

Observers' Perceptions of a Counselor's Treatment of a Religious Issue

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How a counselor treats a client's religious beliefs may affect perceptions of the counselor. Participants (N=102) of either high or low Christian commitment rated a videotaped excerpt from counseling in which a client's religious belief was either supported, ignored, or challenged. Participants' religious beliefs did not affect participants' ratings of the counselor. Results suggested, however, that most college students expect counselors to support a client's religious beliefs or attend to psychological (rather than religious) beliefs rather than challenge a client's religious beliefs.

It is generally well established that in successful counseling, clients often change their values to more closely approximate those of their counselors. The conditions under which value influence occurs are not well understood. Beutler (1981) has suggested that religious values are particularly susceptible to influence. Others have suggested that susceptibility to influence depends on the degree of commitment to those values (Goldsmith & Hansen, 1991; Worthington, 1988).

In addition, the mechanisms by which value influence occurs are not well understood. Some have suggested that value influence occurs through the counselor's position of credibility (Strong, 1968). Others have pointed to the client's sensing conditions of worth from the counselor (Rogers, 1951)—even if the counselor does not intend value influence. Truax (1966) suggested that clients might change their values because the counselor positively reinforces value change through empathy or positive regard or negatively reinforces value change through removal of directiveness. Worthington and Scott (1983) suggested that counselors influence their clients' values through selective attention to clients' goals.

One unexplored hypothesis is that counselors influence their clients' religious values by the way they handle client talk that deals directly with religious issues. When a client explicitly mentions a religious issue, the counselor has many options, three of which provide extreme prototypes. The client's religious beliefs or values may be supported, ignored, or challenged.

Previous research investigating Christians has suggested that counselors' status as a Christian or not may affect clients' expectations about counseling. For example, Keating and Fretz (1990) have shown that highly committed Christians have more positive anticipations of counseling after receiving pretherapy information that a counselor is Christian than after receiving information that the counselor is empathic to a Christian worldview (but not explicitly Christian) or secular (without reference to Christian values). For non-highly-committed Christians, however, descriptions of the explicitly Christian counselor and the empathic counselor elicited similar anticipations, and they were both more positive than was true for the secular counselor. Negative anticipations about counseling can prevent people from entering counseling, thus resulting in an underutilization of counseling among Christians, especially highly committed Christians (Quackenbos, Privette, & Klentz, 1985, 1986; Worthington, 1986). In another study with Christians, however, Lewis and Epperson (1991) showed that pretherapy disclosure indicating that a counselor is Christian did not influence Christian clients away from seeing an explicitly non-Christian counselor.

Moreover, even if Christians—highly or less highly committed—

enter counseling, clients may respond differently to counselors who support, ignore, or challenge the clients' values. For instance, Worthington (1988) has theorized that highly committed religious individuals, especially psychologically vulnerable clients, tend to evaluate their world on religious value dimensions. Weakly committed religious people or nonreligious people are not thought to use religious values as frequently. Thus, according to at least some previous research and theory, whether the counselor supports, ignores, or challenges a client's religious values would be expected to have different impacts on people with different religious values. Perceptions of the counselor could be affected by a single salient incident, which could affect the therapeutic relationship, working alliance, and success of counseling.

Like much previous research, this study involved Christians as the religious people under investigation. Christians with relatively high beliefs and those with relatively low beliefs (along conservative evangelical lines) viewed one of three videotapes of counseling in which the counselor either supported a client's concern about the impact of her Christian values on her behavior, ignored the Christian values (and focused on family influences), or challenged her Christian values. We hypothesized that main effects for neither Christian belief nor counselor's treatment of Christian values would be found, but that an interaction would be found between observers' Christian commitment and the counselor's treatment of Christian values. Observers with higher Christian beliefs were expected to rate the counselor who supported a client's Christian values higher than the ignoring or challenging counselor. Observers with lower Christian beliefs were not expected to differentiate among the three treatments of the client's Christian values.

