellence and recognition of high standards. AAPC requirements for certification as a pastoral counselor include a comprehensive list of educational and professional criteria. Pastoral counselors normally charge a standard fee for services; however, the AAPC considers pastoral counseling to be missional in nature, so efforts are made to provide service to those who cannot afford it.

To date, only six states (Arkansas, Kentucky, Maine, New Hampshire, New York, North Carolina, and Tennessee) provide licensure for the title *Pastoral Counselor* (Wisconsin Department of Regulation and Licensing, n.d.). Other states, such as Wisconsin, offer the possibility, of licensure as a Marriage and Family Therapist or Professional Counselor if those requirements are met.

The authors of many studies agree that clients and counselors can benefit from the recognition that clients’ needs and counselors’ strengths are varied. (Garzon, Worthington et al., 2000; Harris et al., 2006; Hill & Pargament, 2003; Patrick et al., n.d.; Worthington, 1986). Pastors, religious counselors, and secular counselors are valuable referral sources for one another.

Method

Participants

Using a purposeful sampling method, participants were drawn from three locations in a large Midwestern city. Two of the locations were institutions of higher education; the first was a small, private, women’s college with connections to the Sisters of Notre Dame and the second was a private, co-educational university in the Franciscan tradition. The third site was a senior living facility. Undergraduate and graduate students and faculty members participated at the college locations. Participants at the third site were residents of the facility.

Class schedules were obtained for the two schools, providing a pool of classes that were scheduled to meet on the selected data collection dates. A random sampling

procedure was created by selecting, for example, every third class from a list of classes meeting at a particular time. Permission was secured for nine classes at the women's college and for 14 classes at the coeducational university. The five participants at the senior living facility were members of a small group gathering.

The responses of 269 participants are represented in the results of the study. The sample consisted of 187 females and 82 males ranging in age from 18 to 88, with the highest percentage (56.5%) of participants in the 18-24 age range. All participants had obtained some college education or beyond (some college: 59.5%, college graduates: 18.6%, some post-graduate education: 8.2%, graduate degree or beyond: 13.8%).

The racial/ethnic background of the sample was predominantly White (68.4%), followed by Black or African American (22.3%). The remaining participants were Hispanic or Latino (5.6%), Asian (1.9%), American Indian or Alaskan Native (0.7%), Other (0.7%), and Native Hawaiian or Pacific Islander (0.4%).

The religious orientation of participants included the following: Agnostic (1.5%), Atheist (3%), Hindu (0.4%), Jewish (1.5%), Christian: Denominational Protestant (36.8%), Christian: Non-denominational Protestant (12.6%), Roman Catholic (26.6%), Spiritual but not religious (9.3%), Unitarian Universalist (0.7%), Other (5.6%). The three Christian categories (Denominational Protestant, Non-denominational Protestant, and Roman Catholic) formed 78.1% of the total. This percentage is comparable to the 2010 Gallup Poll, in which 78% of Americans identify in some way with a Christian faith (Newport, 2010).

Materials

Data were collected using a questionnaire developed by the researcher (Appendix A). On the first side of the double-sided survey, participants were asked to provide basic demographic information. The second side assessed participants' responses to two sections of questions pertaining to the dependent and independent variables. In the first section, the participants were asked to read a series of statements and indicate how strongly they agreed with each statement using a five-point Likert scale. In the second section, the participants were asked to read a series of statements and indicate how true each statement was for them using a five-point Likert scale.

Ten questions on the survey (items 6.a through 6.d, 6.f through 6.j, and 6.r) measured participants' knowledge of pastoral counseling. The dependent variable, participants' likelihood of choosing a pastoral counselor, was assessed with item 6.k.

Items 6.l through 6.q were statements used to ascertain Christian conservatism. These items were selected for their usefulness in defining and measuring theological conservatism in a study by Hempel and Bartkowski (2008). Using structural equation modeling, Hempel and Bartkowski were able to identify the most salient questions for operationalizing the Christian conservatism construct, which included key components regarding beliefs about scripture, sinfulness, and salvation. Other items on the questionnaire (7.a – 7.j) were taken from The Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2003). Worthington et al. (2003) developed the RCI-10 as a measure of religiosity, in which the Cronbach's alpha for internal consistency is .95.

Results

The results of statistical analyses provide support for both hypotheses:

H₁: There is a positive correlation between an individual's level of knowledge of the professional role of a pastoral counselor and the individual's likelihood of choosing a pastoral counselor to address her or his therapeutic needs.

H₂: Regardless of the level of one's knowledge of the practice of pastoral counseling, a higher level of religiosity or Christian conservatism results in a higher probability of an individual choosing a pastoral counselor.

A Pearson correlation was performed on the variables of *knowledge* (measuring an individual's knowledge of pastoral counseling) and *choice* (measuring the likelihood of an individual choosing to work with a pastoral counselor). The correlation between *choice* and *knowledge* was statistically significant, $r(267) = .21, p = .001$. Those individuals with a higher level of measured knowledge of the pastoral counselor's role were more likely to choose a pastoral counselor. Although there is a significant relationship between knowledge of pastoral counseling and the likelihood of choosing it, the relationship is moderated by other factors, such as the level of religiosity and Christian conservatism.

Choice, as a function of level of conservatism (low, moderate, high) and level of religiosity (low, moderate, high) was assessed with several Analyses of Variance (ANOVA). Results indicated a significant difference between all three levels of religiosity. Participants categorized as high in religiosity ($M = 3.71$) were more likely to choose pastoral counseling than those at a moderate level of religiosity ($M = 3.04$), and those at the moderate level were more likely to choose pastoral counseling than those at the low level of religiosity ($M = 2.60$), $F(2, 266) = 27.34, p = .001$. A second ANOVA focused on the relationship between level of Christian conservatism and the likelihood of choosing a pastoral counselor. Results indicated a significant relationship between these variables, $F(2, 266) = 10.11, p = .001$. Participants who were high in conservatism ($M = 3.36$) were more likely to select a pastoral counselor than those low in conservatism ($M = 2.67$), but neither of these groups differed significantly in regard to *choice* from those who were moderately conservative (see Figure 1).

Analyses of Variance (ANOVA's) were performed to determine whether Christians differed from participants with other religious affiliations on choice, conservatism, knowledge of pastoral counseling, and religiosity. Christians had significantly higher means on all of these measures (see Table 1).

Figure 1.
Mean Choice as a Function of Level of Conservatism and Level of Religiosity