METHOD

Participants

Participants were 102 undergraduate psychology students from a large southeastern urban university. The design was a 2 × 3 factorial—Christian Belief (high or low) × Counselor's Treatment of the Client's Religious Values (support, ignore, challenge). Of the 102 in the total sample, there were 58 in the high Christian belief group and 44 in the low Christian belief group. There were 69 women (50 White and 19 Black) and 33 men (29 White and 4 Black). The experimental design involved six cells whose *n*s ranged from 13 to 20. The cells were balanced by race and sex as much as possible.

Manipulated Independent Variable

Three 10-minute videotapes of counseling served as the three levels of the manipulated independent variable. The counselor in the videotape

was a licensed clinical psychologist with 7 years of postdoctoral experience in full-time private practice. The client in the videotape was portrayed by a female graduate student in counseling psychology with 3 years of post-bachelor's-degree counseling experience.

The first 7 minutes of each videotape consisted of the same counseling exchange and focused on exploring presenting issues (e.g., feelings of isolation, relationship difficulties). The client expressed distress and guilt over a nonmarital sexual relationship, which she characterized as a "serious sin." She said that her Christian values were making her feel guilty. When the counselor wondered whether her distress was out of proportion to the seriousness of her behavior, she responded, "Well, it is a sin," and she cited the Bible as her authority.

The three videotapes differed only within the last 3 minutes. In each case, the counselor suggested a competing belief that might help the client. The manipulation was primarily concerned with the value given the client's religious framework. The counselor responded to the client's religious values by (a) supporting, that is, suggesting that she explore these Christian values but saying that perhaps the client was focusing too much on God's judgment and should focus more on God's forgiveness; (b) ignoring, that is, suggesting that her religious values were part of other family influences, which merited more attention; or (c) challenging, that is, suggesting that the woman was old enough to question her religious upbringing and that more attention should be paid to what she wanted and how she felt about the behavior rather than what her religious upbringing prescribed. After the supportive, ignoring, or challenging intervention, an identical conclusion to the interview was viewed.

A manipulation check was performed to determine whether the videotapes conveyed a supporting, ignoring, or challenging counselor response. Students from psychology classes, who did not participate in this study ($N=59$; 19 for supportive, 18 for ignoring, and 22 for challenging), watched one of the videotapes and classified the counselor's response as most closely described by supporting, ignoring, challenging, or none of those. Of those viewing each tape, 84% identified the supporting videotape correctly, 83% identified the ignoring tape correctly, and 68% identified the challenging tape correctly.

Then the tape was rated using a 5-point Likert-type scale (from 1=*not at all* to 5=*perfectly*) on the degree to which each of the three adjectives accurately described the counselor's response to the client's religious values. One-way analyses of variance followed by Duncan's test identified the following differences. For the adjective "supporting," the counselor on the supporting tape was rated as more supportive ($M=3.5$) than on the other two tapes (ignore, $M=1.6$; challenge, $M=2.3$), $F(2, 56)=15.69, p<.0001$. For "ignoring," the counselor on the ignoring tape was rated as more ignoring ($M=3.6$) than on the other two tapes (support, $M=1.7$; challenge, $M=2.4$), $F(2, 56)=12.94, p<.0001$. For "challenging," the counselor on the challenging tape was rated as more challenging ($M=3.7$) than on the other two tapes (support, $M=2.7$; ignore, $M=1.7$), $F(2, 56)=12.18, p<.0001$. Thus, the tapes were considered to be accurate manipulations of the independent variable.