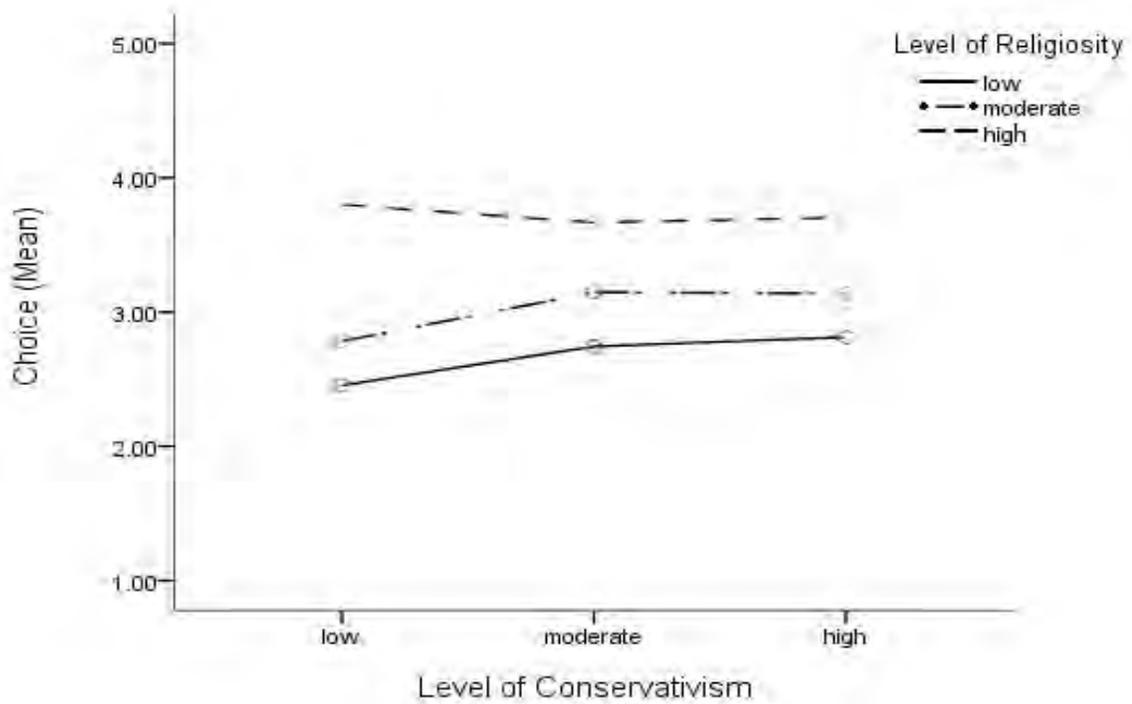


Table 1
Comparison of Christians to Others on the Variables of Choice, Conservatism, Knowledge, and Religiosity

Variable	Christian		Other		F (1,267)	p
	M	SD	M	SD		
Choice	3.12	1.07	2.63	1.13	9.61	.002
Conservatism	3.17	.97	2.28	.89	40.25	.001
Knowledge	3.41	.48	3.24	.54	5.13	.024
Religiosity	2.88	1.12	2.25	1.12	15.55	.001

Discussion and Conclusions

Discussion

The results, as measured by participants' responses to statements on a questionnaire, appear to confirm the hypotheses set forth. There was a positive correlation between an individual's level of knowledge of the professional role of a

pastoral counselor and the individual's likelihood of choosing a pastoral counselor. Moreover, a higher level of religiosity or Christian conservatism resulted in a higher probability of an individual choosing a pastoral counselor.

Individuals with knowledge of pastoral counseling may realize that spiritual dimensions are more easily included in the pastoral counseling setting. Since a majority of individuals indicate the desire to include religion/spirituality in counseling, this knowledge would seem to make pastoral counseling a preferred choice for those individuals.

As noted in the review of literature, studies have shown that religious individuals prefer to work with a counselor who shares their religious beliefs (Guinee & Tracey, 1997; Keating & Fretz, 1990; Mayers et al., 2007). Thus, if individuals believe that a pastoral counselor will share their religious beliefs, the significant positive correlation between religiosity and likelihood of choosing a pastoral counselor is not surprising.

Past studies also support the notion that a positive correlation exists between conservatism and willingness to choose a religious counselor (e.g., Keating & Fretz, 1990). The present research confirms that tenet holds true when the title is "pastoral counselor." The title "pastor" tends to be associated with *Christian* clergy. That "pastoral" terminology may have contributed to higher scores for the *choice* variable for Christian participants compared to the non-Christian and non-religious participants.

The frequencies of mean scores present another layer of information. Of the participants in the study, 32.3% indicated some likelihood of choosing a pastoral counselor and 67.7% were unlikely or unsure. Similarly, 30.9% of participants showed at least partial knowledge of the role of a pastoral counselor and 69.1% were unsure or had substantially incorrect knowledge. This shows that a large number of people have little knowledge of pastoral counseling and are unlikely to choose to see a pastoral counselor.

Conservative Christians may have particular expectations of religious counselors, including a reliance on biblically informed interpretations and interventions over empirically validated interventions and treatments (Garzon et al., 2009). Because pastoral counselors are not always Christian and because they are educated in the behavioral sciences, one might hypothesize that highly conservative Christians with a strong knowledge of pastoral counseling would be less likely to choose a pastoral counselor. Although that outcome is not clear from this study, Figure 1 suggests a possible trend. The participants who were the least conservative of those who scored in the high category of religiosity were more likely to choose a pastoral counselor than the most conservative in the same level of religiosity.