Instruments

The Shepherd Scale. Level of Christian belief was measured using the Shepherd Scale (Bassett et al., 1981). This 38-item instrument is a measure of evangelical Christian beliefs and practices. Each item is rated on a 4-point scale (1=*not true* to 4=*true*) according to the degree to which the item is true of the person. The scale is divided into a belief component that measures agreement with Christian doctrinal statements, and a Christian walk component that measures Christian lifestyle characteristics. A total scale score is derived by summing the

subscales, and the total score was used in this article. The scale has adequate psychometric properties (Bassett et al., 1981). For example, it has 2-week test-retest reliability of $r=.82$, split-half reliability of $.83$, and alpha of $.86$. Its construct validity has been shown by correlating it with other validated measures of religiosity, such as King and Hunt's (1975) composite religious scales ($r=.65$) and Glock and Stark's (1965) Dimensions of Religious Commitment ($r=.41$). Bassett et al. (1981) have found the Shepherd Scale to differentiate between Christians and non-Christians but not between committed Roman Catholics and Protestants. The Shepherd Scale has been used in other research to differentiate between Christian and non-Christian groups (Pecnik & Epperson, 1985).

For this study, a distance of one-half of a standard deviation was desired between the scores of the high and low Christian belief groups to ensure that the groups were truly distinct. Participants whose scores were within one quarter of a standard deviation from the midpoint score between the means of Christian and non-Christians, as reported for the Bassett et al. (1981) community sample, were not used. Thus, given the standard deviation of 8.7 cited in Bassett et al. (1981), participants whose scores ranged from 109 to 113 were not used. Because the scale was not expected to categorize participants with complete fidelity into Christian and non-Christian categories, the participants were labeled "high" or "low Christian belief." (It is easily conceivable that many of those labeled "low Christian belief" might not be Christians.)

Attraction and receptivity. The participants' attraction and receptivity to the counselor were measured by the Tape Rating Scale developed by Greenberg (1969) and used by Haugen and Edwards (1976) in their analogue study of Christian counseling. The scale consists of two subscales to measure participants' attraction to the counselor and receptivity to the counselor's influence. The attraction subscale consists of 26 items describing the positive and negative aspects of the taped counselor's interactions, which are endorsed on a 7-point scale ranging from *strongly agree* to *strongly disagree*. The receptivity subscale consists of 10 statements concerning participants' attitudes toward the counselor and indicates participants' willingness to interact with the counselor.

Persuasion. Degree to which a participant was persuaded by the counselor was measured by the Persuasibility Questionnaire (Greenberg, 1969), which was also used by Haugen and Edwards (1976). This 40-item questionnaire contains statements about the videotaped client such as "The client probably often leaves work unfinished," "The client is probably more creative than the average person," and "The client is likely to overestimate a person's abilities." Participants were informed that the counselor had also completed the questionnaire on the client and his ratings were included so the participants could compare their ratings with his. In actuality, half of the counselor's ratings were either "strongly agree" (10 items) or "strongly disagree" (10 items), assigned randomly to each extreme. These 20 extreme items were scored in terms of the participant's closeness to the counselor's ratings, with 0 being perfect agreement with the counselor. The lower a participant's score, the more that participant's opinions were assumed to be influenced by the counselor.

Expectation for change, likelihood of referral, and likelihood of client's and participant's return. Participants' ratings of expectation for client change, likelihood of referring a Christian friend to the counselor, and likelihood of referring a non-Christian friend to the counselor were assessed using three 8-point (1=*low*, 8=*high*) items used by Worthington and Gascoyne (1985) in their analogue study of preferences among Christian counselors. Another item by Worthington and Gascoyne (1985) was used as a manipulation check. Two similar items assessed

participants' opinions of the likelihood that the client would return for subsequent counseling and the likelihood of their own return, had they been clients.

Social desirability. Because social influence through the observation of counseling was being studied, social desirability, as measured by the MMPI (Minnesota Multiphasic Personality Inventory; Hathaway & McKinley, 1943) K scale, was used as a covariate to test for the presence of a social desirability set and to remove statistically the characterological proclivity of participants to influence. Some well-known measures of social desirability, notably the Crowne-Marlowe Social Desirability Scale (1964), were not used because they have been found to have an anti-religious bias (Watson, Morris, Foster, & Hood, 1986). Using the MMPI K scale as a measure of social desirability is not unprecedented in religion research (see Haugen & Edwards, 1976).