Limitations

A number of limitations are inherent in this study. A large majority of respondents were in the 18-24 age range (56.5%). It is likely this group might have less experience with the counseling profession than older individuals. This age range tends to be in one of two stages of Fowler's Seven Stages of Faith Development (as cited in Frame, 2003). This may be a limiting factor. In addition, early adulthood is often a time of exploration, which may lead to less of a connection with structured religion. Results may have differed with a different range and frequency of ages.

In collecting demographic information, it would be possible to add more precision to the "Other" category in response to the question about religious orientation. The

“Other” category included both Christian and non-Christian respondents for whom other categories were not accurate representations of their background. Although the percentage of participants in the category was relatively small (5.6%), data would be more accurate if additional specifiers were added to “Other” (i.e., Christian and Non-Christian).

One of the institutions where data were gathered was a women’s college. This weighted the gender balance on the female side. Research suggests (e.g., Benton, Robertson, Tseng, Newton, & Benton, 2003) that women are more likely than men to seek counseling, which could affect the overall results.

As a result of the literature review, it became clear that not all definitions of *pastoral counselor* included ordination (or a comparable form of consecration). Therefore, during the coding of questionnaires, item 6.e (see Appendix A) was scored separately from the other *knowledge* items. It was not included in the statistical analyses. Question 6.m was discarded due to ambiguity that created inconsistent interpretation. It became apparent that the question was not measuring what was intended. Individuals with opposite intentions could choose the same response.

Hempel and Bartkowski’s (2008) list of recommended questions for operationalizing religious conservatism were derived from studies of conservative Protestant congregations. The usefulness of these questions is unclear when respondents are not Christian. The language of the questions reflects Christian traditions and beliefs that may be unfamiliar to non-Christians. It is unknown what, if any, impact these circumstances had on results.

Prospective participants were told they were under no obligation to complete the questionnaire and a few declined. It is possible that the subject matter was offensive to some participants who completed the questionnaire. For example, one respondent included the comment, “The word religious makes me uneasy...” Discomfort with the topic of religion may have had an effect on the completion of some questionnaires.

Future Research

The results of this study suggest areas for additional research. Counselor descriptions have been used in past research (e.g., Belaire & Young, 2000), but the term *pastoral counselor* is rarely used. When it has been included in studies or mentioned in results, it is rarely defined. Since *knowledge* of the role of a pastoral counselor correlates to the likelihood of choosing a pastoral counselor, it might be useful to measure individuals’ responses to a description that clearly defines *pastoral counseling*.

Research literature reveals qualitative studies that compare religious and non-religious clients’ anticipations of religious counseling with their actual experiences of said counseling. There appears to be a lack of similar qualitative studies that specifically utilize certified pastoral counselors. This could be an important addition to the literature, since pastoral counseling has a unique position in the continuum of therapeutic and religious/spiritual counseling.

As previously noted, the percentage of participants who identified as Christian (78.1%) was remarkably similar to national statistics (78%). Although the sample in this study appears to be representative of the general population in this respect, future studies may wish to explore this topic using a sample that includes more non-religious and non-

Christian participants. In addition, future studies related to pastoral counseling may find it useful to analyze the responses of individuals who identify as *spiritual but not religious*.

Implications for the Pastoral Counseling Profession

General implications can be drawn from this study. First, it appears there are identity issues regarding the pastoral counseling profession. An unclear identity creates problems for pastoral counselors, other counselors, and potential clients. It may be difficult to attract clients if they are unsure of the meaning of *pastoral counseling*. Other counselors and clergy may not know when it is appropriate to refer a client to a pastoral counselor if they are unclear about that professional role. Prospective clients may not realize the breadth of training and experience integrated into pastoral counseling. By drawing on the information and guidelines provided by the American Association of Pastoral Counselors (n.d.d), greater clarity for the profession is possible. It appears, however, this resource has not been sufficiently promoted or has not been fully embraced by all who use the title *pastoral counselor*.

A second implication is the need for education and outreach by the pastoral counseling profession. The results of this research show that knowledge of pastoral counseling increases the likelihood of choosing a pastoral counselor. On a scale of 1 to 5, with 1 signifying the lowest level of knowledge and 5 signifying the highest level of knowledge, only 10.5% of respondents had a mean score of 4 or above. If pastoral counseling is to be optimally utilized, it seems imperative that ways be developed to increase the knowledge base of potential clients. Doing so will benefit pastoral counselors who are seeking clients and clients who are seeking a counselor with whom they can work. Since the AAPC is engaged in certifying pastoral counselors, accrediting pastoral counseling centers, approving training programs, and advocating for the profession, the organization seems to be the logical agency for coordinating efforts in outreach and education.

Regarding the AAPC, although it appears to be the logical entity for representation of pastoral counselors, there may be options that have not been thoroughly explored. It is difficult to say what those options might be. In many states, individuals can practice as a pastoral counselor without licensure or certification. The AAPC certifies pastoral counselors using specific guidelines and requirements, but that certification is rarely recognized for purposes of licensing. If credentials have no teeth, how does that affect the perceived legitimacy of the profession? If advocacy efforts with state governments eventually result in the possibility of licensure for pastoral counselors, the AAPC may be in a position to function like the American Counseling Association (ACA) in insuring that minimum requirements are met.

Individual pastoral counselors and agencies can play an important role in the effort to promote knowledge of pastoral counseling. Although research involving counselor descriptions has produced varied results, several studies (e.g., Guinee & Tracey, 1997; Keating & Fretz, 1990) suggest that presenting oneself as accepting and open to the inclusion of religion and spirituality may be useful to encourage prospective clients. On the other hand, the researchers suggest that counselors avoid overt descriptions of their own religious backgrounds. A well-written, inclusive counselor description may be a starting place for interpreting pastoral counseling to the public.

Agencies employing pastoral counselors might consider including information from AAPC guidelines in printed literature and on websites.

A third implication of this study suggests the need to differentiate between the roles of clergy/pastors and pastoral counselors and between pastoral counselors and other types of counselors. Clergypersons do the majority of religious counseling (Worthington, 1986), although most clergy have little training in clinical theory and practice. Depending on the requirements for the particular seminary or theological school attended, clergy receive varied levels of training in pastoral care. The training received is likely to contribute to the development of skills that may also be involved in pastoral counseling, but pastoral care and pastoral counseling are not the same. The minimal training received by clergy is not a substitute for an advanced degree in behavioral sciences. Most clergy are equipped to provide congregation members with some counseling in matters of faith and in minor emotional and relationship issues. When issues are beyond the scope of a clergyperson's expertise, a referral is necessary. Pastoral counselors are also endorsed as ministers (according to the AAPC guidelines), so they are a natural referral option.

Pastoral counselors may also wish to differentiate themselves from "Christian counselors." Religious counselors who identify themselves as *Christian counselors* tend to be conservative in theology. Potential problems arise for confused prospective clients. If a person with a low level of religiosity equates the title *pastoral counselor* with the title *Christian counselor*, he or she may be unlikely to choose to see a pastoral counselor, fearing an approach that is more grounded in biblical precepts than empirical approaches. Similarly, a highly conservative Christian may find his or her expectations of *Christian counseling* are not met with a pastoral counselor's use of theoretical background.

Unless they have specifically pursued it, professional counselors tend to lack training in dealing with religious/spiritual issues. Counselors who feel inadequate in these areas may find pastoral counselors to be an excellent referral option. In order for pastoral counselors to receive referrals from clergy and other counselors, communication is necessary. Pastoral counselors may wish to give special attention to creating relationships with other clergypersons and counselors, defining their areas of expertise and offering learning opportunities to parishioners and potential clients.