Procedure

Participants were scheduled to arrive at the experimental site in groups of 5 to 20. After reading and signing a consent form, participants completed the K scale of the MMPI, then the Shepherd Scale, and another questionnaire not related to this study. Participants were divided into three groups relatively balanced for race and sex. Each group was randomly assigned to view one of the three videotapes (support, ignore, and challenge). In the final distribution, perfect balance for race and sex was not possible because participants who scored in the midrange on the Shepherd Scale were later dropped from the analyses. After completing the questionnaires, participants were then taken to a videotape viewing room and were read the following introduction: "We are interested in your reactions to the following taped portion of a counseling session. As you watch the tape, put yourself in the position of the client and imagine how you would respond to this particular counseling."

Participants watched one of the three videotapes. After viewing the videotape, participants returned to a waiting area and completed the Tape Rating Scale, Persuasibility Questionnaire, items from Worthington and Gascoyne (1985), and the two additional items.

RESULTS

Experimental Manipulation Check

Participants were assigned to conditions according to Christian commitment based on extreme scores on the Shepherd Scale. As a manipulation check, participants answered the question "What emphasis should religion have in the personal counseling of the person you just observed?" A one-way (high versus low Christian belief) analysis of variance (ANOVA) was performed. Participants with high Christian belief thought that religion should play a larger part in counseling than did participants with low Christian belief, $F(1, 100)=7.01, p<.01$.

Primary Analyses

The means and standard deviations for participants' ratings of the counseling tapes appear in Table 1. A 2×3 —Christian belief \times Counselor's Treatment of the Client's Religious Values (support, ignore, challenge)—multivariate analysis of covariance (MANCOVA) was performed, with social desirability (as measured by the MMPI K scale) as the covariate. Dependent variables were ratings of attraction to the counselor, receptivity to the counselor, persuasion by the counselor, expectation for change, referral of a Christian friend, referral of a non-Christian friend, likelihood of client return, and likelihood of

participant return. Multivariate F ratios were estimated by the Hotelling-Lawley Trace.

The multivariate main effect for social desirability was not significant, multivariate $F(8, 88)=1.17, p<.10$. The multivariate main effect for the level of Christian belief was not significant, multivariate $F(8, 88)=1.56, p<.10$. The multivariate main effect for the counselor's treatment of the client's religious values was significant, multivariate $F(16, 174)=2.35, p=.004$. The multivariate interaction was not significant, multivariate $F(16, 174)<1.00, ns$.

Univariate analyses of variance (ANOVAs) were performed to determine the locus of the multivariate main effect for counselor's treatment of religious values. Significant univariate F s for the counselor's treatment of religious values were obtained for the degree to which the participant was persuaded by the counselor, $F(2, 95)=3.96, p=.02$; predicted change of the client, $F(2, 95)=3.96, p=.04$; and likelihood that the participant would have returned for the next session, $F(2, 95)=4.18, p=.02$ (see Table 1).

TABLE 1
Means and Standard Deviations for Perceptions of a Counselor's Treatment of a Client's Religious Issue

Dependent Variable	Treatment		
	Support	Ignore	Challenge
Attraction			
<i>M</i>	129.4	128.8	126.5
<i>SD</i>	27.5	27.5	24.4
Receptivity			
<i>M</i>	42.7	44.0	38.1
<i>SD</i>	14.3	15.2	15.2
Persuasion*			
<i>M</i>	52.0	43.4	48.7
<i>SD</i>	10.9	15.1	11.8
Expectation for change*			
<i>M</i>	5.3	4.3	4.0
<i>SD</i>	1.0	1.0	1.0
Referral of Christian friend			
<i>M</i>	5.3	5.3	4.2
<i>SD</i>	2.1	2.2	2.1
Referral of non-Christian friend			
<i>M</i>	4.4	5.2	4.3
<i>SD</i>	2.3	1.9	2.0
Likelihood of client return			
<i>M</i>	6.1	5.6	5.7
<i>SD</i>	1.6	1.8	1.7
Likelihood of participant return*			
<i>M</i>	5.5	5.7	4.3
<i>SD</i>	2.2	2.1	2.3
MMPI K Scale			
<i>M</i>	13.6	12.7	12.8
<i>SD</i>	4.0	3.9	4.3

Note. MMPI = Minnesota Multiphasic Personality Inventory. Ranges of scores on items: Attraction 26–182; Receptivity 10–70; Persuasion 40–240 (high scores represent resistance to persuasion); Expectation for change 1 (low)–8 (high); Likelihood of Referral of a Christian friend 1 (low)–8 (high); Likelihood of client return 1 (low)–8 (high); Likelihood of participant return 1 (low)–8 (high). MMPI K Scale is scored as the number of items endorsed, in which 12 items = a t score of 49 and 13 items = a t score of 51.

* $p<.05$.

Post hoc analysis using Duncan's multiple range test was performed for the three dependent variables that showed significant univariate main effects. Participants were more persuaded by the counselor who ignored the client's religious values ($M=43.4$, $SD=15.1$) than they were by the counselor who supported the client's religious values ($M=52.0$, $SD=10.9$). The persuasion by the counselor who challenged the client's religious values ($M=48.7$, $SD=11.8$) was not different than was either of the other two conditions. (Low scores indicate greater persuasion.)

Participants predicted that the client would improve more seeing the counselor who supported her religious values ($M=5.3$, $SD=1.0$) than she would seeing the counselor who challenged her religious values ($M=4.0$, $SD=1.0$). The predicted improvement of the client seeing the counselor who ignored her religious values ($M=4.3$, $SD=1.0$) was no different than was the predicted improvement in the other two conditions.

Participants who viewed the challenging counselor rated themselves less likely to return for the next session had they been the client ($M=4.3$, $SD=2.3$) than did participants who viewed the other two counseling conditions (Support, $M=5.5$, $SD=2.2$; Ignore, $M=5.7$, $SD=2.1$). There were no significant Christian Belief \times Counselor's Treatment of the Client's Religious Values interactions.

DISCUSSION

Worthington (1988) hypothesized that highly religious individuals would respond to religious issues in counseling differently than would less religious or nonreligious individuals. This hypothesis was not supported in this analogue study. The participants, regardless of high or low Christian beliefs, rated the counselor differently depending on the manner in which the counselor responded to the client's religious values.

The counselor who ignored the client's religious values was more persuasive than was the counselor who supported the client's religious values. This may have been due to his responses being seen as more in line with what would be expected from a professional counselor. His responses emphasized the client's role in her family of origin as well as her relationship with her parents and thus focused on more "psychological" factors than "religious" ones. Pecnik and Epperson (1985) found that both Christian and non-Christian students expected a counselor labeled "Christian" to be less expert and effective than one whose religious views were not identified. As a result of focusing on religious material in a supportive manner, the counselor in this study may have been viewed by the participants as less expert and professional, and, consequently, less persuasive than was the counselor who focused on traditionally psychological material. Strong (1968) proposed that the perceived expertness of the counselor is an important component of social influence in the counseling relationship.

Another factor that may have been important is what Egan (1982) referred to as role competence. By belonging to a particular profession, a person is perceived as possessing the competence or expertness associated with that profession. By using overtly religious language in supporting the client's religious values, the supportive counselor may have been seen as trying to fulfill a role typically associated with the clergy rather than professional counselors. Therefore, he may have been seen as operating outside the area of his assumed expertise. On the other hand, the counselor who focused on psychological material responded in a manner consistent with the expectations of a professional psychologist and may have benefitted from the competence that the participants associated with that role.