In a similar fashion, pastoral counselors may seek ways to make connections with counseling programs and with ministerial programs. Possibilities include educating ministerial candidates and counselors-in-training about pastoral counseling, mentoring students, and offering to teach components regarding the integration of religion/spirituality.

The Ethics Code of the AAPC states that pastoral counselors "... show sensitive regard for the moral, social, and religious values and beliefs of clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral counseling process" (n.d.b, Principle III-C). The ethical responsibilities of pastoral counseling suggest a flexibility that allows the practice to be efficacious regardless of the client's religious orientation. Currently, the AAPC recognizes pastoral counselors who have connections to the Judeo-Christian traditions. This leads to a question for consideration in the future. Is it possible that pastoral counselors could represent other religious traditions and work under the umbrella of AAPC guidelines? What would be the potential benefits and consequences of expanding the diversity and inclusiveness of the AAPC and the field of pastoral counselors?

In summation, the research in this study indicates that individuals with greater knowledge of pastoral counseling are more likely to choose to work with a pastoral counselor. Highly religious and highly conservative individuals are also more likely to choose a pastoral counselor. Results of this study include the information that 37.5% of participants were unsure of their likelihood of choosing a pastoral counselor and another 30% were unlikely to choose a pastoral counselor. These groups were lacking in knowledge of the role of pastoral counselors. Since knowledge appears to be an important predictor of choice, pastoral counselors are presented with the opportunity to serve more people by increasing outreach and education regarding their profession.

Pastoral counselors hold a unique position in the field of counseling. With their combination of theological training and advanced education in the behavioral sciences, they are poised to provide effective mental health counseling that is capable of respectfully integrating religious and spiritual components.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm

6. Use the following scale to answer the questions below. Fill in the circle associated with the response that best describes what you believe.

	Strongly disagree 1	Disagree 2	Unsure 3	Agree 4	Strongly agree 5
	1	2	3	4	5
a. Pastoral counselors primarily see clients who are pastors/clergy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pastoral counselors see clients of many faith traditions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pastoral counseling is, primarily, a Protestant-based profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pastoral counseling is, primarily, a Roman Catholic-based profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Pastoral counselors are ordained ministers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Pastoral counselors always use biblically-based interventions and methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Pastoral counselors always include prayer in their sessions with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Pastoral counselors are required to complete coursework in research-based psychological theories.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pastoral counselors can provide spiritual care without requiring the client to have specific religious beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Pastoral counselors can provide mental health care to non-religious clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. When choosing a counselor, I would consider seeing a pastoral counselor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. The Bible is true in all ways and to be read literally word for word.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The Bible is true in all ways, but not always to be read literally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. The Bible is not the inspired word of God.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Human nature is basically sinful and corrupt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. The only hope for salvation is through personal faith in Jesus Christ.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. A person must commit his/her life to Jesus Christ as his/her personal Lord and Savior to be saved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Pastoral counselors do not charge a fee for counseling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Read the following statements. Using the following scale, fill in the circle associated with the response that best describes how true each statement is for you.

	Not at all true of me 1	Somewhat true of me 2	Moderately true of me 3	Mostly true of me 4	Totally true of me 5
	1	2	3	4	5
a. I often read books and magazines about my faith.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I make financial contributions to my religious organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I spend time trying to grow in understanding of my faith.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Religion is especially important to me because it answers many questions about the meaning of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My religious beliefs lie behind my whole approach to life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I enjoy spending time with others of my religious affiliation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Religious beliefs influence all my dealings in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. It is important to me to spend periods of time in private religious thought and reflection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I enjoy working in the activities of my religious affiliation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I keep well informed about my local religious group and have some influence in its decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 Questions 7.a -7.j used with permission: Worthington, E. L., Wade, N. G., Hight, T. L., McCullough, M. E., Berry, J. T., & Ripley, J. S. (2003). The religious commitment inventory—10: Development, refinement, and validation of a brief scale for research and counseling. *Journal of Counseling Psychology*, 50(1), 84-96.