The participants predicted that the client would improve more seeing the counselor who supported her religious values than seeing the counselor who challenged those values. They also indicated that they would be less likely to return to the challenging counselor than to either of the

other two. Challenging the client's religious values was viewed less positively regardless of how similar the participants' religious values were to those expressed by the client. This suggests that the counselor's demonstration of respect for the client's religious values was more important to the participants than was their agreement with the particular content of those values. It has long been maintained that an important aspect of an effective helping relationship is the counselor's ability to understand the client's internal perspective and to communicate this understanding to the client (Rogers, 1951). The participants may have believed that the challenging counselor did not demonstrate enough understanding of the client's world as viewed through her religious values, and as a result, would not be as helpful.

The lack of Christian Belief \times Counselor's Treatment of the Client's Religious Values interaction on any rating of the counselor, while contrary to the hypotheses of this study and to theorizing by Worthington (1988), is consistent with the findings of some other studies (Haugen & Edwards, 1976; Pecnik & Epperson, 1985). Haugen and Edwards (1976) found that Christian students listening to identical counseling sessions were not more attracted, receptive, persuaded, or willing to meet the counselor who was labeled "Christian" than the counselor who was labeled "non-Christian." Pecnik and Epperson (1985) found that after listening to identical counseling interactions, both Christian and non-Christian students rated the counselor labeled "Christian" as less expert. This indicates that a factor other than the counselor's similarity to the participants' identified value orientation was exerting a more powerful influence.

Worthington (1991) has suggested that a variety of other factors besides religious belief may influence religious values during counseling. Particularly strong are situational factors. Analogue studies have often not revealed differences in ratings of Christian and non-Christian counselors by Christian and non-Christian participants once the participants have been exposed to the actual counselor. This study supports previous research in this regard. Differences have routinely been found in preferences for Christian counselors by Christians—whether clients or not. This has extended to analogue studies about the effects of pretherapy information on counselor preference (Lewis & Epperson, 1991) and anticipations about counseling (Keating & Fretz, 1990). Thus, it may be true that once a committed Christian person actually begins counseling, the outcome of counseling depends much more on exactly what happens in counseling than on the match of beliefs and values of counselor and client. Or, it may simply be true that this study did not assess Christian beliefs with enough precision. In addition, it may be that Christian belief is not the factor that affects observer perceptions; perhaps measures of religious values or Christian commitment would have yielded stronger effects.

Another alternative explanation exists. Goldsmith and Hansen (1991) have argued that Worthington's theorizing may apply especially to religious clients or other individuals who are experiencing psychological uncertainty rather than apply to all highly religious people. In that event, participants in this research and other analogue studies are students, not clients, and as students they may not judge religious counselors as would actual clients. Thus, future researchers should investigate judgments of counselors by people (highly committed versus less committed) who are psychologically distressed and those who are not, so that light may be shed on the validity of the numerous suggestive analogue studies that have addressed religious counseling.

Ideally, field studies of instances of counseling in which religious values are addressed are needed. Practical considerations make such studies unlikely. For example, in secular counseling and even in much religious counseling, discussion of religious topics is a low-frequency

occurrence. In a field study, counselors who know that their behavior is being monitored in such low frequency events may not respond as they would had they been uninformed about the topic. If a researcher conducts a field study without informing the counselor about the topic under investigation, however, it would be necessary to listen to a prohibitive number of hours of audiotapes before an acceptable number of events (discussions of religious issues) could be collected. Researchers are encouraged to investigate religious counseling creatively, but much of what is learned will necessarily come from analogue studies.

Use of analogue methodology is obviously a limitation of the current study. Other methodological aspects of the study limit the conclusions that may be drawn. For instance, the videotape involved one male counselor and one female client, both Caucasian. Ideally, replication using other combinations of sex and race are needed to show that effects were not due simply to the particular (a) stimulus videotape and (b) race and sex combination in this study. In addition, this study considered a client with Christian values and measured only degree of commitment to Christian beliefs by the observers. Because of these limitations, findings should not be generalized to other races, sexes, religions, or even stimulus materials without circumspection.

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